



**DELAWARE INSURANCE DEPARTMENT  
QUARTERLY PREMIUM TAX PREPAYMENT  
FOR THE CALENDAR YEAR 2008**

Original Report

Amended Report

**WFT-9**

**MAILING INSTRUCTIONS**

The Delaware Insurance Department has established a lockbox operation with National City Bank for receipt of premium taxes and fees. Send this Working Form T-9, along with check (if applicable) to one of the addresses listed below. **DO NOT** send tax forms or checks directly to the Department. **NOTE:** Premium tax filings must be received on or before the appropriate due date. The Insurance Department does not accept postmark dates. An administrative penalty of \$100.00 per business day will be assessed for filings received after the due dates.

Attach Check Here

<p align="center"><b>If using U.S. Postal Service (regular mail):</b> Delaware Insurance Department c/o National City Bank 6705 Reliable Parkway Chicago, IL 60686</p> <p><b>NOTE:</b> this is a PO Box – no personnel are present to accept deliveries</p>	<p align="center"><b>If using Courier or Express Service (overnight delivery):</b> Delaware Insurance Department c/o National City Bank Attention: Lockbox # 6705 5635 S. Archer Ave. Chicago, IL 60638-1656</p>
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**COMPANY INFORMATION AND MAILING ADDRESS**

Company Name: \_\_\_\_\_  
 Premium Tax Contact Person: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_  
 Tax Dept. Phone and Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal E.I.N. #:   
 N.A.I.C. #: \_\_\_\_\_  
 N.A.I.C. Group #: \_\_\_\_\_  
 State of Domicile (abbr.): \_\_\_\_\_

**QUARTERLY TAX LIABILITY CALCULATION AND REPORT**

- |    |   |    |            |  |
|----|---|----|------------|--|
| 1. | Estimated Tax Liability for CURRENT year:   |    |            |  |
| 2. | Domestic Insurer's Privilege Tax Liability: | +  |            |  |
| 3. | <b>TOTAL</b> Estimated Tax Liability:       | =  |            |  |
| 4. | Payment Rate:                               | X  | <b>.25</b> |  |
| 5. | <b>TOTAL</b> Amount Due:                    | \$ |            |  |
- ↑ PAY THIS AMOUNT ↑

*Questions should be directed to:*  
**Mrs. Ann Fletcher**  
 Premium Tax Coordinator  
 E-mail: [Ann.Fletcher@state.de.us](mailto:Ann.Fletcher@state.de.us)

**IMPORTANT:** Payment must be RECEIVED on or before each due date indicated below.

**PAYMENT INFORMATION (Select One)**

NOTE: Authorization Agreement approval required for ACH Credit Option

- ACH CREDIT** Enter Transmittal Date: \_\_\_\_\_  
 **CHECK** Enter Check Number: \_\_\_\_\_

Make check payable to "Delaware Insurance Department"

**SELECT REPORT TYPE:**

- |                          |              |                        |
|--------------------------|--------------|------------------------|
| <input type="checkbox"/> | <b>Q1/08</b> | Due APRIL 15, 2008     |
| <input type="checkbox"/> | <b>Q2/08</b> | Due JUNE 15, 2008      |
| <input type="checkbox"/> | <b>Q3/08</b> | Due SEPTEMBER 15, 2008 |
| <input type="checkbox"/> | <b>Q4/08</b> | Due DECEMBER 15, 2008  |

**INSTRUCTIONS**

In accordance with Title 18 Delaware Insurance Code, Section 702, a prepayment of twenty-five percent (25%) of the estimated tax liability for the current year must be made on or before the due dates as directed in 18 Del. C., §702(d). In accordance with 18 Del. C., §702(f), as amended effective 6/30/96, no underpayment penalty will be imposed if the prepayments total 100% of prior year tax liability.

- Line 1: Estimated Tax Liability is based on the amount expected to appear on Line 10 of the Annual Premium Tax Report for the current year. Those companies with premium from Employer/Trust Owned Life Insurance policies MUST include their estimated year-end tax liability as will appear on Line 13 of Annual Premium Tax Report in the calculation of quarterly premium tax prepayments.
- Line 2: Delaware Domestic Insurers **must** include Domestic Insurers' Privilege Tax liability, as calculated according to 18 Del. C., §703.
- Line 3: Sum Line 1 and Line 2
- Lines 4 & 5: There shall be made four equal payments, each equaling 25% of the estimated tax liability listed on Line 3, which must be received on or before the due dates listed.

**IMPORTANT: If there is no quarterly payment amount due, a zero filing (\$0.00) is NOT required.**