

**Florida Department of Revenue
Insurance Premium Taxes and Fees Return
For Calendar Year 2023**

**DR-908
R. 01/24**
Rule 12B-8.003, F.A.C.
Effective 01/24
Page 1 of 12

Return is due March 1, 2024

DOR USE ONLY

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

POSTMARK OR HAND-DELIVERY DATE



| | | |
|---|----------------------|-----------------------------|
| FEIN | Florida Code | Business Partner No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Original Return <input type="checkbox"/> Final Return <input type="checkbox"/> Amended Return Reason for amended or final return: _____ _____ | | |

| | US Dollars | Cents |
|--|--------------------------|------------------------|
| 1. Total Premium Tax Due (Schedule I) | 1. <input type="text"/> | . <input type="text"/> |
| 2. Credits Against the Tax (Schedule III) | 2. <input type="text"/> | . <input type="text"/> |
| 3. Net Premium Tax Due (If Line 1 minus Line 2 equals less than zero, enter zero) | 3. <input type="text"/> | . <input type="text"/> |
| 4. State Fire Marshal Regulatory Assessment (Schedule X) | 4. <input type="text"/> | . <input type="text"/> |
| 5. Wet Marine and Transportation Tax (Schedule XI) | 5. <input type="text"/> | . <input type="text"/> |
| 6. Firefighters' Pension Trust Fund (Schedule XII) | 6. <input type="text"/> | . <input type="text"/> |
| 7. Municipal Police Officers' Retirement Trust Fund (Schedule XIII) | 7. <input type="text"/> | . <input type="text"/> |
| 8. Retaliatory Tax (Schedule XIV) | 8. <input type="text"/> | . <input type="text"/> |
| 9. Filing Fees (Note: Prepaid limited health service organizations, legal expense insurance corporations, and fraternal benefit societies must report and pay all filing fees to the Office of Insurance Regulation) | 9. <input type="text"/> | . <input type="text"/> |
| 10. Commercial/Residential Policy Surcharge (Schedule XVI) plus Payment Due from Refund (Schedule XVII) | 10. <input type="text"/> | . <input type="text"/> |
| 11. Total Tax Due (Sum of Line 3 through Line 10) | 11. <input type="text"/> | . <input type="text"/> |

Form DR-908 is a machine-readable form. Please follow the hand print or machine print instructions. Use black ink.

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|
| If hand printing this document, print your numbers as shown and write one number per box. Write within the boxes. | If typing this document, type through the boxes and type all of your numbers together. | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">9</td> </tr> </table> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">9</td> </tr> </table> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | |

| Payment Coupon 2023 Insurance Premium Taxes and Fees | Do not detach coupon. | | | | | | | | | | | | | | | |
|---|---|------------------------|------------|-------|-------------------------------|----------------------|------------------------|---|----------------------|------------------------|--|----------------------|--|-------------------------|----------------------|--|
| To ensure proper credit to your account, enclose your check with tax return when mailing. | | | | | | | | | | | | | | | | |
| Check here if you transmitted funds electronically <input type="checkbox"/> | Return is due March 1, 2024 | | | | | | | | | | | | | | | |
| Enter name and address, if not pre-addressed: Name _____ Address _____ City/St/ZIP _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">US Dollars</th> <th style="width: 20%; text-align: center;">Cents</th> </tr> <tr> <td>Total amount due from Line 16</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">. <input type="text"/></td> </tr> <tr> <td>Overpayment to be Refunded from Line 17</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">. <input type="text"/></td> </tr> <tr> <td>FEIN <small>Enter FEIN if not pre-addressed</small></td> <td colspan="2" style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Business Partner Number</td> <td colspan="2" style="text-align: center;"><input type="text"/></td> </tr> </table> | | US Dollars | Cents | Total amount due from Line 16 | <input type="text"/> | . <input type="text"/> | Overpayment to be Refunded from Line 17 | <input type="text"/> | . <input type="text"/> | FEIN <small>Enter FEIN if not pre-addressed</small> | <input type="text"/> | | Business Partner Number | <input type="text"/> | |
| | US Dollars | Cents | | | | | | | | | | | | | | |
| Total amount due from Line 16 | <input type="text"/> | . <input type="text"/> | | | | | | | | | | | | | | |
| Overpayment to be Refunded from Line 17 | <input type="text"/> | . <input type="text"/> | | | | | | | | | | | | | | |
| FEIN <small>Enter FEIN if not pre-addressed</small> | <input type="text"/> | | | | | | | | | | | | | | | |
| Business Partner Number | <input type="text"/> | | | | | | | | | | | | | | | |

Do not write in the space below.

