	Form INS-6	901234567890 Maine Esti	mated Payment for				
5		Nonadmit	ted Premiums Tax				99
7	1st Payment 2024 Due: April 30, 2024	(Self-Procur	(Self-Procured & Surplus Lines)		*2332001*		
3	Notor	Pertain taxpavere are rea	uired to remit tax payments electro				
9			www.maine.gov/revenue/publication		letails.		
)	Use the MTP to file and pay e	electronically at <u>revenu</u>	<u>e.maine.gov</u> and eliminate the ne	ecessity of fi	ling For	rm INS-6.	
NOTE: If P	roducer is filing, enter name (last, f	irst, middle initial) and SS	SN. If Agency is filing on behalf of	Producer, ent	er Ageno	cy Name and EIN.	
	red filers: if individual, enter SSN; if				5		
Self-Procur	ed XXXXXXXXXXXXXXXXXXX	XXXX XXXXXXX	XXXXXXXXXXX X		aaaa	99999	
Individual:	Last Name	First name	МІ	SSN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55555	
OR							
Agency or							
Self-Procur	ed XXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX			99 9	9999999	
Entity:	Name			Feder	al EIN		
Address	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	Contact Name XXXXXX	XXXXXXX	(XXXX	XXXXXXXXXXX	
B L	*****	VV VV 00000		999	999	9999	
t -			Telephone	999	999	9999	
Company/	*****	xxxxxxxxxxxx					
Employer*			Estimated Payment (from worksheet, line 3 below)			999999999	.00
3	 *Individual Producers enter the na or Agency. 	ame of your employer					
)							
		Estimated Ta	x Payment Worksheet				
You Mus	t Make Estimated Payments, Unl	ess:					
	You are a Risk Retention Group, o						
	Your annual tax obligation does no			•		999999999	00
Line A:	Enter the total tax liability for 20			\$.00
-	Enter the total estimated tax lial	aility for 2024		\$		999999999	.00
7							
Line C:	Enter the amount of premiums	on contracts written du	ring January 1 through				
)	April 30, 2024			\$		999999999	.00
)							
Line 1:	First Payment Tax Estimate. (Yo					999999999	0.0
3	or 3% of line C.)			\$		555555555	.00
	Carryover From Prior Year. Fron	2022 Form INE 7 line (Do not ontor more				
Line 2:			Ja. Do not enter more	\$		999999999	.00
				ψ			.00
	Estimated Payment. Subtract line	e 2 from line 1. Enter res	ult here and also on estimated				
3				\$		999999999	.00
Interest	& Penalty. For calendar year 2024,					rn on time is the ar	ator
	a Penalty. For calendar year 2024, 10% of the tax due, unless the retur						
the failure	e-to-file penalty is the greater of \$25	or 25% of the tax due. Th	e penalty for failure to pay a tax liab	oility timely is			
	hth or fraction thereof during which th						
	S-7, Annual Return. File Form INS						Self-
	and Surplus Lines tax liability and e			interest and	benalty c	charges.	
Statutory	y Reference. This return is made ir	compliance with 36 M.F	R.S. § 2521-A.				



