



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

Special Premium Tax Calculation
Pursuant to Section 7.022 of the Insurance Code of Puerto Rico
For the period January 1, _____, to December 31, _____

Insurers name: _____
Mailing address: _____

NAIC Code: _____
Email: _____

LIFE, DISABILITY (A & H) PREMIUMS

Line	Source description	
1	Schedule T -050, Col. Life Insurance Premiums, Line 54	
2	Schedule T -049, Col. Accident and Health Insurance Premiums Direct, Line 54 *	
3	Line 1 plus Line 2	
4	Life Insurance Part 1-024 for PR, Col. Total, Line 6.5	
5	Accident & Health -024 for PR, Col. Dividends Paid or Credited on Direct Business, Line 26	
6	Line 4 plus Line 5	
7	Line 3 less Line 6	
8	Schedule T-049, Col. Life Insurance Premiums Direct plus Col. Accident and Health Insurance Premiums Direct, Line 99 *	
9	Schedule T-049, Col. Life Insurance Premiums Direct plus Col. Accident and Health Insurance Premiums Direct, Line 95 *	
10	Line 8/ Line 9 If less than 1 and greater than zero, Otherwise assume 1	
11	Line 7 x Line 10 Net premium earned	
12	Line 11 x .01	

Notes:

* This amount must be reported net of premiums related to Mi Salud, Medicare Advantage and Medicaid.

This form must be filed at the OCS, B5 C/Tabonuco Suite 216, PMB 356, Guaynabo, Puerto Rico 00968-3029 with the payment on or before March 31, 2015 and a copy sent to Internal Revenue Collections Office of the Treasury Department, Office 620, P.O. Box 9024140, San Juan, Puerto Rico 00902-4140.

I 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