

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334

Phone: 404-656-7553 ♦ Email: premiumtax@oci.ga.govwww.oci.ga.gov**PREMIUM TAX
GID-012V-PT OCT2015****PAYMENT VOUCHER**

Beginning 1/1/2014, all quarterly and annual returns must be filed electronically. If payment is due, complete the voucher below. To avoid penalties and interest, the return must be electronically filed no later than the applicable due date (refer to chart below). If you prefer to use the electronic funds transfer method of payment, please contact the **Georgia Insurance Department at premiumtax@oci.ga.gov** for bank information and instructions. Payment by check or EFT is due on or before the applicable due date.

PAYMENT INSTRUCTIONS**If Paying By ACH:**

Include NAIC#, Company Name and tax period on ACH payment.

If Paying By Check:*Mail payment and voucher to:*

Georgia Dept. of Insurance
Premium Tax Division
P.O. Box 935134
Atlanta, GA 31193 - 5134

To overnight payment:*Send payment and voucher to:*

Wells Fargo Bank
Georgia Dept. of Insurance
Premium Tax Division
Lockbox 935134
3585 Atlanta Avenue
Hapeville, GA 30354

2016 - Dates To Remember

March 1, 2016	Annual Premium Tax Return
March 21, 2016	First Quarter Statement of Quarterly Premium Tax
June 20, 2016	Second Quarter Statement of Quarterly Premium Tax
September 20, 2016	Third Quarter Statement of Quarterly Premium Tax
December 20, 2016	Fourth Quarter Statement of Quarterly Premium Tax

!! DO NOT REMIT ANNUAL LICENSE FEE OR FILING FEES WITH PREMIUM TAX PAYMENT!!

NOTE: If you have any questions regarding the completion of this form, please call (404) 656-7553
Email: premiumtax@oci.ga.gov

Please complete the Electronic Filing process before completing and submitting the Payment Voucher.

GID-012V-PT	Payment Voucher					<u>Tax Year:</u>		
<u>NAIC #:</u>	<u>Period Ending</u> →					<u>Amount Of Payment:</u>		
	Q1	Q2	Q3	Q4	Annual	DO NOT ROUND PAYMENT	Dollars	Cents
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Company Name:</u>								
<u>Address:</u>								
<u>Contact Email:</u>								
<u>Contact Name:</u>						<u>Contact Phone:</u>		
<input type="checkbox"/>	← Check this box for any Address Changes					<input type="checkbox"/>	← Check this box for any Contact Changes	