9100 0 20239999 0016045031 9 3999999999 0000 2



12. Less: Installments Paid (include quarterly statement filing fees and surcharges). See instructions.
 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____
 If amended return: Add amount paid with the original return _____
 Deduct amount refunded with the original return (_____)

| | US Dollars | | | | | | | | | | Cents | | |
|--|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total Installment Payments..... | 12. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13. Net Tax Due or Overpayment (Line 11 minus Line 12)..... | 13. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. Penalty (10% Late Penalty)..... | 14. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15. Interest (See instructions)..... | 15. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 16. Amount Due With This Return. Enter on payment coupon also. (Sum of Lines 13, 14, and 15. If less than zero, enter on Line 17) | 16. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 17. Overpayment to be Refunded. Enter on payment coupon also..... | 17. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------|-------------------|-----------------------------|
| Contact person | Phone number | Fax number |
| E-mail address | State of domicile | Location of corporate books |

All Taxpayers Are Required to Answer Questions A and B Below as Appropriate.

- A. Is the insurer a member of an affiliated group whose parent company made a timely election, which included the insurer, for the alternative salary credit calculation under section (s.) 624.509(5)(a)2., Florida Statutes (F.S.)? (Refer to Schedule IV instructions for more information.)
 YES
 NO
- B. Did you use the Department's address database or third party software, where the software company indicated that they used the Department's address database, when you sourced your premiums to the local taxing jurisdictions reported on Schedule XII and/or Schedule XIII? (Refer to Schedule XII and XIII instructions for more information.)
 Department's database
 Software company's product where the software company indicated that they used the Department's address database
 NO

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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.

| | | | |
|---------------------|--|------|--|
| Sign here | Signature of officer (must be an original signature) | Date | Title |
| | Preparer's signature | Date | Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN |
| Paid preparers only | Firm's name (or yours if self-employed) and address | FEIN | ZIP |
| | | | |

| | | |
|---|--|--|
| 1. Have you signed your check? | Make check payable and mail to: | For refunds, mail to: |
| 2. Have you signed your return? | Florida Department of Revenue | Florida Department of Revenue |
| 3. Have you attached the Florida Business Page of the Annual Statement filed with the Florida Department of Financial Services? | 5050 W Tennessee St Tallahassee FL 32399-0150 | PO Box 6440 Tallahassee FL 32314-6440 |



Name _____ FEIN _____ Taxable Year _____

SCHEDULE I

**COMPUTATION OF INSURANCE PREMIUM TAX
(Not To Be Used for Wet Marine and Transportation Tax)**

*** Include the Florida Business Page of Your Florida Annual Statement ***

| | Types of Insurance | Total Premiums | Tax Rate | Tax Due |
|-----|---|----------------|----------|---------|
| 1. | Property/Casualty/Miscellaneous | | | |
| | a. Plus: Additional Taxable Premiums | | | |
| | b. Less: Excluded Premiums | | | |
| | c. Total Taxable Premiums | | 1.75% | |
| 2. | Life | | | |
| | a. Plus: Additional Taxable Premiums | | | |
| | b. Less: Excluded Premiums | | | |
| | c. Total Taxable Premiums | | 1.75% | |
| 3. | Accident and Health | | | |
| | a. Plus: Additional Taxable Premiums | | | |
| | b. Less: Excluded Premiums | | | |
| | c. Total Taxable Premiums | | 1.75% | |
| 4. | Prepaid Limited Health Service Organizations | | 1.75% | |
| 5. | Commercial Self-Insurance Funds | | 1.60% | |
| 6. | Group Self-Insurance Funds | | 1.60% | |
| 7. | Medical Malpractice Self-Insurance | | 1.60% | |
| 8. | Assessable Mutual Insurers | | 1.60% | |
| 9. | Corporation Not-for-Profit Self-Insurance Funds | | 1.60% | |
| 10. | Public Housing Authorities Self-Insurance Funds (see instructions) | | 1.60% | |
| 11. | Annuity Premiums (Schedule II, Line 3) | | | |
| 12. | Total Premium Tax Due (Add Lines 1c, 2c, 3c, and 4 through 11. Enter here and on Page 1, Line 1)* | | | |

* If zero or less, enter -0-

SCHEDULE II

ANNUITY CONSIDERATION PREMIUMS

| | Types of Insurance | Total Premiums | Tax Rate | Tax Due |
|----|--|----------------|----------|---------|
| 1. | Annuity Premiums | | 1.00% | |
| 2. | Premium Tax Savings Derived and Credited to the "Holders" (If none, enter zero "0") | | | |
| 3. | Total Annuity Premiums Due (Line 1 minus Line 2. Enter here and on Schedule I, Line 11)* | | → | |

