4	FORM INS-6				
			ED PAYMENT FOR D PREMIUMS TAX		99
5 6	1st Payment 2020		D & SURPLUS LINES)		
	DUE APRIL 30, 2020				1732001*
8					
9	Note: Certain taxpavers	with large annual tax liabi	lities are required to remit ta	x payments electro	nically.
0	See MRS Rule 102 on	the MRS website at <u>www</u>	.maine.gov/revenue (select L	_aws & Rules) for o	
1	Pay your tax	x electronically and elim	inate the necessity of filing	Form INS-6.	
2					
3					
4 *Surplus Li	ines				
5 Account Na		A XXXXXXXXX	ccount Number	99999999999	99
6	+++++++++++++++++++++++++++++++++++++++	//	Producer SSN, or if agency i	s filina, its FIN foll	owed by the numbers 01
7 Address	*****		Self Procured filers: if individu		
8		v vv ooooo F	xcept for self procured taxpa	vers, the first payr	ment of estimated tax must be
9	*****				e preceding calendar year or
1	me XXXXXXXXXXXXXXXXXXXXXX	vv ti	ne current calendar year.	+++++++++++++++++++++++++++++++++++++++	
[⊥] Contact Na 2	ame AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	
2	*****		Estimated Payment	++++++++++++++++++++++++++++++++++++	999999999.00
³ Telephone		(1	from worksheet, line 3 below)	+++++++++++++++++++++++++++++++++++++++	.00
5 Company/ 5 Employer	999 999 9999		ENCLOSE PAYMENT Make check payable to: T		
6 Employer			Mail to: Maine Revenue Se		
7	*Producer name or agency reporting on beha		P.O. Box 1065 Augusta, ME 0433	32-1065	
8	person's/entity name. DO NOT ENTER LIC	JENSE NUMBER.			nmerce Drive, Augusta, ME 04330
9					
0		INIGTO			
1 2 YOU MUS	T MAKE ESTIMATED PAYMENTS, U				
2					
	You are a Risk Retention Group, or				
_	Your annual tax obligation does not exc	ceed \$1,000			
5	+++++++++++++++++++++++++++++++++++++++			+++++++++	
6					
- WORKSH	EET: (NOTE: Self Procured filers ente			rrently charged les	s return premiums]
7 WORKSHI	EET: (NOTE: Self Procured filers ente arter on the estimated payment line ab			rently charged les	s return premiums]
7 for this qua				rently charged les	s return premiums]
7 WORKSH for this qua	arter on the estimated payment line ab	pove; do not complete the	worksheet below.)		
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345 04		9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 ! FIMATED PAYMENT FOR	56789012345678	9 0 1 2 3 4 5 6 7 8 9 0 1 2 3
05	NONADM			99
06	3rd Payment 2020	URED & SURPLUS LINES)		
07	DUE NOVEMBER 2, 2020		*1732	001*
08				
09	Note: Certain taxpayers with large annual ta			
10	See MRS Rule 102 on the MRS website a	at <u>www.maine.gov/revenue</u> (select d eliminate the necessity of fili		
11		a emininate the necessity of mi	ng ronn no-o.	
12				
13 14				
	*Surplus Lines Account Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X A A	999999999999	
16		Account Number		
	Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		y is filing, its EIN, followed b	
18		Sell Procured lifers: If Indivi	dual, enter SSN; if entity, en	
19 20	XXXXXXXXXXXXXXXXX XX 99999		xpayers, the third payment tax liability for either the pre r	
21	Contact Name			
22		Estimated Payment		
23	Telephone XXXXXXXXXXXXXXXXXXXX	(from worksheet, line 3 below)		999999999.00
24	Company/ Employer 999 999 9999	ENCLOSE PAYMEN		
26	Employer 999 999 9999	Make check payable to Mail to: Maine Revenue	: Treasurer, State of Maine • Services	
27	*Producer name or agency reporting on behalf of producer or self p			
28	person's/entity name. DO NOT ENTER LICENSE NUMBER.		4332-1065 Revenue Services, 51 Commerce Dr	ive, Augusta, ME 04330
29				
30		INSTRUCTIONS		
31	YOU MUST MAKE ESTIMATED PAYMENTS, UNLESS			
32				
33 34	1. You are a Risk Retention Group, or 2. Your annual tax obligation does not exceed \$1,000			
34				
36				
27	WORKSHEET: (NOTE: Self Procured filers enter 3% [.03] of net pre for this guarter on the estimated payment line above; do not comple		currently charged less return	premiums]
38	Tor this quarter on the estimated payment line above, do not comple			
39				
40	Line 1: Third Payment Tax Estimate. (15% of either 2019 tax	paid or 2020 tax liability)	\$	99999999.00
41				
42 43	Line 2: Carryover From Prior Year. From 2019 Form INS-7,	line 9a. Do not enter more		99999999.00
44	than line 1		\$.00. 6666666
45	Line 2: Estimated Dayment Subtracting Offermilies 4. Esta-			
46	Line 3: Estimated Payment. Subtract line 2 from line 1. Enter payment line above		ed \$	999999999.00
47	payment inte above		Ψ	
48				
17				
50	For calendar year 2020, the interest rate is 7%, compounded monthl due, unless the return is filed more than 60 days after the receipt of a			
ЪТ	is the greater of \$25 or 25% of the tax due. The penalty for failure t	to pay a tax liability timely is 1% (
52	thereof during which the failure continues, to a maximum of 25% of	the outstanding liability.		
53				
54	Form INS-7			
	File Form INS-7, Nonadmitted Premiums Tax, annual reconciliation/ tax liability and estimated payments and to pay any additional tax du			ed and Surplus Lines
57	tax navinty and estimated payments and to pay any additional tax di	ue to avoid interest and penalty c	naryes.	
	STATUTORY REFERENCES			
59	This return is made in compliance with 36 M.R.S. § 2521-A.			
60	This return to made in compliance with ou M.R.O. § 2021-A.			
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64 65				
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