Form INS-7



Period Covered: January 1 - December 31, 2024 Due Date: March 17, 2025

Maine Revenue Services Nonadmitted Premiums Tax (Self-Procured & Surplus Lines) Annual Reconciliation / Return



2432000*

	NOTE: If the <u>Producer</u> is filing, enter name (last, first, middle initial) and SSN; or, if the <u>Agency</u> is filing on behalf of the Producer, enter the Agency Name and EIN. Do not complete both Producer and Agency boxes . <u>Self-Procured filers</u> : if individual, enter SSN; if entity, enter EIN. Do not enter producer's license number below .							CHECK ALL THAT APPLY:	
Sel Ind	oducer or f-Procured ividual: <u>OR</u> ency or	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXX st name	XXXX X MI	999999999 SSN	9	X Initial retur X Amended return	n
Ent Mai	ilina	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Contact Name	XXXXXXX	99 99999 EIN		X Made esti payments the year Change of	during
	XXXXXXX City	*****	XX 999999 State ZIP Code	Employer		XXXXXXXXXXXX f employer or agency.		X address	name,
C	Check this b	ox if reporting self-procure	d premiums on line	1. X		Tax C	comput	ation	
1.	Nonadmitt	ed gross direct insurance	premiums		1.		99999	9999999999	.00
2.	Deduction 2a. Retur	ns rn premiums			2a.		99999	9999999999	.00
	2b. Divid	ends paid, credited, or allo	owed on direct prem	niums	2b.		99999	9999999999	.00
3.	Total dedu	ictions (line 2a plus line 2b)		3.		99999	99999999999	.00
4.	Amount taxable (line 1 minus line 3). If less than zero, enter 0. 4. 999999999999999999999999999999999999						99999999999	.00	
5.	Maine premiums tax. Line 4 x 0.03. (Do not enter an amount less than zero.)						.00		
6.	2024 estimated payments, 2023 credit carried forward, and payments made with original return 999999999999999999999999999999999999							.00	
7.	If this is ar	n amended return, enter ov	verpayment, if any,	on original return	7.		99999	99999999999	.00
8.	Line 6 minus line 7. (If negative, enter a minus sign to the left of number)						.00		
9	a. If line 5 is greater than line 8, enter amount due. (Line 5 minus line 8.)9a.						99999999999	.00	
	b. If line 8	is greater than line 5, ente	er amount overpaid.	(Line 8 minus line 5.))9b.		99999	9999999999	.00
10.	Underpayment of estimated tax. (Enclose Form INS-UET.) X 10. 999999999999999999999999999999999999					9999999999	.00		
11.	Total amount due. If you completed line 9a, add line 9a and line 10. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102.						.00		
12.	Overpayment. If you completed line 9b, subtract line 10 from line 9b. 999999999999999999999999999999999999							.00	
13.	Amount of	line 12 to be:							
13a	. Credited to	o next year's estimated tax	«. 9999	. 99999999999	1 3b.	Refunded	99999	9999999999	.00



2432002*

Affidavit and Signature

This return is made in compliance with the provisions of 36 M.R.S. § 2521-A. The amount of all nonadmitted insurance premiums on insurance subject to Maine tax for the above period has been reported. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date:	Signature:	Phone #:			
	5				
		Must be signed by the Self-Procured Person or Producer with Nonadmitted Insurance Authority.			
	Preparer's				
Date:	Signature:	ID Number:			
Date:	Signature:	ID Number:			

See instructions for the 2025 Estimated Payment of Tax requirements