* If zero or less, enter -0-

SCHEDULE III

CREDITS AGAINST THE PREMIUM TAX

| | | | | |
|-----|---|--|---|--|
| 1. | Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4) | | | |
| 2. | Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3, minus credit used Schedule XI, Line 3) | | | |
| 3. | Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3 minus credit used Schedule XI, Line 7) | | | |
| 4. | Eligible Corporate Income Tax Credit (Schedule V, Line 11) | | | |
| 5. | Salary Tax Credit (Schedule V, Line 12) | | | |
| 6. | Strong Families Tax Credit (credit for contributions to eligible charitable organizations) (Schedule V, Line 13) (Enter here and include on Schedule XIV, Line 12, Column A) | | | |
| 7. | Live Local Program Credit (Schedule V, Line 14) (Enter here and include on Schedule XIV, Line 12, Column A) | | | |
| 8. | Florida Life and Health Insurance Guaranty Association Credit (Schedule VII, Line 1) | | | |
| 9. | Community Contribution Credit (Total credits approved under s. 624.5105, F.S., minus credit used Schedule XI, Line 8) (Enter here and include on Schedule XIV, Line 12, Column A) | | | |
| 10. | Capital Investment Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A) | | | |
| 11. | Florida Tax Credit Scholarship Program Credit (Schedule V, Line 15), (Enter here and include on Schedule XIV, Line 12, Column A) | | | |
| 12. | New Markets Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A) | | | |
| 13. | New Worlds Reading Initiative Credit (Schedule V, Line 16), (Enter here and include on Schedule XIV, Line 12, Column A) | | | |
| 14. | Total Credits (Sum of Line 1 through Line 13. Enter here and on Page 1, Line 2) | | → | |



Name _____ FEIN _____ Taxable Year _____

SCHEDULE IV COMPUTATION OF SALARY CREDIT

***** Include Your Florida Department of Revenue Forms RT-6 and RTS-71 if Claiming this Credit *****

| | | |
|----|--|--|
| 1. | Total Premium Tax Due (Schedule I, Line 12) | |
| 2. | Less: Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3) | |
| 3. | Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3) | |
| 4. | Corporate Income Tax Paid (Florida Form F-1120, Line 13) | |
| 5. | Total (Line 1 minus Line 2 through Line 4)* | |
| 6. | Eligible Florida Salaries (See Instructions) | |
| 7. | Multiply Line 6 by 0.15 | |
| 8. | Salary Credit - (Enter the lesser of Line 5 or Line 7 here and on Schedule V, Line 4)* → | |

* If zero or less, enter -0-

SCHEDULE V CORPORATE INCOME, SALARY AND CREDIT LIMITATIONS

| | | |
|-----|--|--|
| 1. | Total Corporate Income Tax Paid (Florida Form F-1120, Line 13)** | |
| 2. | Less: Corporate Income Tax Credit Taken against Wet Marine and Transportation Insurance Tax (Schedule XI, Line 5) | |
| 3. | Eligible Net Corporate Income Tax (Line 1 minus Line 2) | |
| 4. | Salary Credit (Schedule IV, Line 8) | |
| 5. | Total Premium Tax Due (Schedule I, Line 12) | |
| 6. | Less: Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4) | |
| 7. | Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3) | |
| 8. | Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3) | |
| 9. | Premium Tax Due After Deductions (Line 5 minus Lines 6 through 8) | |
| 10. | Corporate Income Tax and Salary Credit Limitation (Multiply Line 9 by 0.65) | |
| 11. | Eligible Net Corporate Income Tax Credit (Enter the lesser of Line 3 or Line 10 here and on Schedule III, Line 4)* → | |
| 12. | Salary Tax Credit (Enter the lesser of Line 4 or the difference between Lines 10 and 11 here and on Schedule III, Line 5)* A reduction to the salary credit may be required if the election under s. 624.509(5)(a)2., F.S., applies (See Instructions). → | |
| 13. | Strong Families Tax Credit (credit for contributions to eligible charitable organizations) (Enter the lesser of your 2023 eligible contribution plus carry forward credits or the result of [Schedule V, Line 9 less Lines 11 and 12] here and on Schedule III, Line 6.) Attach copies of the certificates of contribution from the eligible charitable organization(s). | |
| 14. | Live Local Program Credit (Enter the lesser of your 2023 eligible contribution or the result of [Schedule V, Line 9 less Lines 11, 12, and 13] here and on Schedule III, Line 7.) Attach copies of the certificates of contribution from the Florida Housing Finance Corporation. | |
| 15. | Florida Tax Credit Scholarship Program Credit (Enter the lesser of your 2023 eligible contributions plus carry forward credits or the result of [Schedule V, Line 9 less Lines 11, 12, 13, and 14] here and on Schedule III, Line 11.) Attach copies of the certificates of contribution from each nonprofit scholarship funding organization. | |
| 16. | New Worlds Reading Initiative Credit (Enter the lesser of your 2023 eligible contribution plus carry forward credits or the result of [Schedule V, Line 9 less Lines 11, 12, 13, 14, and 15] here and on Schedule III, Line 13.) Attach copies of the certificates of contribution from the Administrator(s). | |

* If zero or less, enter -0-

** If you filed on a consolidated basis for corporate income tax, you MUST include a schedule showing how the credit is claimed by each subsidiary.



