

## Reconciliation of Calendar Year Taxes

In the event that the fiscal year-end financial report of the intergovernmental risk pool is as of a date other than December 31st, then this schedule should be completed in order to reconcile the information as being shown in the calendar year tax return to the information as found in the last annual financial statement filed with the Nebraska Department of Insurance.

Name of Intergovernmental Risk Pool \_\_\_\_\_  
 Last filed financial report was as of fiscal year ending \_\_\_\_\_  
 This schedule for the tax year of \_\_\_\_\_

**GROSS DIRECT CONTRIBUTIONS (PREMIUMS):**

Reported figure in filed fiscal year-end financial report \_\_\_\_\_  
 Less: Previously reported in prior fiscal year end report \_\_\_\_\_ -  
 Plus: To be included in next year's fiscal year-end report \_\_\_\_\_ +  
 Equals amount in current calendar year *tie to Section II line 1 or 8 or 14* \_\_\_\_\_

**AMOUNT PAID FOR EXCESS OR AGGREGATE INSURANCE:**

Reported figure in filed fiscal year-end financial report \_\_\_\_\_  
 Less: Previously reported in prior fiscal year end report \_\_\_\_\_ -  
 Plus: To be included in next year's fiscal year-end report \_\_\_\_\_ +  
 Equals amount in current calendar year *tie to Section II line 3 or 9 or 15* \_\_\_\_\_

**DIVIDENDS AND CONTRIBUTIONS PAID OR CREDITED TO POLICYHOLDERS:**

Reported figure in filed fiscal year-end financial report \_\_\_\_\_  
 Less: Previously reported in prior fiscal year end report \_\_\_\_\_ -  
 Plus: To be included in next year's fiscal year-end report \_\_\_\_\_ +  
 Equals amount in current calendar year *tie to Section II line 4 or 10 or 16* \_\_\_\_\_

**GROSS DIRECT CONTRIBUTIONS (PREMIUMS) ON WORKERS COMPENSATION:**

Reported figure in filed fiscal year-end financial report \_\_\_\_\_  
 Less: Previously reported in prior fiscal year end report \_\_\_\_\_ -  
 Plus: To be included in next year's fiscal year-end report \_\_\_\_\_ +  
 Equals amount in current calendar year *tie to Section III line 21* \_\_\_\_\_

**WORKERS COMPENSATION PAID LOSSES:**

Annual paid WC losses as reported in filed fiscal year-end financial report \_\_\_\_\_  
 Less: paid WC losses included in prior fiscal year end report \_\_\_\_\_ -  
 Plus: paid WC losses to be included in next year's fiscal year-end report \_\_\_\_\_ +  
 Equals total WC paid losses in current calendar *tie to Section IV line 26* \_\_\_\_\_