01	111111222222222	233333333334	444444455	55555555	566666666	6 7 7 7 7 7 7 7 7 7 7	7888
3 4 5 6 7 8 9 0 1 2 3	ORM INS-6	9 0 1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0 1 ATED PAYMENT F	1 2 3 4 5 6 7 8 9 0			012
05		NONADMITT	ED PREMIUMS T	AX		9	9
07 <b>DU</b>	st Payment 2019 E APRIL 30, 2019				*1732	001*	
08		rs with large annual tax li					
10		on the MRS website at <u>wy</u> ax electronically and el		— · · · · · · · · ·	f f f f f f f f f f f f f f f f f f f		
12							
13 14 *Surplus Lines							
15 Account Name	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	Account Number		9999999		
17 <sub>Address</sub>	******	XXXXXXXXXXX	(Producer SSN, or i Self Procured filers:	0 1 0			
19	******	xx xx 999999				estimated tax must be ding calendar year o	
20 21 <sub>Contact Name</sub>			the current calenda				
22 23 <sub>Telephone</sub>	*****	XXX	Estimated Paymer (from worksheet, line 3 be			999999999.0	0
24 Company/	999 999 9999		ENCLOSE F		State of Maina		
26	ducer name or agency reporting on be	shalf of producer or self procu	ed Mail to: Maine	e Revenue Services lox 1065			
28 pers	son's/entity name. DO NOT ENTER I		Augus	sta, ME_04332-1065 n: Maine Revenue Servi	ices, 51 Commerce Dri	ve, Augusta, ME 04330	
29 30			TRUCTIONS				
31 32 YOU MUST M/	AKE ESTIMATED PAYMENTS,		TRUCTIONS				
33 1. You a	re a Risk Retention Group, or annual tax obligation does not e	exceed \$1,000					
35							
<sup>3</sup> / for this quarter	(NOTE: Self Procured filers en on the estimated payment line				narged less return	premiums]	
38 39							
4.0	st Payment Tax Estimate.(35	% of either 2018 tax paid	l or 2019 tax liability).	\$		999999999 .0	0
42 Line 2: Ca	rryover From Prior Year. Fro	m 2018 Form INS-7, line	9a. Do not enter moi	re			
44	n line 1			\$		999999999.0	0
	timated Payment. Subtract line		ult here and also on (			999999999	
47	/ment line above			\$			
48 49 INTEREST & P							
E 1 due, unless the	ear 2019, the interest rate is 6%, return is filed more than 60 day	s after the receipt of a de	mand notice from the	e State Tax Assess	or, in which case th	ne failure-to-file pena	lty
- is the greater o	f \$25 or 25% of the tax due.  Tr which the failure continues, to a				anding hability for	cach month of fraction	
54 Form INS-7							
56 tax liability and	7, Nonadmitted Premiums Tax, a estimated payments and to pay				2019 Self Procure	d and Surplus Lines	
57	REFERENCES						
FOUNDION	REFERENCES nade in compliance with 36 M.R	.S. § 2521-A.					
61							
62 63							
64 65							
66							

01 0000000111111 

4	1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 FORM INS-6	MAINE ESTII NONADMIT	MATED PAYMENT FOR TED PREMIUMS TAX RED & SURPLUS LINES)	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0
6	2nd Payment 2019			
7	DUE JUNE 25, 2019			*1732001*
8				
9			liabilities are required to remit tax paym	
0			vww.maine.gov/revenue (select Laws &	
1	Pay your tax o	electronically and e	eliminate the necessity of filing Form	INS-6.
2				
3				
4				
Surplus I	Ines Iame XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	Account Number	9999999
6			Account number	
7	*****	******	(Producer SSN, or if agency is filing,	
Address			Self Procured filers: if individual, ente	er SSN; if entity, enter EIN.
9	******	xx qqqqq	Except for self procured taxpayers, th	e second payment of estimated tax must
0			be at least 35% of the total tax liabili	ty for either the preceding calendar year
1			or the current calendar year.	
Contact N	ame			
2	. xxxxxxxxxxxxxxxxx	v	Estimated Payment	999999999.00
<sup>3</sup> Telephone			(from worksheet, line 3 below)	.00
_ Company	999 999 9999		ENCLOSE PAYMENT	
<sup>5</sup> Employer	999 999 9999		Make check payable to: Treasurer, Mail to: Maine Revenue Services	State of Maine
7	*Producer name or agency reporting on behalf	of producer or self proc		
8	person's/entity name. DO NOT ENTER LICE		Augusta, ME 04332-1065	
9			Physical location: Maine Revenue Ser	vices, 51 Commerce Drive, Augusta, ME 04330
0				
1		IN	STRUCTIONS	
2 YOU MU	ST MAKE ESTIMATED PAYMENTS, UN	ILESS:		
	You are a Rick Potentian Crown or			
	You are a Risk Retention Group, or Your annual tax obligation does not exce	ed \$1,000		
5				
	IEET: (NOTE: Self Procured filers enter	3% [.03] of net prem	iums [actual gross premiums currently c	charged less return premiums]
for this au	arter on the estimated payment line abo			
8				
9				
Line 1	: Second Payment Tax Estimate. (35	% of either 2018 tax	paid or 2019 tax liability)\$	999999999.00
1				
2 Line 2	: Carryover From Prior Year. From 2	018 Form INS-7, line	e 9a. Do not enter more	
3	than line 1		\$	999999999.00
4				
5 Line 3	: Estimated Payment. Subtract line 2	from line 1. Enter re	sult here and also on estimated	
6	payment line above		s	999999999.00
7 8	T & PENALTY:			
8 9 INTERES				
8 9 <b>INTERES</b> 0 For calen	dar year 2019, the interest rate is 6%, cor			time is the greater of \$25 or 10% of the tax sor, in which case the failure-to-file penalty

