

STATE OF NEW MEXICO
INSURANCE DEPARTMENT
TAX ON PREMIUMS ON INSURANCE PROVIDED BY SURPLUS LINES LICENSEES
PREMIUM TAX RETURN

Quarterly Installment Due:

Tax Year:

Check if Amended Return
Reason for Amending:

Payment Type: Check
 ACH Credit

1 Licensee Name _____
Mailing Address _____
_____ City _____ State _____ Zip _____

2 License Type (select one) _____

3 National Producer Number (NPN) _____

4 Contact Name _____
Phone Number _____
Email Address _____

5 Calculation of Tax Due (from SLB form)

a. Gross Premiums	5a. _____
b. Additional Premiums	5b. _____
c. Return Premiums	5c. _____
d. Additional Fees	5d. _____
e. Taxable Premiums	5e. _____
f. 3.003% of Taxable Premiums	5f. _____
g. Credit to be Used in this Quarter	5g. _____
h. Original Amount Paid if Filing an Amendment	5h. _____
i. Total Amount Due	5i. _____

DECLARATION

I declare under penalty of perjury as the authorized representative of the insurance company named above I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true and correct and complete.

By checking this box, I am acknowledging that I am a legally authorized representative of the company

Authorized Signer _____ Title _____ Date _____