



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

John W. Oxendine, Commissioner

PREMIUM TAX UNIT
2 MLK, JR. DR., 916 WEST TOWER, ATLANTA, GA 30334
WWW.GAINSURANCE.ORG

FORM
GID 12A

Rev. 10/05

STATEMENT OF QUARTERLY PREMIUM TAX
FOR THE PERIOD ENDED \_\_\_\_\_, 2006

CHECK HERE FOR ADDRESS CHANGE [ ]

CONTACT CHANGE [ ]

Company Name
Mailing Address for Premium Tax
City, State and ZIP
Contact Name for Premium Tax Issues
Contact Phone Number
Contact E-Mail Address
Company Type: Life and A&S HMO P&C, Surety or Captive Title Other
State of Domicile Company NAIC Number

Table with 2 columns: METHOD 1 and METHOD 2. Rows include: 1a. Total Tax Paid for year ended 12/31/2005, 1b. Prepayment Due, 2a. Estimated Taxable Premiums for this Quarter, 2b. Prepayment Due, 3. Prepayment Due From Line 1b or Line 2b Above, 4. Prior Year Overpayment To Be Applied This Quarter, 5. Payment Included With This Statement.

INSTRUCTIONS

- 1. Estimated quarterly payments must be at least 80% of tax actually due (NOT OF TAX ESTIMATED TO BE DUE) for the quarter or you may make four equal quarterly payments based on preceding calendar year's tax. (O.C.G.A. § 33-8-6)
2. Forward your report to the address at the top of this form. Make checks payable to "Georgia Insurance Department".
3. Abatements/credits provided for in Title 33 of the Official Code of Georgia Annotated may not be used in determining quarterly estimated premium tax due.
4. Pay Tax and have quarterly reports POSTMARKED BY U.S. POSTAL SERVICE (NOT IN-HOUSE POSTAGE EQUIPMENT) on or before the 20th day of March, June, September and December. OTHERWISE, THIS FORM MUST BE RECEIVED BY THE GEORGIA INSURANCE DEPARTMENT ON OR BEFORE THE 20th DAY OF MARCH, JUNE, SEPTEMBER, AND DECEMBER. If you prefer to use the electronic funds transfer method of payment, please contact the Georgia Insurance Department at (404) 656-7553 for bank information and instructions.
5. Valid period ending dates are March 31, June 30, September 30, and December 31.
6. If you have questions regarding the completion of this form, please contact the Premium Tax Unit of the Georgia Insurance Department at (404) 656-7553. (E-mail: premiumtax@mail.oci.state.ga.us)

SIGN HERE
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
Signature of Corporate Officer of Taxpayer Date Title
Corporate Officer's Name (Please Print) Telephone Number

**GEORGIA INSURANCE DEPARTMENT  
PREMIUM TAX UNIT**

**\*\*\* REMINDERS \*\*\***

- ***DO NOT mail the Annual Premium Tax Return with your Annual Statement.*** (The Annual Statement should be mailed to the Regulatory Services Division.)
- Any request for a refund of overpayment of state premium tax must be made ***in writing and mailed separately*** from the Annual Premium Tax Return.
- Please call our office at (404) 656-7553 if you have any questions.
- Website information: [www.gainsurance.org](http://www.gainsurance.org)

**Electronic Funds Transfer Information:**

**State Account: Wachovia Bank**

ABA/Routing# 061000227

State Account# 2000179950694

Local Account# 2000123898760

**Fraud Account: SunTrust Bank**

ABA/Routing# 061000104

Account# 1000008138645

**2006 - DATES TO REMEMBER**

The following items are due on the dates indicated below. This listing is not intended to be a comprehensive list of all filings due to the Georgia Insurance Department. This listing only addresses filings that are due to the Premium Tax Unit of the Georgia Insurance Department.

***All payments must be received on or before the following due dates. If payment is mailed, it must be postmarked by the U.S. Postal Service (Not IN-HOUSE POSTAGE) on or before the following due dates:***

March 1, 2006	Annual Premium Tax Return
March 20, 2006	First Quarter Statement of Quarterly Premium Tax
June 20, 2006	Second Quarter Statement of Quarterly Premium Tax
August 1, 2006	County/Municipal Tax
September 1, 2006	Special Fraud Fund Assessment
September 20, 2006	Third Quarter Statement of Quarterly Premium Tax
December 20, 2006	Fourth Quarter Statement of Quarterly Premium Tax

Please note: Pursuant to O.C.G.A. §33-8-6(d); late payment, underpayment or non-payment of any of the above items will result in the imposition of penalties in the amount of 10% of the amount due, together with interest on the amount due at the rate of 1% per month or any portion of a month from the date due until the date paid.