

STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
700 WEST STATE STREET, 3<sup>RD</sup> FLOOR  
PO BOX 83720  
BOISE, ID 83720-0043  
PHONE (208) 334-4250  
FAX (208) 334-4398

**INSTRUCTIONS FOR COMPLETING AND FILING  
STATEMENT OF PREMIUM TAXES  
IDAHO RESIDENT & NON-RESIDENT  
SURPLUS LINE BROKERS**

1. Read these instructions carefully before completing the *Statement of Premium Taxes*. If you have any questions regarding this filing, contact the Premium Tax Section at (208) 334-4281, (208) 334-4282 or [premiumtax@doi.idaho.gov](mailto:premiumtax@doi.idaho.gov).
2. The *Statement of Premium Taxes* is **due on or before** March 1st. **All Idaho Surplus Line Brokers** must file a *Statement of Premium Taxes* regardless of premium volume. **If no business was written, indicate with a zero. ZERO FILINGS ARE REQUIRED.**
3. The Idaho Department of Insurance has adopted a mandatory e-file policy. All tax and fee filings must be submitted electronically. Idaho Code §41-1228. Electronic filings must be submitted by one of the following methods:

- ❖ Directly through TriTech Premium Pro software. Idaho does NOT accept ACH Debit. ACH Credit or Wire Transfers are acceptable.
- ❖ Idaho Department of Insurance Electronic Filing System located [here](#). Or visit <https://tritechsoft.com/efilenetid/efilenet/efiledefault.aspx>

Payments must be submitted by one of the following methods:

- ❖ Electronic Funds Transfer (EFT) or;
- ❖ Check (to be submitted with payment voucher).
- ❖ To enroll in the Electronic Fund Transfer payment system, please complete the EFT Enrollment Form located on the Idaho Department of Insurance website at <https://doi.idaho.gov/Company/PremiumTax/Instructions>, and submit it to the Premium Tax Section at [premiumtax@doi.idaho.gov](mailto:premiumtax@doi.idaho.gov).

4. **The Premium Tax amount due MUST agree with the yearly report total.** The current tax rate is 1.50%. The Idaho Department of Insurance only accepts premium tax payments for the current tax year, or payments from prior years that result in additional taxes due. All payments covering tax liabilities for futures years will be refunded to the Broker. **NO exceptions.** The Department will **NOT** keep track of credits or any other bookkeeping issues for Brokers. IDAPA 18.06.06.019.
5. All Boxes and Lines on the *Statement of Premium Taxes* **MUST** be filled in before the return will be considered complete. All *Statement of Premium Taxes* **MUST** be signed and dated before they will be considered complete. All *Statement of Premium Taxes* **MUST** be on the most current form provided by the Department of Insurance before they will be considered complete. Returns failing to meet these requirements will be considered **INCOMPLETE** and returned to the Broker.

6. The Statement of Premium Taxes and Fees must be signed by an authorized person. For all electronic filings, the typed name of the authorized person submitting the return on the signature line under oath is acceptable. If you need additional instructions, contact this office at the telephone number listed in Item #1. Forms are considered incomplete if not properly signed.
7. Late filing of the statement and remittance will result in a penalty of \$25.00 for each day of delinquency, commencing April 2<sup>nd</sup>, as determined by the submission date. Idaho Code §41-1230. Late filing penalties will be assessed for the following:
  - Late filing (electronic submission date) of the *Statement of Premium Taxes*.
  - Incomplete submission of the *Statement of Premium Taxes* (missing signature)
  - Unpaid/underpaid tax (electronic submission date or official postmark).
  - Electronic Fund Transfer (EFT) payment is not in the correct bank account on the due date.

If paying by check only an official U.S. Postal Service cancellation postmark on the envelope, rather than private postage meter stamp shall qualify as proof of timely mailing. If a carrier service is used, the mailing date will be determined by the package pick-up date, not the delivery date.

8. The contact person, telephone number and email address must be completed, as all forms, refunds and correspondence will be sent to the contact therein. If the contact person changes after the submission of the statement, please contact the Premium Tax Section as indicated in item #1.
9. Any tax payment in the amount of \$100,000.00 or more must be made electronically. Idaho Code §67-2026.

If making payment by check, to avoid a lost payment attach the check for balance due to the front of the voucher.

10. **Statement of Premium Taxes** - Idaho Code § 41-1229 and 41-1230.

Enter broker information. Enter the broker name, and license number on the appropriate line. Enter the Agency and Agency mailing address on the appropriate line.

11. Check box if claiming a refund.
12. Line 1. Net Premiums Reported. Enter the Net Premiums (exclusive of sums collected to cover stamping fees) for the **current tax year only. Must agree with Idaho Surplus Line Annual Summary Report total for net premiums.**
13. Line 2. Premium Tax Due. Multiply Line 1 by 1.50%. Enter the result on Line 2. **This amount MUST equal the total Premium Tax due on your Annual Summary Report, or your return will be considered INCOMPLETE.** Please contact the Idaho Surplus Line Association at 208-336-2901 if you do not have an Idaho Surplus Lines Association *Annual Summary Report*.
14. Line 3. Penalty. Late penalties begin accruing on April 2<sup>nd</sup> after the March 1<sup>st</sup> due date. Enter the number of days late commencing with April 2<sup>nd</sup> and multiply by \$25.00. The result on line 3 is precalculated. Idaho Code § 41-1230).
15. Line 4. Total Taxes and Penalty Due. Precalculated total. Add Line 2 + Line 3 for Total Taxes and Penalties.

16. If paying by check, please enclose check with the payment voucher and make your check payable to:  
**Idaho Department of Insurance.**

**MAIL TO:**

PO Box 83720  
Boise, ID 83720-0043

**OVERNIGHT ADDRESS:**

700 W State Street, 3<sup>rd</sup> FL  
Boise, ID 83702

- There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.
- Your canceled check is your receipt.

- **DO NOT SEND THIS FORM TO THE SURPLUS LINE ASSOCIATION.**