IB-54
Web
2-10

Installment Payment
Self-Insured Workers' Compensation Group

North Carolina Department of Revenue

Installment Due Date *(MM-DD-YY)* __ - __ - __

DOR Use Only
__ / __ / __

Legal Name *(First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Mailing Address

City **State** **Zip Code**

Name of Contact Person **Phone Number** **State of Domicile**

Federal Employer ID Number
__ - __

NCDOR ID Number

NAIC Number

○ **Fill in circle if applicable:** Payment has been made through electronic funds transfer (EFT)

Part 1. Computation of Gross Premium Tax Installment

(*If prior total gross premium tax liability was less than $10,000, do not complete this form; installment payments are not required.)*

1.	**Total Gross Premium Tax Liability** *(From prior Form IB-53, Part 1, Line 4)*	1. .00
2.	**Gross Premium Tax Installment Due** Multiply Line 1 by 33 1/3% (.3333)	2. .00
3.	**Overpayment of Gross Premium Tax to be Applied as Credit** *(From prior Form IB-53 or prior installment form)*	3. .00
4.	**Net Gross Premium Tax Installment Due** *(Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.)*	4. $ .00

Part 2. Computation of Insurance Regulatory Charge Installment

5.	**Total Insurance Regulatory Charge Liability** *(From prior Form IB-53, Part 2, Line 10)*	5. .00
6.	**Insurance Regulatory Charge Installment Due** Multiply Line 5 by 33 1/3% (.3333)	6. .00
7.	**Overpayment of Insurance Regulatory Charge to be Applied as Credit** *(From prior Form IB-53 or prior installment form)*	7. .00
8.	**Net Insurance Regulatory Charge Installment Due** *(Line 6 minus Line 7. If less than zero, any remaining overpayment should be applied to subsequent installments.)*	8. $ .00

Part 3. Amount of Installment Due

9.	**Total Installment Due** *(Add Lines 4 and 8. If amount on either of these lines is less than zero, do not include in total due.)*	9. $ .00

Signature: _____ **Title:** _____ **Date:** _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Installments are due April 15th, June 15th and October 15th of each taxable year.
Your check or money order must be in the form of U.S. currency from a domestic bank.

N.C. Department of Revenue, Insurance Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300