State of California

Department of Insurance

SURPLUS LINE BROKER'S MONTHLY TAX PAYMENT

FS-007 (REV 12/02)

THIS FORM MUST BE RETURNED TO:		DELINQUENT if not paid on the 1st day of the 3rd month following	
Check Payments	Electronic Funds OR Payment Voucher	the end of the abov	e month.
Mail to: State of California Department of Insurance Tax Accounting Unit P.O. Box 1918 Sacramento, CA 95812-1918 Legtify under negalty of perjury under the laws of the	Transfer Only Mail to: State of California Department of Insurance Tax Accounting Unit 300 Capitol Mall, Suite 1400 Sacramento, CA 95814 State of California that this is a true and correct declaration.	TAXABLE NONADMITTED PRE CERTIFICATES AND ENDORSE BY THIS BRO For the MONTH of	MENTS TRANSACTED
Signature of Broker or Officer	Date	GROSS Premiums	\$
Company Name and Address		Deduct: RETURN Premiums NET TAXABLE Premiums	\$
		4. Tax Rate5. TAX DUE this Month6. Credit: Prior month Overpayment7. Net amount DUE	\$ \$
Surplus Line License No.	Telephone No.		·

CALIFORNIA INSURANCE CODE PROVISIONS:

Every Surplus Line Broker whose annual tax for the preceding calendar year was five thousand dollars (\$5,000) or more is required to make monthly payments to the current calendar year.

The amount of the payment shall be 3% of the taxable surplus line premiums transacted by the broker during the calendar month with exceptions as specified in Section 1775.1 of the Insurance Code (added by statues in 1994).

A penalty of 10% of the amount of the payment due shall be levied upon and paid by any Surplus Line Broker who fails to make any payment within the time required plus interest of one percent per month or fraction thereof form the due date until the date of payment. [Section 1775.3 and 1775.4 (e)].

IMPORTANT INFORMATION

* If your tax liability last year was \$5,000 but was less than \$20,000 and wish to pay by Check, complete this form.

Make check payable to:

CONTROLLER-STATE OF CALIFORNIA

* If you are mandated or have voluntarily elected to pay by Electronic Funds Transfer (EFT), you must use EFT method of payment.

You are still required to submit this Form.

- * Net Taxable Premiums for the months shown on this form should be the <u>actual taxable premiums</u> <u>transacted during the month.</u>
- * Delinquent if not paid on or before the first day of the third calendar month following the end of the month in which the business was transacted.

PENALTY AND INTEREST MAY BE ASSESSED ON DELINQUENT PAYMENTS