

**2015 Nonadmitted Insurance Premium Tax Return for Direct Procured Insurance**

Due March 1, 2016

Check if:  Amended Return  No Activity Return

<b>Print or Type</b>	Name of Insured		Minnesota Tax ID (required)	Contact Person
	Mailing Address		Daytime Phone	Fax Number
	City		Email Address	Website Address
	State Zip Code			
<input type="checkbox"/> I am licensed to obtain insurance from nonadmitted insurers from _____ to _____		<input type="checkbox"/> Check if you are a purchasing group		

<b>Determining Amount Due</b>	<b>1</b> Total gross premiums paid (from page 2, Column G) . . . . .	<b>1</b> _____
	<b>2</b> Total return premiums received (from page 2, Column H) . . . . .	<b>2</b> _____
	<b>3</b> Taxable gross premiums paid (subtract line 2 from line 1) . . . . .	<b>3</b> _____
	<b>4</b> Tax rate is 2% (0.02) . . . . .	<b>4</b> _____ .02
	<b>5</b> Total gross premiums tax due (multiply line 3 by line 4) . . . . .	<b>5</b> _____
	<b>6</b> Penalty (see instructions) . . . . .	<b>6</b> _____
	<b>7</b> Interest (see instructions) . . . . .	<b>7</b> _____
	<b>8 TOTAL AMOUNT DUE (or overpaid) (add lines 5 through 7) . . . . .</b>	<b>8</b> _____

**If you owe additional tax:**

Payment method:  Electronic payment  Check (payable to Minnesota Revenue; write MN tax ID number on check; attach voucher)

Enter amount paid \_\_\_\_\_ Date paid \_\_\_\_\_

(If amount paid is different from amount due on line 8, attach an explanation.)

**If you overpaid:** Overpayments will be refunded.

*I declare that this return is correct and complete to the best of my knowledge and belief.*

<b>Sign Here</b>	Signature of Insured or Officer of Corporation		Date	Daytime Phone	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
	Signature of Preparer		Date	Daytime Phone	

Mail to: Minnesota Revenue, Mail Station 1780, St. Paul, MN 55145-1780

# 2015 Nonadmitted Insurance Premium Tax Return for Direct Procured Insurance

Name of insured

Minnesota tax ID number

List all policies where Minnesota is the home state of the insured.

A	B	C	D	E	F	G	H
NAIC Number	Name of Insurer	Policy Number	Date of Coverage (from _____ to _____)	Insurance Type Code*	Amount Insured	Gross Premiums Paid	Return Premiums
						<b>Subtotal</b>	
						(if more than one page)	
						<b>Total</b>	

\*Use one of the following code numbers to indicate the insurance type.

- |   |                                     |                          |                          |                            |                           |
|---|-------------------------------------|--------------------------|--------------------------|----------------------------|---------------------------|
| <b>1</b> Fire                           | <b>3</b> Homeowners/Commercial M.P. | <b>5</b> Accident/Health | <b>7</b> Auto            | <b>9</b> Burglary/Theft    | <b>11</b> Other (specify) |
| <b>2</b> Extended coverage/Allied lines | <b>4</b> Inland/Ocean marine        | <b>6</b> Liability       | <b>8</b> Fidelity/Surety | <b>10</b> Boiler/Machinery | _____                     |

# MINNESOTA • REVENUE

## 2015 Form IG255 Instructions

For insurance tax laws, see *Minnesota Statutes, Chapter 2971* at [www.leg.state.mn.us](http://www.leg.state.mn.us).

You must complete and file Form IG255, *Statement of Insurance Placed with Nonadmitted Insurers*, if you are a person, firm, corporation or purchasing group buying insurance directly from a nonadmitted company.

### Filing Requirement

Effective on July 21, 2011, the NRRRA (The Nonadmitted and Reinsurance Reform Act of 2010) permits only the insured's home state to require the payment of premium tax for nonadmitted insurance.

When Minnesota is the home state of the insured, as provided under section 2971.05, subd. 7, 100 percent of the gross premiums are taxable in Minnesota with no allocation of the tax to other states.

“Home state” means the state in which an insured maintains its principal place of business, or in the case of an individual, the individual's principal residence.

If 100 percent of the insured risk is located outside of Minnesota, then the insured's home state is the state to which the greatest percentage of the insured's taxable premium for that insurance contract is allocated.

### Due Date

You must file Form IG255 and pay any tax due by March 1 of the following year. (*M.S. 2971.30, subd. 1*)

The U.S. postmark date, or date recorded or marked by a designated delivery service, is considered the filing date (private postage meter marks are not valid). When the due date falls on a Saturday, Sunday or legal holiday, returns and payments electronically made or postmarked on the next business day are considered timely. When a return or payment is late, the date it is received at the Department of Revenue is treated as the date filed or paid.

