



## Seneca Gardens, Kentucky Insurance Premium Tax Return

Business Name and Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Remit To:**  
 KY-Insurance Premium Tax Division  
 PO Box 830725  
 Birmingham, AL 35283-0725  
 Phone: (877) 776-1174  
 Fax: (855) 219-4338

Total Amount Remitted with This Return:

\$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO: Tax Trust Account-IPT**  
**Do not staple or tape payment to your return.**  
**Do not send cash.**

NAICS #: \_\_\_\_\_

Avenu Account #: \_\_\_\_\_

Please mark the period below that you are filing for on this return. Please only mark one period per form.

1<sup>st</sup> Quarter 20 \_\_\_\_\_     
  2<sup>nd</sup> Quarter 20 \_\_\_\_\_     
  3<sup>rd</sup> Quarter 20 \_\_\_\_\_     
  4<sup>th</sup> Quarter 20 \_\_\_\_\_  
(Reporting Period Jan 1<sup>st</sup> -- March 31<sup>st</sup>)     
 (Reporting Period April 1<sup>st</sup> -- June 30<sup>th</sup>)     
 (Reporting Period July 1<sup>st</sup> -- Sept 30<sup>th</sup>)     
 (Reporting Period Oct 1<sup>st</sup> -- Dec 31<sup>st</sup>)  
 Due Dates: Tax is due no later than 30 days after the end of each calendar quarter. (Example: 1<sup>st</sup> Quarter taxes are due on or before April 30<sup>th</sup>.)

NOTE: All taxes not paid on or before the due date shall bear interest at the tax interest rate as defined in KRS 131.010 (6) from the date due until paid.

Check Box if there is no income to report, and sign at the bottom.

Tax Code	Insurance Category	Column 1 \$ Premiums Collected	Column 2 Tax Rate	Column 3 Tax Payable (Column 1 x Column 2)	Column 4 Plus Interest (If tax is not paid on or before due date)	Column 5 =Tax Amount Due (Column 3 + Column 4)
53	Health		5%			
54	Other		5%			
55	Life		5%			
56	Casualty		5%			
57	Automobile		5%			
58	Inland Marine		5%			
59	Fire and Allied Perils		5%			
<b>Column Totals</b>		\$ _____		\$ _____	\$ _____	\$ _____

Tax Amount Due (Total of Column 5, lines 1 through 7) \$ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's Signature \_\_\_\_\_ Date: \_\_\_\_\_ FEIN: \_\_\_\_\_

Print Taxpayer's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Paid Preparer's Signature \_\_\_\_\_ Print Paid Preparer's Name: \_\_\_\_\_

FORM DISCLAIMER: Please note that the administration and rate changes on the Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified, and validated in compliance with Avenu policy. Any information received before or after the publication of an Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current Avenu administration and/or rate information provided, please visit our website at [www.avenuinsights.com](http://www.avenuinsights.com).

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.



## **Instructions For Filing Seneca Gardens, KY Quarterly Insurance Premium Tax Return**

- This form is to be used as a quarterly tax return for the Seneca Gardens, KY Quarterly Insurance Premium Tax. (Seneca Gardens Ordinance, Title XI, Chapter 113)
- **If there is no income to report, check the applicable box located in the center of the form.**
- The insurance premium tax is due no later than 30 days after the end of each calendar quarter.
- All taxes not paid on or before the due date shall bear interest at the tax interest rate as defined in KRS 131.010 (6) from the due date until paid.
- "\$ Premiums Collected" (Column 1) refers to premiums actually received at an insurer's home, administrative, or regional offices during the calendar quarter for which the return is dated. Do not include the amount of taxes collected or paid in this column. List each insurance category separately on form.
- "Tax Rate" refers to the specific tax rate imposed upon each insurance category type by Seneca Gardens Ordinance, Title XI, Chapter 113.
- "Tax Payable" equals column 1 multiplied by column 2.
- "Plus Interest" column is applicable if tax is not paid on or before the due date.
- "Tax Amount Due" is sum of columns 3 and 4. This amount should match the amount written at both the top and the bottom of the form.
- Sign and date form.
- Include your FEIN #.
- Checks should be made payable to: Tax Trust Account - IPT. Please do not staple or tape payment to this form. Do not send cash.
- Remit tax return with payment to:

KY-Insurance Premium Tax Division  
PO Box 830725  
Birmingham, AL 35283-0725

- For questions regarding this return, please contact Taxpayer Services toll free at (877) 776-1174.