

**Nevada Department of Taxation**  
 1550 E. College Parkway Rm. 115  
 Carson City NV 89706  
 Phone: (775) 687-4820  
 Fax: (775) 687-5981

DUE DATE MARCH 15, 2002

Company ID: New \_\_\_\_\_ Old \_\_\_\_\_

Federal ID: \_\_\_\_\_

Premium Tax: \_\_\_\_\_

Retaliatory Tax: \_\_\_\_\_

Total Remittance: \_\_\_\_\_

**ANNUAL INDUSTRIAL INSURANCE (WORKERS COMPENSATION)  
 PREMIUM TAX RETURN 2001**

DEPARTMENT USE ONLY	
Amount	_____
Check No.	_____
Date Rec'd	_____
Initials	_____

Net Quarterly Taxable Premiums/Considerations			
	(A) REPORTED	(B) ACTUAL	
1. March 31, 2001	1		
2. June 30, 2001	2		
3. September 30, 2001	3		
4. December 31, 2001	4		
5. Total Premiums/Considerations (Add Lines 1 through 4)	5		
6. Total Premiums/Considerations (Line 5, Column B - <i>Must agree with Schedule 1, Line 3A</i> )			6
7. Gross Premium Tax (3.5% of Line 6 - <i>Must agree with Schedule 1, Line 4A</i> )			7
8. Industrial Insurance Credit (Workers Compensation) (NRS 680B.036)			8 ( )
9. <b>Net Premium Tax Due for Calendar Year 2001</b> (Line 7 less Line 8)			9
10. Home Office Credit, if qualified (NRS 680B.050) (50% or .5 of Line 9) ( <i>Attach Form PT-04 and req. documents</i> )			10 ( )
11. Total Cash Payments made with Quarterly Returns			11 ( )
12. Total Overpayment carried forward from 2000	12		
13. Total Overpayment refunded by Nevada in 2001	13		
14. Overpayment Remaining (Line 12 minus Line 13)			14 ( )
15. Net Premium Tax Due			15
16. Penalty 10% or .10 of line 15 (if postmarked after due date)			16
17. Interest 1.5% or .015 of Line 15 (If postmarked after due date, for each month or fraction of a month past due)			17
18. <b>Total Premium Tax Due</b> (Line 15 plus Lines 16 and 17)			18

TAXES

**A COPY OF THE NEVADA PAGE FROM ANNUAL STATEMENT MUST BE ATTACHED.**

**NRS REQUIRES THIS RETURN MUST BE SIGNED**

I hereby declare under penalty of perjury that this premium tax report (including any accompanying schedules and statements) has been examined by me and is a true, correct and complete report.

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT	PRINTED NAME OF TAXPAYER OR AUTHORIZED AGENT	DATE	TELEPHONE #
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DEPARTMENT USE ONLY

**SCHEDULE 1**

**INDUSTRIAL INSURANCE PREMIUM TAX AND FEES ON RETALIATORY BASIS  
(WORKERS COMPENSATION) For Year Ending December 31, 2001**

	(A) NEVADA BASIS	(B) STATE OF INC
1. Gross Annual Premiums ( <b>Industrial Insurance Only</b> )		
2. Dividends Paid or Credited to Policy Holders		
3. Gross Premiums written minus Dividends paid or Credited to Policy Holders		
4. Taxes Payable (according to applicable rate) (Tax Rate for Nevada is 3.5%) Must agree with Line 7, PTI-01(A) on annual return		
5. Retaliatory Assessment		

This return must be filed even if no tax is due. (For companies required to file quarterly, the annual return is a summary of the calendar year.)

The Nevada premium tax rate is 3.5%. Retaliatory statutes, NRS 680A.330, require you to use the higher tax rate charged by Nevada or your domiciliary state.

TAXES

**INSTRUCTIONS**

*SCHEDULE 1*

*Line 1* Gross Annual Premiums for Industrial Insurance Only (**Workers Compensation**). Premiums include policy, membership, and other fees and assessments.

*Line 2* Amount of dividends paid or credited to policy holders.

*Line 3* Gross premiums written minus dividends paid or credited to policy holders.

*Line 4* Taxes payable. If the state of domicile taxes the premium at a different rate, a separate schedule calculating the tax in accordance with the domiciliary state method must be attached and the tax amount entered on Line 5 only, State of Inc.

*ANNUAL RETURN*

This return is for Industrial Insurance (Workers Compensation)

*Lines 1 through 4* If figures for Columns A and B differ, penalty and interest may apply.

*Line 18 Total Premium Tax Due.* If the calculated amount entered on this line results in a negative figure, this amount is the premium tax overpayment that will be credited to your account. If you owe premium tax and/or retaliatory assessment, make the check payable to the Department of Taxation.

INSTRUCTIONS