54 Form INS-7

55 File Form INS-7, Nonadmitted Premiums Tax, annual reconciliation/return by March 16, 2020 to reconcile your 2019 Self Procured and Surplus Lines 56 tax liability and estimated payments and to pay any additional tax due to avoid interest and penalty charges. 57

## 58 STATUTORY REFERENCES 59

This return is made in compliance with 36 M.R.S. § 2521-A. 60

64 65 66

61 62 63

		(U Z U L L .5)	45678901234567890	12345678901234567890
5		STIMATED	D PAYMENT FOR	
			PREMIUMS TAX SURPLUS LINES)	99
6	3rd Payment 2019			
•	UE OCTOBER 31, 2019			*1732001*
8	Note: Certain taxpayers with large annua	) tax liahiliti-	is are required to remit to how more	ts electronically
0	See MRS Rule 102 on the MRS website	e at <u>www.m</u> a	aine.gov/revenue (select Laws & Ri	ules) for details.
1			te the necessity of filing Form IN	
2				
3				
4 *Surplus Line	\$			
5 Account Nam	$\mathbf{\hat{e}}$ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX Acco	ount Number	999999
6 7 Address		vv (Pro	ducer SSN, or if agency is filing. its	s EIN, followed by the numbers 01.
7 Address	*****	Y Y V	Procured filers: if individual, enter	
.8 .9	xxxxxxxxxxxxxx xx 9999			e third payment of estimated tax must
0		be a	at least 15% of the total tax liability	for either the preceding calendar year
1 Contact Name	<b>3</b>	or th	ne current calendar year.	
2		E-4	mated Payment	
3 Telephone	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		worksheet, line 3 below)	999999999.00
4 Company/			ENCLOSE PAYMENT	
5 Employer	999 999 9999		Make check payable to: Treasurer, St	ate of Maine
6 7 *P	roducer name or agency reporting on behalf of producer or sel	If procured	Mail to: Maine Revenue Services P.O. Box 1065	
	erson's/entity name. DO NOT ENTER LICENSE NUMBER.		🎽 Augusta, ME_04332-1065	
9		┝╅╅╋┿	Physical location: Maine Revenue Servic	ces, 51 Commerce Drive, Augusta, ME 04330
0				
1		INSTRUC		
2	MAKE ESTIMATED PAYMENTS, UNLESS			
	are a Risk Retention Group, or r annual tax obligation does not exceed \$1,000	┞╅╉╋╋		
4 2. You		┝╅╋╋╋		
6		┝╋╋╋		
7 WORKSHEE	T: (NOTE: Self Procured filers enter 3% [.03] of net p			
unr this auarta				arged less return premiums]
8	er on the estimated payment line above; do not com			arged less return premiums]
9				Irged less return premiums]
8 9 0 Line 1: T		plete the wo	rksheet below.)	arged less return premiums] 99999999 .00
8 9 0 Line 1: T 1	er on the estimated payment line above; do not comp	plete the wo	rksheet below.)	
8 9 0 Line 1: T 1 2 Line 2: C	er on the estimated payment line above; do not comp	plete the wor tax paid or 2	rksheet below.) 019 tax liability)\$	999999999.00
8 9 1 2 2 3 tine 2: C	er on the estimated payment line above; do not comp hird Payment Tax Estimate. (15% of either 2018 t	plete the wor tax paid or 2	rksheet below.) 019 tax liability)\$	
8 9 1 2 2 1 2 2 1 2 2 1 2 2 1 2 1 2 1 2 1	er on the estimated payment line above; do not comp Third Payment Tax Estimate. (15% of either 2018 t Carryover From Prior Year. From 2018 Form INS- man line 1	plete the wor tax paid or 2 7, line 9a. D	rksheet below.) 019 tax liability) \$	999999999.00
8 9 1 2 2 3 4 5 Line 3: E	er on the estimated payment line above; do not comp inird Payment Tax Estimate. (15% of either 2018 to carryover From Prior Year. From 2018 Form INS- han line 1	plete the wor tax paid or 2 7, line 9a. D	rksheet below.) 019 tax liability)\$ 00 not enter more \$	9999999999999999999000 99999999999000
