



**Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE**

**AUTOMOBILE CLUB PREMIUMS OR QUOTAS TAX RETURN
FOR THE YEAR ENDED ON DECEMBER 31, _____**

Automobile Club's name: _____

Mailing address: _____

Contact Person: _____

Contact E-mail: _____

1. Premiums or quotas received during calendar year	\$ _____	.xx
2. Total tax for the year (line 1 x .015)	\$ _____	.xx

I hereby certify that the information presented in this return is true, correct and complete to the best of my knowledge and belief.

Date

Signature of Authorized Officer

Printed Name

Title

Note : This form must be filed on or before the end of the third month following the aforesaid calendar year.

Include check for tax due payable to the Secretary of Treasury of Puerto Rico.

DO NOT WRITE BELOW THIS LINE

Check No. _____ Amount paid \$ _____ Official Receipt No. and the date _____