FORM INS-6

MAINE ESTIMATED PAYMENT FOR NONADMITTED PREMIUMS TAX (SELF PROCURED & SURPLUS LINES)

1st Payment 2021 DUE APRIL 30, 2021



1732001

Note: Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details.

Pay your tax electronically and eliminate the necessity of filing Form INS-6.

*Surplus Lines Account Name		Account Number			
Account Name					
Address		(Producer SSN, or if agency Self Procured filers: if individu		IN, followed by the numbers 01. N; if entity, enter EIN.)	•
				st payment of estimated tax must ther the preceding calendar yea	
Contact Name		the ourrent outenadi your.			
		Estimated Payment			
Telephone		(from worksheet, line 3 below)			.00
Company/ Employer *Pro per	oducer name or agency reporting on behalf of producer or self procurerson's/entity name. DO NOT ENTER LICENSE NUMBER.	Augusta, ME 043	Treasurer, State ervices 32-1065	of Maine 51 Commerce Drive, Augusta, ME 0433	30
YOU MUST	INST MAKE ESTIMATED PAYMENTS, UNLESS:	RUCTIONS			
100 10031	WARE ESTIMATED PATMENTS, UNLESS.				
	u are a Risk Retention Group, or ur annual tax obligation does not exceed \$1,000				
	ET: (NOTE: Self Procured filers enter 3% [.03] of net premiter on the estimated payment line above; do not complete t		currently cha	rged less return premiums]	
Line 1: Fir	rst Payment Tax Estimate. (35% of either 2020 tax paid	or 2021 tax liability)	\$.00
	arryover From Prior Year. From 2020 Form INS-7, line 9 an line 1		\$.00
	stimated Payment. Subtract line 2 from line 1. Enter resurgment line above				.00
greater of \$2 in which cas outstanding	Penalty. For calendar year 2021, the interest rate is 5%, con 25 or 10% of the tax due, unless the return is filed more that the tax due, unless the return is filed more that the the failure-to-file penalty is the greater of \$25 or 25% of the liability for each month or fraction thereof during which the	an 60 days after the receipt of the tax due. The penalty for fa failure continues, to a maxim	a demand n illure to pay a um of 25% o	otice from the State Tax Assess a tax liability timely is 1% of the f the outstanding liability.	
	, Annual Return. File Form INS-7, Nonadmitted Premiums ad and Surplus Lines tax liability and estimated payments a		-		21
Statutory Ro	eference. This return is made in compliance with 36 M.R.S	S. § 2521-A.			

MAINE ESTIMATED PAYMENT FOR NONADMITTED PREMIUMS TAX (SELF PROCURED & SURPLUS LINES)

1732001

2nd Payment 2021 DUE JUNE 25, 2021

Note: Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details.

Pay your tax electronically and eliminate the necessity of filing Form INS-6.

*Surplus Lir Account Na		Account Number			
Address		(Producer SSN, or if age Self Procured filers: if ind		EIN, followed by the numbers 0 SN; if entity, enter EIN.)	1.
		Except for self procured t	axpayers, the s tal tax liability f	econd payment of estimated tax or either the preceding calenda	
Contact Na	me	or the current calcinal ye	Jai.		
Telephone		Estimated Payment (from worksheet, line 3 below)			.00
Company/ Employer	*Producer name or agency reporting on behalf of producer or self procure person's/entity name. DO NOT ENTER LICENSE NUMBER.	Augusta, ME	to: Treasurer, Star ue Services 5 04332-1065	te of Maine s, 51 Commerce Drive, Augusta, ME 04	330
		TRUCTIONS			
YOU MU	ST MAKE ESTIMATED PAYMENTS, UNLESS:				
	You are a Risk Retention Group, or Your annual tax obligation does not exceed \$1,000				
	HEET: (NOTE: Self Procured filers enter 3% [.03] of net premuarter on the estimated payment line above; do not complete		ms currently ch	narged less return premiums]	
Line 1:	Second Payment Tax Estimate. (35% of either 2020 tax page 2020)	aid or 2021 tax liability)	\$.00
Line 2:	Carryover From Prior Year. From 2020 Form INS-7, line 9 than line 1		\$.00
Line 3:	Estimated Payment. Subtract line 2 from line 1. Enter resupayment line above				.00
greater of in which of	& Penalty. For calendar year 2021, the interest rate is 5%, co f \$25 or 10% of the tax due, unless the return is filed more that case the failure-to-file penalty is the greater of \$25 or 25% of the ingliability for each month or fraction thereof during which the	an 60 days after the receip the tax due. The penalty fo	ot of a demand or failure to pay	notice from the State Tax Asses a tax liability timely is 1% of the	
	5-7, Annual Return. File Form INS-7, Nonadmitted Premiums ured and Surplus Lines tax liability and estimated payments a		•		021
Statutory	y Reference. This return is made in compliance with 36 M.R.s	S. § 2521-A.			