5678901 1	Form INS-6		12345678901234567 mated Payment for		5678901234567	090
±			ted Premiums Tax			99
5	2nd Payment 2024		(Self-Procured & Surplus Lines)			99
7	Due: June 25, 2024	(Sell-Procur	eu a Sulpius Lilles)	*	2332001*	
3	Noto: (Pertain taxpavers are roo	uired to remit tax payments electro			
9			www.maine.gov/revenue/publicati		tails.	
	Use the MTP to file and pay of	electronically at <u>revenu</u>	e.maine.gov and eliminate the n	ecessity of fili	ng Form INS-6.	
NOTE: If F	Producer is filing, enter name (last, f	irst, middle initial) and SS	SN. If Agency is filing on behalf of	Producer, enter	Agency Name and EIN.	
Self-Procu	red filers: if individual, enter SSN; if	entity, enter EIN. DO No	OT ENTER LICENSE NUMBER be	elow.		
Producer of Self-Procur						-
Individual:	ad XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX XXXXXXX	XXXXXXXXXXX X	9	99999999	
5	Last Name	First name	MI	SSN		
7 OR						
Agency or Self-Procur	ed XXXXXXXXXXXXXXXXXX	xxxxxxxxxxxx			99 9999999	
Entity:	Name			Federal		
-						
Address	XXXXXXXXXXXXXXXX	xxxxxxxxxxx	Contact Name XXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	ζ
3						
1	XXXXXXXXXXXXXXXXXX	XX XX 99999	Telephone	999	999 9999	
Company/	*****	xxxxxxxxxxxx				
Employer*	*Individual Producers enter the na		Estimated Payment (from worksheet, line 3 below)		999999999	.00
3	or Agency.					
8						
			ax Payment Worksheet			
	t Make Estimated Payments, Union You are a Risk Retention Group, or					
3 2.	Your annual tax obligation does no					
Line A:	Enter the total tax liability for 20	23		\$	999999999	.00
5						
Line B:	Enter the total estimated tax lial	oility for 2024		\$	999999999	.00
l ine C'	Enter the amount of premiums of	n contracte written du	ring May 1 through			
Line C.	June 25, 2024.			s	999999999	.00
Line 1:	Second Payment Tax Estimate.					
3	or 3% of line C.)			\$	999999999	.00
		2022 Form INO 7 His	Do not or for more			
Line 2:	Carryover From Prior Year. From than line 1.			\$	999999999	.00
5						
Line 3:	Estimated Payment. Subtract line	e 2 from line 1. Enter res	ult here and also on estimated			
3	payment line above			\$	999999999	.00
	Penalty. For calendar year 2024, t					
of \$25 or	10% of the tax due, unless the retu	rn is filed more than 60 c	ays after the receipt of a demand	notice from the	State Tax Assessor, in wi	hich
	ailure-to-file penalty is the greater of each month or fraction thereof dur					aing
Form INS	-7, Annual Return. File Form INS-					24
Self-Procu	ured and Surplus Lines tax liability a					
Statutory	Reference. This return is made in	compliance with 36 M.R.	.S. § 2521-A.			
			e, pay, correspond with MRS			



	3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 Form INS-6	Maine Estir	nated Payment for			
5		Nonadmitt	ed Premiums Tax			99
3rd Payment 2024		(Self-Procure	(Self-Procured & Surplus Lines)			
	October 31, 2024				*2332001*	
	Note:	Certain taxpayers are requ	uired to remit tax payment	s electronically.		
)	See MRS Rule 10	2 on the MRS website at	www.maine.gov/revenue/p	ublications/rules for		
	Use the MTP to file and pay	electronically at <u>revenue</u>	e.maine.gov and eliminat	te the necessity of f	iling Form INS-6.	
	ucer is filing, enter name (last,				ter Agency Name and EIN.	
	filers: if individual, enter SSN; i	f entity, enter EIN. DO NC	TENTER LICENSE NUN	IBER below.		
Producer or Self-Procured						
Individual:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXX		999999999	
OR	Last Name	First name		MISSN		
Agency or						
Self-Procured	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX			99 9999999	
Entity:	Name			Fede	al EIN	
		· · · · · · · · · · · · · · · · · · ·				7
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	Contact Name XX	*****	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2
	*****	xx xx 99999	Telephone	99999	99 9999	
			Telephone			
Company/ Employer*	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	Estimated Payment			
	*Individual Producers enter the	name of your employer	(from worksheet, line 3 b	elow)	99999999	.00
	or Agency.					
	ake Estimated Payments, Un		x Payment Worksheet			
1. Yo	u are a Risk Retention Group, c)r				
	ur annual tax obligation does no					
Line A: Ei	nter the total tax liability for 2	023		\$	99999999	.00
	nter the total estimated tax lia	bility for 2024		s	999999999	.00
				Ψ		
Line C: Er	nter the amount of premiums	on contracts written dur	ing June 26 through			
0	ctober 31, 2024.			\$	999999999	.00
Line 1: Th	• • • • • • • • • • • • • •					
	nird Payment Tax Estimate. (Y 3% of line C.)			¢	999999999	.00
				φ		
	arryover From Prior Year. From					
th	an line 1			\$	999999999	.00
Line 3: Es						
	stimated Payment. Subtract lin				999999999	.00
Interest & P	enalty. For calendar year 2024 % of the tax due, unless the rel	, the interest rate is 10%, c	ompounded monthly. The	penalty for failure to f	ile a return on time is the gro	eater which
case the fail	ure-to-file penalty is the greater	of \$25 or 25% of the tax	due. The penalty for failur	e to pay a tax liability	timely is 1% of the outstar	
	ach month or fraction thereof du					
101111110-7	Annual Return. File Form INS					24
5	d and Surplus Lines tax liability			tax due to avoid inte	est and penalty charges.	
Statutory R	eference. This return is made i					
	he Maine Tax Portal at <u>rev</u>	enue.maine.gov to file	e, pay, correspond wit	in MRS, and mana	age your tax account.	
			ne 🛄			



65 66