



**DELAWARE INSURANCE DEPARTMENT
QUARTERLY PREMIUM TAX PREPAYMENT
FOR THE CALENDAR YEAR 2010**

Original Report

Amended Report

**Q10
WFT-9**

COMPANY INFORMATION

Company Name: _____
 Premium Tax Contact Person: _____
 Contact E-mail: _____

Federal E.I.N. #: _____
 N.A.I.C. #: _____
 N.A.I.C. Group #: _____

QUARTERLY TAX LIABILITY CALCULATION AND REPORT

1. Estimated Tax Liability for CURRENT year: _____
2. Domestic Insurer's Privilege Tax Liability: + _____
3. **TOTAL** Estimated Tax Liability: = _____
4. Payment Rate – Enter rate for current calendar quarter X _____
5. **TOTAL** Amount Due: \$ _____

Questions should be directed to:
Ann Fletcher
 Premium Tax Coordinator
 E-mail: Ann.Fletcher@state.de.us

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

SELECT REPORT TYPE			Amt. Due Per §702(d)
<input type="checkbox"/>	Q110	Due APRIL 15, 2010	50%
<input type="checkbox"/>	Q210	Due JUNE 15, 2010	20%
<input type="checkbox"/>	Q310	Due SEPTEMBER 15, 2010	20%
<input type="checkbox"/>	Q410	Due DECEMBER 15, 2010	10%

INSTRUCTIONS

In accordance with Title 18 Delaware Insurance Code, Section 702, prepayment of the estimated tax liability for the current year is required.

- 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 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
- Line 4: Enter the payment rate being reported for the current calendar year as described above per §702.
- Line 5: Multiply Line 3 by the payment rate. Pay this amount.

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

MAILING INSTRUCTIONS

Mail this form, along with a check made payable to *Delaware Department of Insurance*, to the following address:

DELAWARE DEPARTMENT OF INSURANCE
 ATTN: PREMIUM TAX SECTION
 841 SILVER LAKE BLVD.
 DOVER, DE 19904-2465