



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

JUNE QUARTERLY RETURN
FOR GENERAL PREMIUMS

One copy of this return must be delivered or mailed to the Superintendent of Insurance at the above address by August 31st 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 QUARTER

- 1. Gross direct premiums receivable from policyholders in Nova Scotia Jan 1. - June 30
2. Deduct cash value of dividends payable Jan. 1 - June 30
3. Taxable premiums Jan. 1 - June 30 (line 1 minus line 2)
4. TAX PAYABLE Jan. 1 - June 30 (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



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INSURANCE PREMIUMS TAX ACT

**JUNE QUARTERLY RETURN
FOR LIFE PREMIUMS**

One copy of this return must be delivered or mailed to the Superintendent of Insurance at the above address by **August 31st 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 QUARTER

1. Gross direct premiums receivable from policyholders in Nova Scotia Jan. 1 – June 30	\$	_____
2. Add premiums receivable outside Nova Scotia with respect To residents of Nova Scotia Jan. 1 – June 30	\$	_____
3. Add premiums related to staff insurance plans respecting Residents of Nova Scotia Jan. 1 – June 30	\$	_____
4. Add other Jan. 1 – June 30 (please detail) _____	\$	_____
5. Total direct premiums receivable Jan. 1 – June 30 (line 1 to line 4)	\$	_____
6. Deduct cash value of dividends payable Jan. 1 – June 30	\$	_____
7. Deduct other Jan. 1 – June 30 (please detail) _____	\$	_____
8. Total deductions (line 6 plus line 7)	\$	_____
9. Taxable premiums Jan. 1 – June 30 (line 5 minus line 8)	\$	_____
10. TAX PAYABLE Jan. 1 – June 30 (3% of line 9)	\$	_____
11. Deduct amount previously paid for this taxation year	\$	_____
12. BALANCE OF TAX PAYABLE (REFUNDABLE) (line 10 minus line 11)	\$	_____

(Canadian funds only)

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Signature of Authorized Officer

Name of Authorized Officer (Type or Print)

Position or Office

Date

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INSURANCE PREMIUMS TAX ACT

JUNE QUARTERLY 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 August 31st 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 QUARTER

Table with 12 rows of tax return items, including Gross direct premiums, deductions, and taxable amounts, with dollar signs and blank lines for input.

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Signature of Authorized Officer

Name of Authorized Officer (Type or Print)

Position or Office

Date

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