



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

SEPTEMBER 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 November 30th 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 – Sept 30
2. Deduct cash value of dividends payable Jan. 1 – Sept 30
3. Taxable premiums Jan. 1 – Sept 30 (line 1 minus line 2)
4. TAX PAYABLE Jan. 1 – Sept 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

SEPTEMBER 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 November 30th 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 items and amounts, including Gross direct premiums, deductions, and taxable amounts.

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

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INSURANCE PREMIUMS TAX ACT

SEPTEMBER 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 November 30th 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 items and amounts, including Gross direct premiums, deductions, and taxable premiums.

REMITTANCE IS PAYABLE TO THE MINISTER OF FINANCE

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Signature of Authorized Officer

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