Name _____ FEIN _____ Taxable Year _____

SCHEDULE VI WORKERS' COMPENSATION ADMINISTRATIVE ASSESSMENT CREDIT LIMITATION

*** Include Your Florida Carrier and Self Insurance Fund Quarterly Premium Reports if Claiming this Credit***

| | | |
|----|--|---|
| 1. | Workers' Compensation Premiums Written (Annual Statement - Florida Business, Line 16)* | |
| 2. | Multiply Line 1 by 0.0175 (Self Insurers multiply by 0.016) | |
| 3. | Administrative Assessments Paid to Workers' Compensation Trust Fund (Florida Carrier and Self Insurance Fund Quarterly Premium Reports must be attached) | |
| | a. First Quarter Assessment _____ b. Second Quarter Assessment _____ | |
| | c. Third Quarter Assessment _____ d. Fourth Quarter Assessment _____ | |
| | Total Administrative Assessments Paid* | |
| 4. | Workers' Compensation Administrative Assessment Credit (Enter the lesser of Line 2 or 3 here and on Schedule III, Line 1)* | → |

* If zero or less, enter -0-

SCHEDULE VII FLORIDA LIFE & HEALTH INSURANCE GUARANTY ASSOCIATION CREDIT (FLAHIGA)

*** Be Sure To Include Your FLAHIGA Certificates of Contribution if Claiming this Credit ***

| Year | Total Class B and C Assessments Paid | - Refunds | = Total Assessments Paid | x Rate | = Credit Amount | Year |
|---|--------------------------------------|-----------|--------------------------|--------|-----------------|------|
| 1983 | | | | .001 | | 1983 |
| 1984 | | | | .001 | | 1984 |
| 1985 | | | | .001 | | 1985 |
| 1986 | | | | .001 | | 1986 |
| 1987 | | | | .001 | | 1987 |
| 1988 | | | | .001 | | 1988 |
| 1989 | | | | .001 | | 1989 |
| 1990 | | | | .001 | | 1990 |
| 1991 | | | | .001 | | 1991 |
| 1992 | | | | .001 | | 1992 |
| 1993 | | | | .001 | | 1993 |
| 1994 | | | | .001 | | 1994 |
| 1995 | | * | | .001 | | 1995 |
| 1996 | | | | .001 | | 1996 |
| 2003 | | | | .050 | | 2003 |
| 2004 | | | | .050 | | 2004 |
| 2005 | | | | .050 | | 2005 |
| 2006 | | | | .050 | | 2006 |
| 2007 | | | | .050 | | 2007 |
| 2008 | | | | .050 | | 2008 |
| 2009 | | | | .050 | | 2009 |
| 2010 | | | | .050 | | 2010 |
| 2011 | | | | .050 | | 2011 |
| 2012 | | | | .050 | | 2012 |
| 2013 | | | | .050 | | 2013 |
| 2014 | | | | .050 | | 2014 |
| 2015 | | | | .050 | | 2015 |
| 2016 | | | | .050 | | 2016 |
| 2017 | | | | .050 | | 2017 |
| 2018 | | | | .050 | | 2018 |
| 2019 | | | | .050 | | 2019 |
| 2020 | | | | .050 | | 2020 |
| 2021 | | | | .050 | | 2021 |
| 2022 | | | | .050 | | 2022 |
| 1. Total FLAHIGA Credit (Enter here and on Schedule III, Line 7) ⁽¹⁾ | | | | | → | |

* In 2002, refunds were issued by FLAHIGA from 1995 assessments. These refunds must be subtracted from the original assessments to properly calculate the amount of FLAHIGA credit.

⁽¹⁾ If zero or less, enter -0-



Name _____ FEIN _____ Taxable Year _____

SCHEDULES VIII AND IX

NOT USED

SCHEDULE X STATE FIRE MARSHAL REGULATORY ASSESSMENT TAX/SURCHARGE

| | Types of Fire Premiums | Total Premiums | Fire Percentage | Taxable Premiums |
|-----|--|----------------|-----------------|------------------|
| 1. | Fire - Residential | | 93% | |
| 2. | *Fire - Commercial | * | 93% | |
| 3. | *Commercial Multiple Peril ⁽¹⁾ | * | 15% | |
| 4. | *Commercial Multiple Peril – Rental Condo Units ⁽¹⁾ | * | 25% | |
| 5. | *Farmowners Multiple Peril | * | 15% | |
| 6. | *Crop | * | 0% | |
| 7. | Residential Allied Lines | | 5% | |
| 8. | *Commercial Allied Lines | * | 5% | |
| 9. | Homeowners Multiple Peril | | 25% | |
| 10. | Ocean Marine | | 10% | |
| 11. | Inland Marine | | 12% | |
| 12. | Earthquake | | 5% | |
| 13. | Other | | | |
| 14. | Total Taxable Premiums (Sum of Line 1 through Line 13) | | | |
| 15. | State Fire Marshal Tax Due (Multiply Line 14 by 0.01) ⁽²⁾ | | | → |
| 16. | *Additional Premiums Subject to Surcharge (See Instructions) | | | |
| 17. | *Total Premiums Subject to Surcharge (See Instructions) | | | |
| 18. | Surcharge Due (Multiply Line 17 by 0.001) ⁽²⁾ | | | → |
| 19. | Total State Fire Marshal Tax Due Plus Total Surcharge Due (Line 15 plus Line 18) (Enter here and on Page 1, Line 4) | | | → |

(1) Report the combined total for both the “non-liability” and “liability” portions.

