

**SURPLUS LINE BROKER'S MONTHLY TAX PAYMENT**

FS-007 (REV 10/03)

<b>THIS FORM MUST BE RETURNED TO:</b>		DELINQUENT if not paid on the 1st day of the 3rd month following the end of the above month.
<input type="checkbox"/> Check Payments	<input type="checkbox"/> Electronic Funds Transfer <b>OR</b> <input type="checkbox"/> Payment Voucher Only	<b>TAXABLE NONADMITTED PREMIUMS ON POLICIES CERTIFICATES AND ENDORSEMENTS TRANSACTED BY THIS BROKER</b>  For the MONTH of _____ 20_____  1. GROSS Premiums \$ _____ 2. Deduct: RETURN Premiums _____ 3. NET TAXABLE Premiums \$ _____ 4. Tax Rate <b>3%</b> 5. TAX DUE this Month \$ _____ 6. Credit: Prior month Overpayment _____ 7. Net amount DUE \$ _____
Mail to: State of California Department of Insurance Tax Accounting Unit P.O. Box 1918 Sacramento, CA 95812-1918	Mail to: State of California Department of Insurance Tax Accounting Unit 300 Capitol Mall, Suite 1300 Sacramento, CA 95814	
I certify under penalty of perjury under the laws of the State of California that this is a true and correct declaration.		
Signature of Broker or Officer _____	Date _____	
Company Name and Address _____		
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).

**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 **actual taxable premiums transacted during the month.**
- \* 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**

California Insurance Code Section 1775.4(e): A penalty of 10 percent of the amount of the monthly payment due shall be levied upon and paid by any surplus line broker who fails to make the necessary payment within the time required, plus interest at the rate of 1 percent per calendar month or fraction thereof from the due date of the payment until the date payment is received by the commissioner, but not for any period after the due date of the annual tax. The commissioner may remit the penalty in a case where he or she finds, as a result of examination or otherwise, that the failure of, or delay in, payment arose out of excusable mistake or excusable inadvertence.

Request for extension: 1775.4(g): The commissioner, upon a showing of good cause, may extend for not to exceed 10 days the time for making a monthly payment. The extension may be granted at any time, provided that a request therefore is filed with the commissioner within or prior to the period for which the extension may be granted. No interest shall be paid for the period of time for which the extension is granted.