	23456789012345678 Form INS-6		mated Payment for			
		Nonadmit	ted Premiums Tax			99
	1st Payment 2025 Due: April 30, 2025	(Self-Procured & Surplus Lines)			*2432001*	
					2432001~	
			uired to remit tax payments elect at maine.gov/revenue/publicatior		taile	
			e.maine.gov and eliminate the			
	roducer is filing, enter name (last, ed filers: if individual, enter SSN; i				ter Agency Name and EIN.	
Producer or						
Self-Procure	ed	××××××××××××××××××××××××××××××××××××××				
Individual:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXX X MI	SSN	999999999	
OR		First name		3311		
Agency or						
Self-Procure	ed XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX			99 9999999	
Entity:	Name			Fede	ral EIN	
Address	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	Contact Name XXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z
	XXXXXXXXXXXXXXXXXXXX	XX XX 999999	Telephone	999	999 9999	
Company/	*****	*****				
Employer*			Estimated Payment (from worksheet, line 3 below).		99999999	.00
	<ul> <li>*Individual Producers enter the n or Agency.</li> </ul>	ame of your employer				.00
	or rigonoy.					
		Estimated Ta	x Payment Worksheet			
You Mus	t Make Estimated Payments, Un	ess:				
	You are a Risk Retention Group, c					
	Your annual tax obligation does no			•	999999999	.00
Line A:	Enter the total tax liability for 20	)24		Þ		.00
Line B:	Enter the total estimated tax lia	bility for 2025.		\$	999999999	.00
Line C:	Enter the amount of premiums					
	April 30, 2025.			\$	99999999	.00
Line 1:	First Payment Tax Estimate. (Yo			¢	999999999	.00
	or 3% of line C.)					.00
	Carryover From Prior Year. From	n 2024 Form INS-7 line 9	9a. Do not enter more			
	than line 1			\$	999999999	.00
Line 3:	Estimated Payment. Subtract lin					
	payment line above			\$	999999999	.00
Interest a	& Penalty. For calendar year 2025.	the interest rate is 10%.	compounded monthly. The penalty	/ for failure to t	ile a return on time is the ar	eater
of \$25 or	10% of the tax due, unless the retur	n is filed more than 60 da	ys after the receipt of a demand no	otice from the S	State Tax Assessor, in which	case
	-to-file penalty is the greater of \$25 th or fraction thereof during which t				1% of the outstanding liabili	ty for
	5-7, Annual Return. File Form INS				2026 to reconcile your 2025	Self
	and Surplus Lines tax liability and e					50n-
Statutor	Reference. This return is made in					
	e the Maine Tax Portal at <u>rev</u>			S. and man	age your tax account	
03	s ino mano fux i ortai at <u>iev</u>			e, and man		



	Form INS-6	Maine Esti	mated Payment for			
		Nonadmit	ted Premiums Tax			99
	2nd Payment 2025 Due: June 25, 2025	(Self-Procured & Surplus Lines)			*2432001*	
			uired to remit tax payments elect at maine.gov/revenue/publicatior		ails	
			e.maine.gov and eliminate the			
	roducer is filing, enter name (last, f ed filers: if individual, enter SSN; if				er Agency Name and EIN.	
Producer or						
Self-Procure			XXXXXXXXXXXXXXXXXX			
Individual:	Last Name	First name	МІ	SSN	999999999	+++
OR		Thorname				
Agency or						
Self-Procure	ed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX			99 9999999	
Entity:	Name			Feder	al EIN	
				V V V V V V V V V V V V V V V V V V V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
Address	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	Contact Name XXXXX	AAAAXXXX	×××××××××××××××××××××××××××××××××××××××	7
	*****	XX XX 999999	Telephone	999	999 9999	
			Telephone			
Company/ Employer*	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	Estimated Payment			
Employer	*Individual Producers enter the na	ame of your employer	(from worksheet, line 3 below).		999999999	.00
	or Agency.					
Vou Muoi	Make Fetimeted Devmente Uni		ax Payment Worksheet			
	Make Estimated Payments, Unl You are a Risk Retention Group, o					
	Your annual tax obligation does no					
	Enter the total tax liability for 20			\$	99999999	.00
Line B:	Enter the total estimated tax lial	bility for 2025		\$	999999999	.00
Line C:						
Line C:	Enter the amount of premiums			¢	999999999	0.0
	June 25, 2025					.00
	Second Payment Tax Estimate.	(You may elect to pay eit	ther 35% of line A or line B.			
	or 3% of line C.)			\$	99999999	.00
Line 2:	Carryover From Prior Year. From					
	than line 1			\$	999999999	.00
	Entimated Doumant Outboard	a 2 from line 1. Enter				
Line 3:	Estimated Payment. Subtract line payment line above			\$	999999999	.00
	<b>Penalty.</b> For calendar year 2025, t 0% of the tax due, unless the retu					
case the fa	ailure-to-file penalty is the greater o	of \$25 or 25% of the tax	due. The penalty for failure to pay	y a tax liability <sup>·</sup>	timely is 1% of the outstan	
	each month or fraction thereof dur					
	7, Annual Return. File Form INS-					25
	red and Surplus Lines tax liability a			to avoid intere	est and penalty charges.	
-	Reference. This return is made in					
Use	the Maine Tax Portal at reve	nue.maine.gov to file	e, pay, correspond with MRS	S, and manag	ge your tax account.	