(2) If zero or less, enter -0-

SCHEDULE XI

WET MARINE AND TRANSPORTATION TAX

| | | |
|----|---|---|
| 1. | Net Premiums (See Instructions) | |
| 2. | Less: Net Losses Paid | |
| 3. | Gross Underwriting Profit (Line 1 minus Line 2)* | |
| 4. | Wet Marine and Transportation Tax (Multiply Line 3 by 0.0075) | |
| 5. | Corporate Income Tax Credit (Florida Form F-1120, Line 13. See Instructions) | |
| 6. | Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3. See Instructions) | |
| 7. | Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3. See Instructions) | |
| 8. | Community Contribution Credit (Total credits approved under s. 624.5105, F.S. See Instructions) | |
| 9. | Net Tax Due (Line 4 minus Lines 5 through 8. Enter here and on Page 1, Line 5)* | → |

* If zero or less, enter -0-



Name _____ FEIN _____ Florida Code _____

SCHEDULE XII - A FIREFIGHTERS' PENSION TRUST FUND

| Code | Municipality/ Fire Control District | Total Taxable Premiums |
|------|---|------------------------|
| 015 | Boca Grande Fire Control Dist. | |
| 017 | Bonita Springs Fire Control Dist. | |
| 021 | Destin Fire Control District | |
| 023 | East Lake Tarpon Fire Control Dist. | |
| 024 | Greater Naples Fire Rescue District | |
| 025 | East Niceville Fire District | |
| 027 | Englewood Area Fire Control Dist. | |
| 029 | Estero Fire Prot. & Resc. Svc. Dist. | |
| 033 | Holley-Navarre Fire Control District | |
| 043 | Midway Fire District | |
| 046 | Navarre Beach Fire District | |
| 047 | North Bay Fire District | |
| 050 | North Collier Fire Ctrl & Rescue Dist. | |
| 053 | North River Fire Control District | |
| 055 | Ocean City-Wright Fire Control District | |
| 057 | Okaloosa Island Fire Control District | |
| 059 | Pace Fire Rescue District | |
| 060 | Palm Harbor Special Fire Control Dist. | |
| 064 | San Carlos Park Fire Service Dist. | |
| 067 | South Walton Fire Control District | |
| 069 | Southern Manatee Fire & Resc. Dist. | |
| 073 | St. Lucie County Fire District | |
| 094 | West Manatee Fire & Rescue Dist. | |
| 118 | Apopka | |
| 119 | Arcadia | |
| 128 | Atlantic Beach | |
| 129 | Atlantis | |
| 130 | Auburndale | |
| 134 | Avon Park | |
| 140 | Baldwin | |
| 148 | Bartow | |
| 167 | Belleair | |
| 171 | Belleair Bluffs | |
| 183 | Boca Raton | |
| 191 | Boynton Beach | |
| 192 | Bradenton | |
| 198 | Briny Breezes | |
| 203 | Brooksville | |
| 222 | Cape Coral | |
| 229 | Casselberry | |
| 238 | Chattahoochee | |
| 251 | Clearwater | |
| 253 | Clermont | |
| 255 | Clewiston | |
| 257 | Cocoa | |
| 258 | Cocoa Beach | |
| 265 | Cooper City | |
| 268 | Coral Gables | |
| 270 | Coral Springs | |
| 278 | Crescent City | |
| 279 | Crestview | |
| 287 | Dade City | |
| 288 | Dania Beach | |
| 290 | Davenport | |

| Code | Municipality/ Fire Control District | Total Taxable Premiums |
|-----------------|-------------------------------------|------------------------|
| 292 | Davie | |
| 293 | Daytona Beach | |
| 296 | Deerfield Beach | |
| 298 | Deland | |
| 301 | Delray Beach | |
| 303 | Deltona | |
| 316 | Dunedin | |
| 326 | Eatonville | |
| 331 | Edgewater | |
| 349 | Eustis | |
| 359 | Fernandina Beach | |
| 361 | Flagler Beach | |
| 371 | Fort Lauderdale | |
| 374 | Fort Myers | |
| 379 | Fort Walton Beach | |
| 385 | Fruitland Park | |
| 387 | Gainesville | |
| 402 | Golf | |
| 416 | Greenacres | |
| 427 | Gulfport | |
| 428 | Gulf Stream | |
| 431 | Haines City | |
| 432 | Hallandale Beach | |
| 438 | Havana | |
| 442 | Hialeah | |
| 446 | Highland Beach | |
| 452 | Hillsboro Beach | |
| 458 | Holly Hill | |
| 459 | Hollywood | |
| 464 | Homestead | |
| 475 | Hypoluxo | |
| 477 | Indialantic | |
| 480 | Indian River Shores | |
| 491 | Jacksonville (Consol.) | |
| 492 | Jacksonville Beach | |
| 502 | Jupiter Inlet Colony | |
| 504 | Kenneth City | |
| 505 | Key Biscayne | |
| 506 | Key Colony Beach | |
| 509 | Key West | |
| 515 | Kissimmee | |
| 521 | LaBelle | |
| 526 | Lake Alfred | |
| 530 | Lake City | |
| 539 | Lake Mary | |
| 544 | Lake Wales | |
| 545 | Lake Worth Beach | |
| 546 | Lakeland | |
| 551 | Lauderhill | |
| 552 | Lantana | |
| 553 | Largo | |
| 554 | Lauderdale-by-the-Sea | |
| Subtotal | | |



