

NEVADA ANNUAL CAPTIVE INSURANCE PREMIUM TAX RETURN

2014

Due on or before March 1, 2015



Remit filing and payment to:

State of Nevada
 Attn: Division of Insurance, Captive Premium Tax
 1818 E. College Parkway, Suite 103, Carson City, NV 89706

For Assistance or Questions: bgordon@doi.nv.gov

Captive Section Phone: (775) 687-0749

Captive Section Fax: (775) 687-0787

Captive Company Name

Captive Legal Address

Company Captive ID:

Federal ID:

Person to contact regarding this return:

Phone Number:

Email Address:

CAPTIVE ANNUAL STATEMENT REPORTING SECTION FOR PURE CAPTIVE ONLY - Balance Sheet information (GAAP Basis)

Total Assets:	\$0
Total Liabilities:	\$0
Total Capital & Surplus:	\$0
Total Liabilities, Capital and Surplus:	\$0
Net Income (Loss):	\$0

Mark

X

Mark if original return

Mark if amended return filing and include a copy of the original return

All Captives Minimum Annual Tax due \$5,000 pursuant to NRS 694C.450

Net Direct Premiums	Premium		Tax Rate	Premium Tax
1 \$0 to \$20,000,000	\$0	x	0.400%	\$0
2 \$20,000,001 to \$40,000,000	\$0	x	0.200%	\$0
3 Over \$40,000,000	\$0	x	0.075%	\$0
4 Total Net Direct Premiums (Taxes)	\$0			\$0
Assumed Reinsurance				
5 \$0 to \$20,000,000	\$0	x	0.225%	\$0
6 \$20,000,001 to \$40,000,000	\$0	x	0.150%	\$0
7 Over \$40,000,000	\$0	x	0.025%	\$0
8 Total Assumed Premium (Taxes)	\$0	x		\$0
9 Total Premiums (add lines 4 + 8)	\$0		Total Tax Due (add lines 4 + 8)	\$0
10 <input type="checkbox"/> Place X in the box if electing one-time non-refundable credit of \$5,000 per 694C.450.7				\$0
11 Net Premium Tax due (Line 9 if greater than minimum less line 10 or minimum tax \$5,000)				\$5,000
12 Enter total previous payments applied to this return or credit balance to date				\$0
13 Total Net Amount Due or Credit balance (line 11-12)				\$5,000
14 Amount Enclosed (If a Credit Balance, it will carry forward to next year)				<input type="text"/>

Please make Checks Payable to: State of Nevada Division of Insurance

**PURE CAPTIVE MARCH 1 FILING REQUIREMENTS ARE SATISFIED BY THE USE OF THIS RETURN ONLY
 NON-PURE CAPTIVE "ANNUAL REPORT OF FINANCIAL CONDITION" CAN BE REMITTED WITH THIS RETURN OR INDEPENDENTLY ON OR
 BEFORE MARCH 1 PER NRS 694C.400**

NON-PURE CAPTIVES REQUIRED TO AFFIX ONE SIGNATURE ON LINE 15. PURE CAPTIVES REQUIRED TO AFFIX SIGNATURES ON LINE 15 AND 16

I hereby certify this return is true, correct and complete to the best of my knowledge

15	Signature of taxpayer or authorized agent	Name and Title of taxpayer or authorized agent	Date	Telephone #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Signature - Pure Captives required second signature	Name and Title of Authorized Officer	Date	Telephone #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STATE DEPARTMENT USE ONLY

Fund	Dept/Agency	Bgt/Appr Unit	GL/Object	Amount	Amount Rcvd \$	Payment No:
101	7413100	974100	3067 (75%)	\$3,750	Date Received: / /	Verified: _____
101	741 3100	381800	4325 (25%)	\$1,250	Notes:	