E-FILE ONLY

Utah State Tax Commission
210 N 1950 W • Salt Lake City, UT 84134 • **tax.utah.gov**

# Insurance Premium Tax Return

**TC-49**
Rev. 9/11

Find TC-49 Instructions at **tax.utah.gov**

**Acct. #:** _____

**Period End Date:** _____ (mmddyyyy)

**Return Due Date:** _____ (mmddyyyy)

_____ Check here if this is an AMENDED return.

_____ Check here to close your account (final return).

Round to whole dollars.

| | | | |
|---|---|---|---|
| 1. | Gross tax due (amount from Schedule A, line 39 or 40, whichever is greater, but not less than zero) | • 1 | .00 |
| 2. | Rocky Mountain Center for Occupational & Environmental Health (see instructions) | • 2 | .00 |
| 3. | Utah based companies only: Examination fees (attach schedule) | • 3 | .00 |
| 4. | Guaranty Association credit (see restrictions in the instructions) | • 4 | .00 |
| 5. | Total credits (add line 2 through line 4) | 5 | .00 |
| 6. | Allowable credits (lesser of line 1 or line 5, but not less than zero) | 6 | .00 |
| 7. | **Net tax due** (line 1 minus line 6) | 7 | .00 |
| 8. | Previous Guaranty Association credit refunds (see instructions) | • 8 | .00 |
| 9. | **Total tax due** (line 7 plus line 8) | • 9 | .00 |

***Continued next page.***

**→ Do not include Utah State Insurance Department fees with this return. ←**

## Payment Coupon for Insurance Premium Tax

TC-49 coupon

| Media Number | Insurance Premium Account ID | Period Ending | Payment Due Date |
|---|---|---|---|
| | | | |

**Amount Paid:**

Make check or money order payable to the Utah State Tax Commission. **Do not send cash. Do not staple check to this coupon. Remove stub from check.**

UTAH STATE TAX COMMISSION
INSURANCE PREMIUM TAX RETURN
210 N 1950 W
SLC UT 84134-0130

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10. Refund applied from prior years ..... 10 _____.00

11. Quarterly prepayments ..... 11 _____.00

12. Total prepayments (add lines 10 and 11) ..... • 12 _____.00

13. Amended returns only (see instructions) ..... • 13 _____.00

14. Total credits (Line 12 plus or minus line 13) ..... 14 _____.00

15. **TAX DUE WITH RETURN** (if line 9 is greater than line 14, subtract line 14 from line 9) ..... • 15 _____.00

16. **REFUND** (if line 14 is greater than line 9, subtract line 9 from line 14) ..... • 16 _____.00

Check here if you want your refund applied to the next tax year: • _____

I declare under the penalties provided by law that, to the best of my knowledge, this is a true and correct return.

| Authorized Signature | Date | Telephone |
|---|---|---|
| Return Prepared By | Date | Telephone |

**Return the original form. Make a copy for your records.**