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8 9 1 2 2 4 5 5 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	er on the estimated payment line above; do not comp Third Payment Tax Estimate. (15% of either 2018 to Carryover From Prior Year. From 2018 Form INS- han line 1 Estimated Payment. Subtract line 2 from line 1. En ayment line above	plete the wor tax paid or 2 7, line 9a. D	rksheet below.) 019 tax liability)\$ 00 not enter more \$	9999999999999999999000 99999999999000
8 9 1 2 2 4 5 5 4 5 5 4 5 5 4 5 5 4 5 5 4 7 8 9 1NTEREST & 0 5 5 5 8 9 10 7 8 9 10 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	er on the estimated payment line above; do not comp <b>Third Payment Tax Estimate.</b> (15% of either 2018 to <b>Carryover From Prior Year.</b> From 2018 Form INS- than line 1 <b>Estimated Payment.</b> Subtract line 2 from line 1. En ayment line above <b>PENALTY:</b> year 2019, the interest rate is 6%, compounded mon	plete the wor tax paid or 2 7, line 9a. D nter result he	rksheet below.) 019 tax liability)\$ 00 not enter more \$ re and also on estimated \$	999999999999999.00 9999999999.00 99999999
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<ul> <li>B</li> <li>C</li> <li>Line 1: T</li> <li>Line 2: C</li> <li>Line 3: E</li> <li>D</li> <li>Line 3: E</li> <li>p</li> <li>P</li> <li>INTEREST &amp;</li> <li>For calendar y</li> <li>due, unless the greater</li> </ul>	From the estimated payment line above; do not composite on the estimated payment line above; do not composite on the estimated payment and line 1 Estimated Payment. Subtract line 2 from line 1. En ayment line above PENALTY: year 2019, the interest rate is 6%, compounded momone return is filed more than 60 days after the receipt of \$25 or 25% of the tax due. The penalty for failure than the penalty for failure the penalty for failure than the penalty for failure the penalty for failure than the penalty for failure the	plete the wor tax paid or 2 7, line 9a. D nter result he of a demand re to pay a ta	rksheet below.) 019 tax liability)\$ 00 not enter more \$ re and also on estimated \$ nalty for failure to file a return on tin notice from the State Tax Assesso ax liability timely is 1% of the outsta	999999999 .00 999999999 .00 99999999 .00 99999999 .00 ne is the greater of \$25 or 10% of the tax r, in which case the failure-to-file penalty
<ul> <li>B</li> <li>C</li> <li>Line 1: T</li> <li>Line 2: C</li> <li>Line 3: E</li> <li>D</li> <li>Line 3: E</li> <li>p</li> <li>P</li> <li>INTEREST &amp;</li> <li>For calendar y</li> <li>due, unless the greater</li> </ul>	From the estimated payment line above; do not composite on the estimated payment line above; do not composite on the estimated payment and line 1 Estimated Payment. Subtract line 2 from line 1. En ayment line above PENALTY: year 2019, the interest rate is 6%, compounded momone return is filed more than 60 days after the receipt of \$25 or 25% of the tax due. The penalty for failure than the penalty for failure the penalty for failure than the penalty for failure the penalty for failure than the penalty for failure the	plete the wor tax paid or 2 7, line 9a. D nter result he of a demand re to pay a ta	rksheet below.) 019 tax liability)\$ 00 not enter more \$ re and also on estimated \$ nalty for failure to file a return on tin notice from the State Tax Assesso ax liability timely is 1% of the outsta	999999999 .00 999999999 .00 99999999 .00 99999999 .00 ne is the greater of \$25 or 10% of the tax r, in which case the failure-to-file penalty
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