Name _____ FEIN _____ Florida Code _____

SCHEDULE XII - B

FIREFIIGHTERS' PENSION TRUST FUND

| Code | Municipality/ Fire Control District | Total Taxable Premiums |
|------|-------------------------------------|------------------------|
| 560 | Leesburg | |
| 579 | Longwood | |
| 590 | Lynn Haven | |
| 595 | Madison | |
| 596 | Maitland | |
| 602 | Mangonia Park | |
| 603 | Marathon | |
| 604 | Marco Island | |
| 607 | Marianna | |
| 620 | Melbourne | |
| 626 | Miami | |
| 627 | Miami Beach | |
| 640 | Milton | |
| 645 | Miramar | |
| 649 | Monticello | |
| 655 | Mount Dora | |
| 666 | Naples | |
| 671 | Neptune Beach | |
| 675 | New Port Richey | |
| 676 | New Smyrna Beach | |
| 687 | North Miami Beach | |
| 690 | North Port | |
| 691 | North Redington Beach | |
| 693 | Oakland Park | |
| 695 | Ocala | |
| 698 | Ocean Ridge | |
| 701 | Ocoee | |
| 706 | Okeechobee | |
| 709 | Oldsmar | |
| 722 | Orange Park | |
| 725 | Orlando | |
| 728 | Ormond Beach | |
| 736 | Oviedo | |
| 743 | Palatka | |
| 744 | Palm Bay | |
| 746 | Palm Beach Gardens | |
| 747 | Palm Beach Shores | |
| 748 | Palm Coast | |
| 754 | Panama City | |
| 755 | Panama City Beach | |
| 761 | Parkland | |
| 770 | Pembroke Pines | |
| 773 | Pensacola | |
| 776 | Perry | |
| 787 | Pinellas Park | |
| 789 | Plantation | |
| 790 | Plant City | |
| 796 | Pompano Beach | |
| 801 | Port Orange | |
| 811 | Punta Gorda | |
| 816 | Quincy | |
| 824 | Redington Beach | |
| 825 | Redington Shores | |

| Code | Municipality/ Fire Control District | Total Taxable Premiums |
|------|-------------------------------------|------------------------|
| 831 | Riviera Beach | |
| 836 | Rockledge | |
| 844 | Safety Harbor | |
| 846 | St. Augustine | |
| 849 | St. Cloud | |
| 855 | St. Petersburg | |
| 856 | St. Pete Beach | |
| 865 | Sanford | |
| 869 | Sarasota | |
| 870 | Satellite Beach | |
| 871 | Sea Ranch Lakes | |
| 874 | Sebring | |
| 875 | Seminole | |
| 896 | South Pasadena | |
| 900 | Starke | |
| 909 | Sunrise | |
| 916 | Tallahassee | |
| 918 | Tampa | |
| 919 | Tamarac | |
| 920 | Tarpon Springs | |
| 921 | Tavares | |
| 925 | Temple Terrace | |
| 926 | Tequesta | |
| 930 | Titusville | |
| 938 | Valparaiso | |
| 941 | Venice | |
| 944 | Vero Beach | |
| 946 | Village of North Palm Beach | |
| 966 | West Palm Beach | |
| 978 | Wilton Manors | |
| 980 | Windermere | |
| 984 | Winter Garden | |
| 985 | Winter Haven | |
| 986 | Winter Park | |

In addition to completing Schedule XII, you must answer Question B on Page 2.

Subtotal from Page 7 1.

Subtotal from Page 8 2.

Total Tax 3.

[Line 1 plus Line 2 times 1.85% (0.0185).

Enter here and on Page 1, Line 6] (If zero or less, enter 0)

Use the physical location of the property when allocating premiums to the fire control district or municipality. Do NOT use ZIP codes. For more information, see instructions.



