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**FINANCE**  
*Office of Superintendent*

**Second Quarter – For General Premiums  
 INSURANCE PREMIUMS TAX ACT**

To be filed under the provisions of the **Insurance Premiums Tax Act**, for the quarter ended June 30, ..... (due 60 days after company's second quarter end.)

**Banks or Subsidiaries, for the second quarter ended, .....**

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

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

**General Premiums \$**

**Accident & Sickness  
 Premiums \$**

Gross DIRECT premiums receivable from policyholders in Nova Scotia (Disregard reinsurance assumed or ceded)	1		2	
ADD: premiums receivable outside Nova Scotia with respect to residents of Nova Scotia	3		4	
ADD: Other premiums (provide detail below)	5		6	
<b>DEDUCT:</b> Dividends payable to policyholders	7		8	
<b>TOTAL: General Premiums</b> Add lines 1, 3, & 5 minus line 7 <b>Accident &amp; Sickness premiums</b> Add lines 2, 4, & 6 minus 8	9		10	
Marine Insurance (See definition Sec. 3 (3))	11		12	
<b>TAX PAYABLE</b> General Premiums – 4% of Line 9 Accident & Sickness premiums – 3% of Line 10	13		14	
<b>DEDUCT PREVIOUS AMOUNTS PAID (excluding penalties)</b>	15		16	
<b>BALANCE OF TAX PAYABLE</b> General Line 13 (total) minus Line 15 Accident & Sickness Line 14 (total) minus Line 16	17		18	

If the result on lines 17 or 18 is **positive**, you have a balance owing. **Cheque is payable to Minister of Finance.**

If the result on lines 17 or 18 is **negative**, you have an overpayment. Select the option below if a refund is due.

Overpayment to be refunded.

**IMPORTANT: A copy of your P&C-1 or P&C-2, page 67.10 must be included with this return. The above figures must agree with those reported in the Annual Statement to the Superintendent of Insurance, Nova Scotia. If there are differences, an explanation for the difference must be attached.**

**CERTIFICATION: I \_\_\_\_\_ hereby certify that the foregoing statement is true and correct and in accordance with the provisions of *The Insurance Premiums Tax Act*.**

At \_\_\_\_\_  
 (Place)

\_\_\_\_\_  
 (Signed)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Position)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_