

**GEORGIA INSURANCE DEPARTMENT
PREMIUM TAX UNIT
916 WEST TOWER, #2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GEORGIA 30334**

2004 STATEMENT IN SUPPORT OF CLAIM FOR RETALIATORY TAX CREDITS

Official Code of Georgia Annotated, §33-8-7, deduction of Retaliatory Tax paid to another state. Any insurance company, corporation or association domiciled in this state and issuing insurance policies on fire, lightning, extended coverage and windstorm, which policies cover property within this state, may deduct any retaliatory tax actually paid to another state from the Georgia taxes due for the tax year for which such retaliatory tax was paid and only at the time when such Georgia taxes for that year are paid and upon furnishing proof of payment of such retaliatory tax to the Commissioner.

A	B	C	D
State to which retaliatory tax has been paid	Period for which retaliatory tax was assessed and date paid - Attach proof of payment	Amount of normal tax imposed by foreign state	Amount of retaliatory tax charged by reason of foreign state's statute and for which you claim credit
		\$	\$
Total Retaliatory Tax Paid			\$
(Transfer to Form GID-12, Line 6.)			

INSTRUCTIONS

- The credit for retaliatory taxes paid to other states may be claimed only by companies domiciled in the State of Georgia and issuing policies on fire, lightning, extended coverage and windstorm which cover property within the State of Georgia. If your company does not qualify, please do not complete Form GID-15.**
- Column A - Name of state to which retaliatory tax has been paid. Do not list any states to which you have not actually paid retaliatory taxes.**
- Column B - Period in which retaliatory tax was accrued and date retaliatory tax was paid. Credits are only allowed for the current year. You must attach proof of payment. If tax has not been paid, no credit is allowed.**
- Column C - Amount of tax which would normally be charged by the state listed in Column A. Provide reconciliation.**
- Column D - Amount of retaliatory tax charged by foreign state for which you are claiming credit. Provide proof of payment and reconciliation.**
- Total Column D - Calculate the total credit to be claimed for retaliatory taxes paid to other states. Transfer this amount to Line 6 on Form GID-12.**
- Complete information in the bottom section of the form. Have form signed and notarized. Incomplete forms will be returned.**

State of _____ County of _____

Before me personally appeared _____ who, being duly sworn, deposes and says that
Deponent Name (Please Print)

he/she is the _____ of _____, and
Title (Please Print) Insurance Company (Please Print)

that the foregoing information is true and correct.

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public (Signature) (Attach Seal)

Deponent Signature

NOTE: If you have any questions regarding the completion of this form, please call
(404)656-7553.