Name _____ FEIN _____ Florida Code _____

SCHEDULE XIII - A MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND

| Code | Municipality | Total Taxable Premiums |
|------|---------------------|------------------------|
| 106 | Altamonte Springs | |
| 118 | Apopka | |
| 119 | Arcadia | |
| 128 | Atlantic Beach | |
| 130 | Auburndale | |
| 132 | Aventura | |
| 134 | Avon Park | |
| 141 | Bal Harbour Village | |
| 148 | Bartow | |
| 151 | Bay Harbor Island | |
| 167 | Belleair | |
| 169 | Bellevue | |
| 183 | Boca Raton | |
| 191 | Boynton Beach | |
| 192 | Bradenton | |
| 203 | Brooksville | |
| 222 | Cape Coral | |
| 229 | Casselberry | |
| 251 | Clearwater | |
| 253 | Clermont | |
| 257 | Cocoa | |
| 258 | Cocoa Beach | |
| 265 | Cooper City | |
| 268 | Coral Gables | |
| 270 | Coral Springs | |
| 278 | Crescent City | |
| 279 | Crestview | |
| 287 | Dade City | |
| 288 | Dania Beach | |
| 290 | Davenport | |
| 292 | Davie | |
| 293 | Daytona Beach | |
| 296 | Deerfield Beach | |
| 298 | Deland | |
| 301 | Delray Beach | |
| 317 | Dunnellon | |
| 326 | Eatonville | |
| 331 | Edgewater | |
| 349 | Eustis | |
| 359 | Fernandina Beach | |
| 361 | Flagler Beach | |
| 371 | Fort Lauderdale | |
| 374 | Fort Myers | |
| 377 | Fort Pierce | |
| 379 | Fort Walton Beach | |
| 384 | Frostproof | |
| 387 | Gainesville | |
| 400 | Golden Beach | |
| 415 | Green Cove Springs | |
| 416 | Greenacres | |
| 425 | Gulf Breeze | |
| 427 | Gulfport | |
| 431 | Haines City | |

| Code | Municipality | Total Taxable Premiums |
|-----------------|------------------------|------------------------|
| 432 | Hallandale Beach | |
| 442 | Hialeah | |
| 443 | Hialeah Gardens | |
| 458 | Holly Hill | |
| 459 | Hollywood | |
| 461 | Holmes Beach | |
| 464 | Homestead | |
| 472 | Howey-in-the-Hills | |
| 477 | Indialantic | |
| 479 | Indian Harbour Beach | |
| 480 | Indian River Shores | |
| 481 | Indian Shores | |
| 491 | Jacksonville (Consol.) | |
| 492 | Jacksonville Beach | |
| 501 | Jupiter | |
| 505 | Key Biscayne | |
| 509 | Key West | |
| 515 | Kissimmee | |
| 524 | Lady Lake | |
| 526 | Lake Alfred | |
| 530 | Lake City | |
| 536 | Lake Helen | |
| 539 | Lake Mary | |
| 544 | Lake Wales | |
| 545 | Lake Worth Beach | |
| 546 | Lakeland | |
| 551 | Lauderhill | |
| 552 | Lantana | |
| 553 | Largo | |
| 560 | Leesburg | |
| 579 | Longwood | |
| 590 | Lynn Haven | |
| 595 | Madison | |
| 596 | Maitland | |
| 604 | Marco Island | |
| 607 | Marianna | |
| 618 | Medley | |
| 620 | Melbourne | |
| 621 | Melbourne Beach | |
| 626 | Miami | |
| 627 | Miami Beach | |
| 628 | Miami Shores Village | |
| 629 | Miami Springs | |
| 640 | Milton | |
| 645 | Miramar | |
| 649 | Monticello | |
| 655 | Mount Dora | |
| 666 | Naples | |
| 671 | Neptune Beach | |
| 675 | New Port Richey | |
| 676 | New Smyrna Beach | |
| 686 | North Miami | |
| Subtotal | | |



Name _____ FEIN _____ Florida Code _____

SCHEDULE XIII - B MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND

| Code | Municipality | Total Taxable Premiums |
|------|--------------------|------------------------|
| 687 | North Miami Beach | |
| 690 | North Port | |
| 693 | Oakland Park | |
| 695 | Ocala | |
| 701 | Ocoee | |
| 706 | Okeechobee | |
| 722 | Orange Park | |
| 725 | Orlando | |
| 728 | Ormond Beach | |
| 736 | Oviedo | |
| 743 | Palatka | |
| 744 | Palm Bay | |
| 746 | Palm Beach Gardens | |
| 752 | Palmetto | |
| 754 | Panama City | |
| 755 | Panama City Beach | |
| 761 | Parkland | |
| 770 | Pembroke Pines | |
| 773 | Pensacola | |
| 776 | Perry | |
| 787 | Pinellas Park | |
| 789 | Plantation | |
| 790 | Plant City | |
| 796 | Pompano Beach | |
| 801 | Port Orange | |
| 807 | Port St. Lucie | |
| 811 | Punta Gorda | |
| 816 | Quincy | |
| 831 | Riviera Beach | |
| 836 | Rockledge | |
| 839 | Royal Palm Beach | |
| 846 | St. Augustine | |
| 849 | St. Cloud | |
| 855 | St. Petersburg | |
| 856 | St. Pete Beach | |
| 865 | Sanford | |
| 867 | Sanibel | |
| 869 | Sarasota | |
| 870 | Satellite Beach | |
| 873 | Sebastian | |
| 874 | Sebring | |
| 894 | South Miami | |
| 900 | Starke | |
| 909 | Sunrise | |
| 911 | Surfside | |
| 912 | Sweetwater | |
| 916 | Tallahassee | |
| 918 | Tampa | |
| 919 | Tamarac | |
| 920 | Tarpon Springs | |
| 921 | Tavares | |
| 925 | Temple Terrace | |

