

**ALASKA DIVISION OF INSURANCE**  
**Authorized Insurers**  
**Quarterly Payments of Estimated Premium Taxes**

Company Name	For the Taxable Year	NAIC #
Mailing Address		Alaska C of A #
Contact Name		Phone:
Email:		

**If you paid \$10,000 or more in tax in 2016, then you must file this form and pay the tax quarterly during 2017, preferably through OPTins**

**Filing and Payment of Quarterly Taxes:** If an authorized insurer pays \$10,000 or more in one year, the following year the insurer is required to pay one-fourth of the prior year annual premium tax on or before **May 31, August 31, and November 30** and file the form 08-205. A reconciliation of actual tax is due on or before **March 1** of the following year. If the due date falls on a weekend or holiday, the tax will be due the next business day.

**Method of Payment:** 3 AAC 21.570 requires authorized insurers pay all premium taxes by using the Automated Clearing House (ACH) debit or credit payment system.

**Penalty:** The penalty for paying the tax late is \$50 per month plus five percent of the tax due each calendar month or part of a month during which the insurer fails to pay the full amount of the tax, or a portion of the tax, up to a maximum of \$250 plus 25 percent of the tax due, and interest of one percent of the tax due each calendar month or part of a month until tax is paid. If payment is not received by the Automated Clearing House (ACH) payment method, a penalty of 25 percent of the tax due will be assessed, with a minimum of \$100 and maximum of \$2,000.

Compliance with the required due dates for payments is determined by the date the ACH payment is received in OPTins or in the State of Alaska's bank account. Instructions to pay the state directly are available at:

<https://www.commerce.state.ak.us/ins/apps/ach/AchStart.cfm> **The payment will be rejected by the receiving bank if the submission contains inaccurate information and the payer will be subject to a penalty if the subsequent payment is received after the due date.**

**CALCULATION OF ESTIMATED TAX PAYMENT DUE**

- 1) Total Taxes Paid in Preceding Calendar Year \_\_\_\_\_ (Do not include fees, ocean marine tax or retaliatory fees)
- 2) Enter 25% of Line 1) \_\_\_\_\_

**QUARTERLY PAYMENT DUE DATES:**

May 31

August 31

November 30

- 3) Less credit from prior year: \_\_\_\_\_
- 4) Estimate due: \_\_\_\_\_

**FILE THIS REPORT THROUGH OPTINS, otherwise mail to:**

(If no quarterly taxes required, meaning less than \$10,000 tax paid in 2016, do not mail this form)

**First Class Mail** (Including Registered and Certified)

Alaska Division of Insurance

P.O. Box 110805

Juneau, AK 99811-0805

**OR**

**Express Mail ONLY**

Alaska Division of Insurance

333 Willoughby Avenue, 9th Floor

Juneau, AK 99801