



Finance

Office of the Superintendent of Insurance

1723 Hollis Street
7th Floor
PO Box 2271
Halifax, NS
B3J 3C8

Phone: 902.424.6331
Fax: 902.424.1298
Email: fininst@gov.ns.ca

INSURANCE PREMIUMS TAX ACT

ANNUAL RETURN
FOR GENERAL PREMIUMS

One copy of this return must be delivered or mailed to the Superintendent of Insurance at the above address by March 1st of the current year.

LATE PAYMENT FEE APPLIES IF RECEIVED AFTER THIS DATE.

Name of Company

Contact Phone Fax

Address of Canadian Head Office

TAX RETURN FOR YEAR END

- 1. Gross direct premiums receivable from policyholders in Nova Scotia Jan 1 - Dec 31
2. Deduct cash value of dividends payable Jan. 1 - Dec 31
3. Taxable premiums Jan. 1 - Dec 31 (line 1 minus line 2)
4. TAX PAYABLE Jan. 1 - Dec 31 (4% of line 3)
5. Deduct amount previously paid for this taxation year
6. BALANCE OF TAX PAYABLE (REFUNDABLE) (line 4 minus line 5)

(Canadian Funds Only)

REMITTANCE IS PAYABLE TO THE MINISTER OF FINANCE

I hereby certify that the information contained in this return is true and correct and is in accordance with the records of the company insofar as business transacted in the Province of Nova Scotia is concerned.

Signature of Authorized Officer

Name of Authorized Officer (Type or Print)

Position or Office

Date

PLEASE RETURN THIS FORM WITH YOUR REMITTANCE



Finance

Office of the Superintendent of Insurance

1723 Hollis Street
7th Floor
PO Box 2271
Halifax, NS
B3J 3C8

Phone: 902.424.6331
Fax: 902.424.1298
Email: fininst@gov.ns.ca

INSURANCE PREMIUMS TAX ACT

ANNUAL RETURN
FOR LIFE PREMIUMS

One copy of this return must be delivered or mailed to the Superintendent of Insurance at the above address by March 1st of the current year.

LATE PAYMENT FEE APPLIES IF RECEIVED AFTER THIS DATE.

Name of Company

Contact Phone Fax

Address of Canadian Head Office

TAX RETURN FOR YEAR END

Table with 12 rows of tax items and amounts, including Gross direct premiums, Add premiums, Deduct cash value, and BALANCE OF TAX PAYABLE (REFUNDABLE).

REMITTANCE IS PAYABLE TO THE MINISTER OF FINANCE

I hereby certify that the information contained in this return is true and correct and is in accordance with the records of the company insofar as business transacted in the Province of Nova Scotia is concerned.

Signature of Authorized Officer

Name of Authorized Officer (Type or Print)

Position or Office

Date

PLEASE RETURN THIS FORM WITH YOUR REMITTANCE



**Finance**  
Office of the Superintendent of Insurance

1723 Hollis Street  
7<sup>th</sup> Floor  
PO Box 2271  
Halifax, NS  
B3J 3C8

Phone: 902.424.6331  
Fax: 902.424.1298  
Email: fininst@gov.ns.ca

**INSURANCE PREMIUMS TAX ACT**

**ANNUAL RETURN  
FOR ACCIDENT & SICKNESS PREMIUMS**

One copy of this return must be delivered or mailed to the Superintendent of Insurance at the above address by **March 1<sup>st</sup> of the current year.**

**LATE PAYMENT FEE APPLIES IF RECEIVED AFTER THIS DATE.**

Name of Company \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address of Canadian Head Office \_\_\_\_\_