**Extension for Filing Return.** If good cause exists, you may request a filing extension.

### Instructions

#### Check Boxes

At the top of the form, check if the return is:

- an **Amended Return**: Check only if you are amending a previously filed return for the same period. Include all original and corrected policies on the amended return.

- a **No Activity Return**: Check only if you did not purchase any insurance directly from unlicensed companies in 2014.

### IG255 Page 2 Instructions

Complete page 2 BEFORE page 1.

#### A. NAIC Number

Enter the NAIC number.

#### B. Name of Insurer

List the insurers. Include policies for insurance companies without NAIC numbers.

#### C. Policy Number

The policy number (modified by the month and year that the policy was issued) is the controlling number for reporting direct-procured insurance policies and any subsequent activity during the policy period, i.e., endorsements, audits and/or cancellations.

#### D. Date of Coverage

Enter the policy coverage date.

#### E. Insurance Type Code

Enter the appropriate insurance type code for each policy:

1. Fire
2. Extended Coverage/Allied Lines
3. Homeowners/Commercial M.P.
4. Inland/Ocean Marine
5. Accident/Health
6. Liability
7. Auto
8. Fidelity/Surety
9. Burglary/Theft
10. Boiler/Machinery
11. Other (Specify)

#### F. Amount Insured

Enter the amount insured.

#### G. Gross Premiums Paid

Include all premiums paid by any insured with a home state of Minnesota.

#### H. Return Premiums

Enter all return premiums received. Include a note indicating on which return the original policy was reported.

### Payments

#### Electronic Payments

If your total insurance taxes and surcharges for the last 12-month period ending June 30 is \$10,000 or more, you are required to pay your tax electronically in all subsequent years.

You must also pay electronically if you're required to pay *any* Minnesota business tax electronically, such as sales or withholding tax.

To pay electronically, go to the department's website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and log in. If you do not have Internet access, call 1-800-570-3329 to pay by phone. You'll need your ID number, and bank routing and account numbers. When paying electronically, you must use an account not associated with any foreign banks.

If you use other electronic payment methods, such as ACH credit method or Fed Wire, instructions are available on our website or by calling our Business Registration Office at 651-282-5225 or 1-800-657-3605.

#### Check Payments

If you're not required to pay electronically and are paying by check, visit our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and click on “Make a Payment” and then “By check” to create a voucher. Print and mail the voucher with a check made payable to Minnesota Revenue.

When you pay by check, your check authorizes us to make a one-time electronic fund transfer from your account, and you may not receive your canceled check.

**Note:** If no amount is due or if you pay electronically, do not send in a voucher.

### Penalties and Interest

**Late payment.** If you do not pay all the tax due by the due date, a late payment penalty is due. The penalty is 5 percent of the unpaid tax for any part of the first 30 days the payment is late, and 5 percent for each additional 30-day period, up to a maximum of 15 percent.

**Late filing.** Add a late filing penalty to the late payment penalty if your return is not filed by the due date. The penalty is 5 percent of the unpaid tax. When added to the late payment penalty, the maximum combined penalty is 20 percent.

## 2015 Form IG255 Instructions (Cont.)

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**Payment method.** If you are required to pay electronically and do not, an additional 5 percent penalty applies to payments not made electronically, even if a paper check is sent on time.

**Interest.** You must pay interest on the unpaid tax plus penalty from the due date until the total is paid. The interest rate for calendar year 2016 is 3 percent. The rate may change for future years. To figure how much interest you owe, use the following formula with the appropriate interest rate:

$$\text{Interest} = (\text{tax} + \text{penalty}) \times \# \text{ of days late} \times \text{interest rate} \div 365$$

### Mailing Your Return

Mail your return and all required attachments to: Minnesota Revenue, Mail Station 1780, St. Paul, MN 55145-1780.

For express deliveries, use our street address: 600 N. Robert St., St. Paul, MN 55101

### Business Information Changes

Be sure to let us know within 30 days if you change mailing addresses, phone numbers or any other business information. To do so, go to our website, login to e-Services and update your profile information.

By notifying us, we will be able to let you know of any changes in Minnesota tax laws and filing requirements.

### Information and Assistance

Website: [www.revenue.state.mn.us](http://www.revenue.state.mn.us)  
Email: [insurance.taxes@state.mn.us](mailto:insurance.taxes@state.mn.us)  
Phone: 651-556-3024

We'll provide information in other formats upon request to persons with disabilities.

**For questions about licensing and regulations,** contact the Minnesota Department of Commerce:

Website: [www.mn.gov/commerce](http://www.mn.gov/commerce)  
Email: [licensing.commerce@state.mn.us](mailto:licensing.commerce@state.mn.us)  
Phone: 651-539-1599 or 1-800-657-3978  
Fax: 651-539-0108