

NEBRASKA DEPARTMENT OF INSURANCE  
QUARTERLY TAX RETURN

TAX YEAR

PAYMENT DUE:

COMPANY INFORMATION

NAIC Number

Contact Person

E-Mail Address

Federal Tax I.D. Number

Telephone

Company Name

Street Address

City

State

Zip Code

**SELECT EITHER THE PRIOR YEAR OR ESTIMATED CURRENT YEAR BASIS. THE METHOD SELECTED MUST BE USED FOR THE ENTIRE TAX YEAR.**

Payment Method

**PRIOR YEAR BASIS**

1 \*Prior year premium tax

2 Enter 25% of Line 1

0

**CURRENT YEAR BASIS**

3 Estimated current year's total premium tax liability

4 Enter one fourth (1/4) of 80% of Line 3

0

**AMOUNT DUE**

5 Quarterly premium tax installment (enter amount from Line 2 or Line 4)

0

6 Deduct credit allowed for previous overpayment

7 Net premium tax due (Line 5 minus Line 6 & 7, if applicable)

0

**\*Companies whose prior year premium tax liability is less than four thousand dollars are not required to file quarterly tax returns**

**FOR ALL 2019 TAX FILINGS - ALL NUMERIC FIELDS MUST CONTAIN A NUMERIC VALUE. IF A PARTICULAR FIELD IS NOT APPLICABLE PLEASE ENTER THE NUMBER 0 (ZERO).**