FORM INS-6

MAINE ESTIMATED PAYMENT FOR NONADMITTED PREMIUMS TAX (SELF PROCURED & SURPLUS LINES)



3rd Payment 2021 DUE NOVEMBER 1, 2021

1732001

Note: Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details.

Pay your tax electronically and eliminate the necessity of filing Form INS-6.

Line 2: Carryover From Prior Year. From 2020 Form INS-7, line 9a. Do not enter more than line 1\$ Line 3: Estimated Payment. Subtract line 2 from line 1. Enter result here and also on estimated						
Account Number Address Account Number Address (Producer SSN, or if agency is filing, its EIN, followed by the numbers 01. Self Procured filers: if individual, enter SSN; if entity, enter EIN.) Except for self procured taxpayers, the third payment of estimated tax mus be at least 15% of the total tax liability for either the preceding calendar year or the current calendar year. Contact Name Estimated Payment (from worksheet, lies 3 belows). Ompany! Employer *Producer name or agency reporting on behalf of producer or self procured person's senity name. Do NOT ENTER LICENSE AUMSER. *Physical location: Maine Revenue Services. INSTRUCTIONS **NOTE: Self Procured filers enter 3% [.03] of net premiums [actual gross premiums currently charged less return premiums] for this quarter on the estimated payment line above; do not complete the worksheet below.) **WORKSHEET: (NOTE: Self Procured filers enter 3% [.03] of net premiums [actual gross premiums currently charged less return premiums] for this quarter on the estimated payment line above; do not complete the worksheet below.) Line 1: Third Payment Tax Estimate. (15% of either 2020 tax paid or 2021 tax liability)						
Address (Producer SSN, or if agency is filing, its EIN, followed by the numbers 01. Self Procured filters; if individual, enter SSN; if entity, enter EIN.) Except for self procured taxpayers, the third payment of estimated tax mus be at least 15% of the total tax liability for either the preceding calendar year or the current calendar year. Contact Name Telephone Estimated Payment (from worksheet, line 3 below)	•		Account Number			
Self Procured filers: if individual, enter SSN; if entity, enter EIN.) Except for self procured taxpayers, the third payment of estimated tax mus be at least 15% of the total tax liability for either the preceding calendar year or the current calendar year. Estimated Payment Telephone Company/ Employer *Producer name or agency reporting on behalf of producer or self procured person sentity name. DO NOT ENTER LICENSE NUMBER. **Producer name or agency reporting on behalf of producer or self procured person sentity name. DO NOT ENTER LICENSE NUMBER. **INSTRUCTIONS** INSTRUCTIONS** **INSTRUCTIONS** INSTRUCTIONS** **WORKSHEET: (NOTE: Self Procured filers enter 3% [.03] of net premiums [actual gross premiums currently charged less return premiums] for this quarter on the estimated payment line above; do not complete the worksheet below.) Line 1: Third Payment Tax Estimate. (15% of either 2020 tax paid or 2021 tax liability)				is filing its F	IN followed by the numbers 01	
Contact Name Telephone Estimated Payment (from worksteet, line a becory). *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Producer name or agency reporting on behalf of producer or self procured *Mal to: Maine Revenue Services. *Augusta, ME 04332-1065 *Physical location: Maine Revenue Services, 51 Commerce Drive, Augusta, ME 04330 **INSTRUCTIONS** **WOU MUST MAKE ESTIMATED PAYMENTS, UNLESS: 1. You are a Risk Retention Group, or 2. Your annual tax obligation does not exceed \$1,000 **WORKSHEET: (NOTE: Self Procured filers enter 3% [.03] of net premiums [actual gross premiums currently charged less return premiums] for this quarter on the estimated payment line above; do not complete the worksheet below.) **Line 1: Third Payment Tax Estimate.* (15% of either 2020 tax paid or 2021 tax liability)	Address					
