

RETURNS TO BE MAILED TO:
New York State Department of Financial Services
Attn: Office of Financial Management
One Commerce Plaza
Albany, New York 12257

Payment is due on or before
December 15th of the
corresponding calendar year.

Email questions to: billing@dfs.ny.gov

ESTIMATED RETALIATORY TAX FOR THE STATE OF NEW YORK

RETURN for the year of 20 ____ made in accordance with Insurance Law §1112.

NAIC Company Code

Name of Insurance Company

Mailing Address

State of Domicile

Contact Name

Phone Number

Email Address

New York State Insurance Law §1112 requires the estimated payment be equal to the lesser of ninety percent of the final amount determined to be due for the second preceding calendar year **or** eighty percent of the amount finally determined to be due for the corresponding calendar year. Payment is due on or before December 15th of the corresponding calendar year. Interest on any underpayment or overpayment of the required estimated amount will be calculated and included as part of the final retaliatory tax calculation. Any questions may be e-mailed to: billing@dfs.ny.gov

1. Amount finally determined to be due for second preceding calendar year _____ x 90% = \$ _____
OR
2. Amount estimated to be due for current calendar year _____ x 80% = \$ _____

Total Amount Due* (Lesser of line 1 or line 2) \$ _____

*Check for amount due should accompany return and be made payable to the Superintendent of Financial Services.

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

(Signature of Officer)

(Title)

(Date)

State of _____ County of _____ ss:

(Name and Title of Officer) of the _____
(Name of Corporation)

being duly sworn, deposes and says, that he or she is the above described officer of the said company, and that the foregoing statement hereby subscribed is full, true and correct to the best of his or her knowledge, information and belief.

Subscribed and sworn to before me

this _____ day of _____, 20____

Notary Public