**TAX RETURN FOR YEAR END**

1. Gross direct premiums receivable from policyholders in Nova Scotia Jan 1 – Dec 31	\$	_____
2. Add premiums receivable outside Nova Scotia with respect To residents of Nova Scotia Jan. 1 – Dec. 31	\$	_____
3. Add premiums related to staff insurance plans respecting Residents of Nova Scotia Jan. 1 – Dec. 31	\$	_____
4. Add other Jan. 1 – Dec. 31 (please detail) _____	\$	_____
5. Total direct premiums receivable Jan. 1 – Dec. 31 (line 1 to line 4)	\$	_____
6. Deduct cash value of dividends payable Jan. 1 – Dec. 31	\$	_____
7. Deduct other Jan. 1 – Dec. 31 (please detail) _____	\$	_____
8. Total deductions (line 6 plus line 7)	\$	_____
9. Taxable premiums Jan. 1 – Dec 31 (line 5 minus line 8)	\$	_____
10. <b>TAX PAYABLE Jan. 1 – Dec. 31 (3% of line 9)</b>	\$	_____
11. Deduct amount previously paid for this taxation year	\$	_____
12. <b>BALANCE OF TAX PAYABLE (REFUNDABLE)</b> (line 10 minus line 11)	\$	_____

**(Canadian funds only)**

**REMITTANCE IS PAYABLE TO THE MINISTER OF FINANCE**

I hereby certify that the information contained in this return is true and correct and is in accordance with the records of the company insofar as business transacted in the Province of Nova Scotia is concerned.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Name of Authorized Officer (Type or Print)

\_\_\_\_\_  
Position or Office

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM WITH YOUR REMITTANCE**



**Finance**  
Office of the Superintendent of Insurance

1723 Hollis Street  
7<sup>th</sup> Floor  
PO Box 2271  
Halifax, NS  
B3J 3C8

Phone: 902.424.6331  
Fax: 902.424.1298  
Email: fininst@gov.ns.ca

**THE FIRE PREVENTION ACT**

One copy of this return must be delivered or mailed to the Superintendent of Insurance at the above address before the 31st day of March in each year.

Name of Company \_\_\_\_\_

Address of Canadian head office \_\_\_\_\_  
\_\_\_\_\_

**ANNUAL RETURN DECLARING TAXABLE PREMIUMS**

For year end

(1) That the total amount of the gross direct premiums received by the said company during the calendar year ended on the 31st day of December last year, in respect of business transacted in the Province of Nova Scotia, was as follows, and no more: *(Insert amount of gross direct premiums without any deductions for re-insurance or for returned premiums or for dividends or otherwise.)*

Total amount of gross direct premiums on Property Business \$ \_\_\_\_\_

(2) That the said amount includes every direct premium which was received by the said company during the said year, and which

(a) was by the term of the policy or a renewal thereof, or otherwise, payable in Nova Scotia, or

(b) was paid in Nova Scotia; or

(c) was payable in respect of insurance of a person or property resident or situate in Nova Scotia at the time of payment, whether such premium was earned wholly or partly in Nova Scotia or elsewhere, or whether the business was transacted in respect of such policy or the payment of such premium was wholly or partly within Nova Scotia or elsewhere.

(3) That the sums which are portions of the total amount of the said gross direct premiums mentioned in paragraph (1) hereof, and which during the year ended on the 31st day of December last have been repaid as returned premiums or by reason of the cancellations of any of said company's policies, amounted to \$ \_\_\_\_\_

\*\*\*\*\*

**TAX CALCULATION**

Total gross direct Premiums Received on Property Business \$ \_\_\_\_\_

Deduct:

Returned Premiums on Property Business \$ \_\_\_\_\_

Dividends paid or credited to policyholders (Property Business) \$ \_\_\_\_\_

Rebates on Property Business Premiums (Premium Note Plan) \$ \_\_\_\_\_

Total Deductions \$ \_\_\_\_\_

Balance Subject to Tax \$ \_\_\_\_\_

**TAX THEREON AT 1 1/4%** \$ \_\_\_\_\_

**(CANADIAN FUNDS ONLY)**

**REMITTANCE IS PAYABLE TO THE MINISTER OF FINANCE**

I hereby certify that the information contained in this return is true and correct and is in accordance with the records of the company insofar as business transacted in the Province of Nova Scotia is concerned.

\_\_\_\_\_  
Signature of Authorized Officer & Position

\_\_\_\_\_  
Name of Authorized Officer (Type)

\_\_\_\_\_  
Date