



**COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE**

**PREMIUM TAX RETURN  
FOR THE YEAR ENDED ON DECEMBER 31, 20\_\_**

**Insurer's name:** \_\_\_\_\_ **NAIC CODE:** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Contact E-mail:** \_\_\_\_\_

**LIFE, DISABILITY (A & H) PREMIUMS AND ANNUITY CONSIDERATIONS**

<b>1. Direct life and disability premiums per Schedule T of current annual statement</b>	\$	.xx
<b>2. Deduct applicable dividends (state page):</b>		
<b>a. Line 6.1 plus line 6.2., Col. 5</b>	\$	.xx
<b>b. Line 26, Col. 3</b>	\$	.xx
<b>c. Total deductions</b>	\$	.xx
<b>3. Net taxable life and disability premiums for the year ( line 1 less line 2c)</b>	\$	.xx
<b>4. Tax due of net premiums (line 3 x .04)</b>	\$	.xx
<b>5. Annuity considerations per Schedule T of current annual statement</b>	\$	.xx
<b>6. Deduct applicable dividends (state page: line 7.1, Col. 5)</b>	\$	.xx
<b>7. Net taxable annuity considerations for the year ( line 5 less 6)</b>	\$	.xx
<b>8. Tax due of net considerations ( line 7 x .01)</b>	\$	.xx
<b>9. Total tax due for the year ( line 4 plus line 8)</b>	\$	.xx
<b>10. Deduct the annual contribution paid for the certificate of authority during 20__ (see instructions)</b>	\$	.xx
<b>11. Tax due for the year (line 9 less 10, if negative, includes "0")</b>	\$	.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.**