4	78901	Form INS-6	8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 Maine Estimated Payment for			0 1 2 3 4 5 6 7	
5			Nonadmitted Premiums Tax				99
6	3	Brd Payment 2025	(Self-Procured & Surplus Lin				
7	Due	e: October 31, 2025	(Sen-Frocured & Surpius En	63)	*24320	)1*	
3		Noto	Cortain tay avera are required to remit tay now				
9			Certain taxpayers are required to remit tax pays 102 on the MRS website at maine.gov/revenue				
C			electronically at <u>revenue.maine.gov</u> and elir			IS-6.	
1 . N		oducer is filing, enter name (last	first, middle initial) and SSN. If Agency is filing	on behalf of P	oducer, enter Agency N	ame and FIN	
			if entity, enter EIN. DO NOT ENTER LICENSE				++++
	roducer or						
	elf-Procure idividual:		*****	X X	9999999	399	
5	iuiviuuai.	Last Name	First name	MI	SSN		
7	OR						
	gency or						
	elf-Procure ntity:	d XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX		99 999	39999	
) - ' 1		Name			Federal EIN		
	4	****		XXXXXXX	*		7
2 A0 3	ddress		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				7
1			XXX XX 999999 Telephone		999 999 999	3	
5							
	ompany/ mployer*	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX Estimated Paymen	h			
/	mployer	*Individual Producers enter the			99	9999999	.00
3		or Agency.					
9 <u> </u>							
1	Vou Much	Make Estimated Dovmante Un	Estimated Tax Payment Workshe	et			
2		Make Estimated Payments, Un You are a Risk Retention Group,					
3		Your annual tax obligation does n					
4			2024		\$ 99	99999999	.00
5							
5	Line B:	Enter the total estimated tax lia	ability for 2025		\$	99999999	.00
7 3				_			++++
) 3			on contracts written during June 26 through		¢ 90	9999999	.00
		October 31, 2025.		•••••••••••••••••••••••••••••••••••••••	Þ		.00
L	Line 1:	Third Payment Tax Estimate.	You may elect to pay either 15% of line A or line	В.			
2					\$ 99	99999999	.00
3							
1			m 2024 Form INS-7, line 9a. Do not enter more				
5		than line 1			\$	99999999	.00
э 7	Line	Estimated Deverant Outstand	a 2 from line 1. Enter result have and all	atima at a d			
3			ne 2 from line 1. Enter result here and also on e		\$ 90	9999999	.00
9					Ψ		
1	Interest 8	Penalty. For calendar year 2025	i, the interest rate is 10%, compounded monthly. turn is filed more than 60 days after the receipt	The penalty fo	r failure to file a return or	time is the gre	eater
	case the f	ailure-to-file penalty is the greate	r of \$25 or 25% of the tax due. The penalty for	failure to pay a	tax liability timely is 1%		
2			uring which the failure continues, to a maximum				
1			S-7, Nonadmitted Premiums Tax, annual recond				25
1 5	Self-Proc	ured and Surplus Lines tax liability	y and estimated payments and to pay any additi	ional tax due to	avoid interest and pena	alty charges.	
5	Statutory	<b>Reference.</b> This return is made	in compliance with 36 M.R.S. § 2521-A.				
7	Use	e the Maine Tax Portal at <u>rev</u>	<u>venue.maine.gov</u> to file, pay, correspond	d with MRS,	and manage your ta	x account.	
3							
9			Maine 💻				

revenue.maine.gov

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64 65 66 Revised: December 2024