

State of Illinois

Privilege and Retaliatory Tax Quarterly Installment

All companies whose annual tax for the preceding calendar year was less than \$5,000 need not file this installment.

Web Site: <u>www.insurance.illinois.gov</u> (Department Links>Companies>Tax Forms)

Federal Employer Identification Number:	<u> </u>			2021 Calendar Year Indicate which filing:
By the Insurance Company				☐ April 15, 2021 ☐ June 15, 2021
of				☐ September 15, 2021
Street and Number	City	State	Zip Code	☐ December 15, 2021
	Privile	ge Tax		
PART A-BASED ON PRIOR YEAR TOTAL TAX				
1. 2020 Privilege Tax from Page 6, Line 1 of the				
2. Installment amount due is 1/4 of Line 1			\$	
PART B-BASED ON CURRENT CALENDAR YEAR			Ф	
3. 2021 Estimated Privilege Tax on taxable prem				
3a. Less: Estimated Fire Department Taxes to be paid in 2021, if applicable\$\$ 3b. Less: Estimated Intergradation 2021 excess Income Tax Offset, if applicable\$\$				
3c. Less: New Markets Tax Credit Offset, if applicable				
4. Net Privilege Tax for 2021 (Line 3 minus sum of 3a, 3b, and 3c)				
5. 80% of Line 4 to be paid in 2021				
6. Installment amount due is 1/4 of Line 5				
		ory Tax	-	
PART A-BASED ON PRIOR YEAR TOTAL TAX	Netaliat	ory rax		
7. 2020 Retaliatory Tax from Page 6, Line 2 of P	rivilege and R	etaliatory Tax Retu	rn \$	
8. Installment amount due is 1/4 of Line 7				
PART B-BASED ON CURRENT CALENDAR YEAR			<u> </u>	
9. 80% of 2021 Estimated Retaliatory Tax			\$ <u> </u>	
10. Installment amount due is 1/4 of Line 9			\$	
	Payr	ment		
11. Amount due as a Privilege Tax from Line 2 or				
12. Amount due as a Retaliatory Tax either Line 8				
13. Total amount due this installment, Line 11 plus			\$ <u> </u>	
14. Less: Current available tax overpayment credit a				
(amount may not be more than Line 13)				
15. Balance due on this installment, Line 13 minus	s Line 14		\$	
*Note: If applicable, the Department may assess a of estimates, at a later date.	a penalty for fa	ailure to file and fa	ilure to pay estimates,	including underpayment
I certify that this is a true, correct and complete D	eclaration of t	axes due (print nai	me)	
Signature of Company Officer		Date	E-mail	
Please complete and return one copy of this tax ins Adm. Code 2500.60. Remittance should be payal Springfield, Illinois 62791. Important Notice: Disclosure of this information is req	ble and mailed	to the Illinois De	partment of Insurance	e, P.O. Box 7087,
information could result in a fine. This form has been a				1