Estimated Payment Telephone Company/ Employer *Producer name or agency reporting on behalf of producer or self procured person s/entity name. DO NOT ENTER LICENSE NUMBER. *Producer name or agency reporting on behalf of producer or self procured person s/entity name. DO NOT ENTER LICENSE NUMBER. **Producer name or agency reporting on behalf of producer or self procured person s/entity name. DO NOT ENTER LICENSE NUMBER. **Producer name or agency reporting on behalf of producer or self procured person s/entity name. DO NOT ENTER LICENSE NUMBER. **Producer name or agency reporting on behalf of producer or self procured files in the self-self-self-self-self-self-self-self-			be at least 15% of the total	tax liability for		
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Employer *Producer name or agency reporting on behalf of producer or self procured person's/entity name. DO NOT ENTER LICENSE NUMBER. *INSTRUCTIONS **Producer name or agency reporting on behalf of producer or self procured person's/entity name. DO NOT ENTER LICENSE NUMBER. **INSTRUCTIONS **P.O. Box 1065* Physical location: Maine Revenue Services, 51 Commerce Drive, Augusta, ME 04330 **INSTRUCTIONS **YOU MUST MAKE ESTIMATED PAYMENTS, UNLESS: 1. You are a Risk Retention Group, or 2. Your annual tax obligation does not exceed \$1,000 **WORKSHEET: (NOTE: Self Procured filers enter 3% [.03] of net premiums [actual gross premiums currently charged less return premiums] for this quarter on the estimated payment line above; do not complete the worksheet below.) **Line 1: Third Payment Tax Estimate. (15% of either 2020 tax paid or 2021 tax liability)	Talanhana		_			0.0
Make check payable to: Treasurer, State of Maine Mail to: Maine Revenue Services possible for the person's lentity name. Do Not Enter License Number: **Producer name or agency reporting on behalf of producer or self procured person's lentity name. Do Not Enter License Number: **Producer name or agency reporting on behalf of producer or self procured person's lentity name. Do Not Enter License Number: **Producer Name Revenue Services, 51 Commerce Drive, Augusta, ME 04330 **INSTRUCTIONS **YOU MUST MAKE ESTIMATED PAYMENTS, UNLESS: 1. You are a Risk Retention Group, or 2. Your annual tax obligation does not exceed \$1,000 **WORKSHEET: (NOTE: Self Procured filers enter 3% [.03] of net premiums [actual gross premiums currently charged less return premiums] for this quarter on the estimated payment line above; do not complete the worksheet below.) **Line 1: Third Payment Tax Estimate. (15% of either 2020 tax paid or 2021 tax liability)	·			-		.00
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Line 2: Carryover From Prior Year. From 2020 Form INS-7, line 9a. Do not enter more than line 1				currently cha	rged less return premiums]	
Line 3: Estimated Payment. Subtract line 2 from line 1. Enter result here and also on estimated payment line above	Line 1:	Third Payment Tax Estimate. (15% of either 2020 tax paid	l or 2021 tax liability)	\$.00
Line 3: Estimated Payment. Subtract line 2 from line 1. Enter result here and also on estimated payment line above	Line 2:	Carryover From Prior Year. From 2020 Form INS-7, line 9	a. Do not enter more			
Interest & Penalty. For calendar year 2021, the interest rate is 5%, compounded monthly. The penalty for failure to file a return on time is the greater of \$25 or 10% of the tax due, unless the return is filed more than 60 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty is the greater of \$25 or 25% of the tax due. The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability. Form INS-7, Annual Return. File Form INS-7, Nonadmitted Premiums Tax, annual reconciliation/return by March 15, 2022 to reconcile your 2021 Self Procured and Surplus Lines tax liability and estimated payments and to pay any additional tax due to avoid interest and penalty charges.		than line 1		\$.00
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Statutory Reference. This return is made in compliance with 36 M.R.S. § 2521-A.				-		21
	Statutor	ry Reference. This return is made in compliance with 36 M.R.:	S. § 2521-A.			