| Code | Municipality | Total Taxable Premiums |
|------|-----------------------------|------------------------|
| 926 | Tequesta | |
| 930 | Titusville | |
| 936 | Umatilla | |
| 938 | Valparaiso | |
| 941 | Venice | |
| 944 | Vero Beach | |
| 946 | Village of North Palm Beach | |
| 947 | Village of Palm Springs | |
| 954 | Wauchula | |
| 963 | West Melbourne | |
| 966 | West Palm Beach | |
| 976 | Williston | |
| 978 | Wilton Manors | |
| 984 | Winter Garden | |
| 985 | Winter Haven | |
| 986 | Winter Park | |

In addition to completing Schedule XIII, you must answer Question B on Page 2.

Subtotal from Page 91.

Subtotal from Page 102.

Total Tax3.

[Line 1 plus Line 2 times 0.85% (0.0085).

Enter here and on Page 1, Line 7] (If zero or less, enter 0)

Use the physical location of the property when allocating premiums. Do NOT use ZIP codes. For more information, see instructions.



Name _____ FEIN _____ Taxable Year _____

SCHEDULE XIV RETALIATORY TAX COMPUTATION

| | | Column A State of Florida* | Column B State of Incorporation* |
|-----|---|----------------------------------|--|
| 1. | Net Premium Tax Due (Page 1, Line 3 plus Line 5. See note below) | | |
| 2. | 80% of Salary Tax Credit Taken (Page 3, Schedule III, Line 5) | | |
| 3. | Total Corporate Income Tax (See note below) | | |
| 4. | Intentionally Left Blank | | |
| 5. | Firefighters' Pension Trust Fund | | |
| 6. | Municipal Police Officers' Retirement Trust Fund | | |
| 7. | Florida Insurance Guaranty Association (FIGA) (Assessments on the Property Portion of Insurance Premiums only) | | |
| 8. | Fire Marshal Taxes | | |
| 9. | Annual and Quarterly Statement Filing Fees | | |
| 10. | Annual License Tax and Certificate of Authority | | |
| 11. | Agents' Fees | | |
| 12. | Other Taxes and Fees (Include Schedule) | | |
| 13. | Workers' Compensation Credit | | |
| 14. | Total (Sum of Lines 1 through Line 13) | | |
| 15. | Retaliatory Tax Due [Line 14, Column B (State of Incorporation) minus Line 14, Column A (State of Florida). Enter here and on Page 1, Line 8.]* → | | |

NOTE: Compute Column B using the state of incorporation's tax law to determine tax owed using Florida premiums, personnel, and property. Attach all applicable returns and schedules.

* If zero or less, enter -0-

SCHEDULE XV NOT USED

SCHEDULE XVI SURCHARGE ON COMMERCIAL/RESIDENTIAL POLICIES

| Type of Policy | Policies Subject to Surcharge (sum of 4 quarters) | Rate | Surcharge Due |
|--|--|-----------|---------------|
| A. Commercial | | X \$ 4.00 | A. |
| B. Residential | | X \$ 2.00 | B. |
| Total Surcharge Due for the Calendar Year (Total A + B). *Enter here and include on Page 1, Line 10 with total from Schedule XVII. → | | | |

* The Total Surcharge Due should be greater than the sum of the first three quarters reported on Forms DR-907.

SCHEDULE XVII PAYMENT DUE FROM FLORIDA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION (FLAHIGA) REFUND

| | |
|--|--|
| 1. Total payment due from FLAHIGA refunds received this year, if any, and previously claimed as credit. Enter here and include on Page 1, Line 10 with total from Schedule XVI. (See Instructions) → | |
|--|--|

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.
The forms are available online at floridarevenue.com/forms.

| | | |
|-------------|---|-------------------------|
| Form RT-6 | Employer's Quarterly Report | Rule 73B-10.037, F.A.C. |
| Form RTS-71 | Quarterly Concurrent Employment Report | Rule 73B-10.037, F.A.C. |
| Form F-1120 | Florida Corporate Income/Franchise Tax Return | Rule 12C-1.051, F.A.C. |
| Form DR-907 | Florida Insurance Premium Installment Payment | Rule 12B-8.003, F.A.C. |