Comptroller of Public Accounts FORM 25-105 (Rev.5-15/12)

PRINT FORM RESET FORM

Texas Insurance Prepayment Form

Surplus Lines

a. Taxpayer number	b. Filing period	c.	d. Due date

Taxpayer name and tax report mailing address *(Make necessary name and address changes below.)*

e.

Keep the top portion of this form for your records.

Return only the bottom portion.

You have certain rights *under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.*

1. Total amount subject to prepayment *(Dollars and cents)* ..... 1. _____

2. Penalty and interest
   - *1-30 days late--enter penalty of 5% (.05) of Item 1.*
   - *31 - 60 days late--enter penalty of 10% (.10) of Item 1.*
   - *Over 60 days late--enter penalty of 10% (.10) of Item 1 plus interest. Calculate interest at the rate published online at www.comptroller.texas.gov or call the Comptroller's office at 1-877-447-2834 for the applicable interest rate.* ..... 2. _____

3. TOTAL AMOUNT PAID ..... 3. _____

Who Must File

All Texas licensed surplus lines agents who accrue surplus lines premium taxes of $70,000 or more to the state of Texas are required to make prepayments of such taxes beginning January 1, 2000. Failure to make prepayments as required by this statute change will result in penalties and interest being assessed under Title 2, Tax Code.

NOTE: Taxpayers with no payment due or taxpayers making payment by electronic fund transfer are NOT required to file this form. If the prepayment covers taxes from different tax years, indicate the total amount to be allocated to each tax year.

When to File

Prepayments of surplus lines taxes are required to be filed by the 15th of the month following the month in which the agent accrues $70,000 or more in premium taxes. The prepayment amount must equal the accrued liability at the end of the month in which the agent accrues $70,000 or more. Prepayments less than $70,000 can be made any time during the year.

General Instructions

- If any preprinted information is not correct, mark out the item and write in the correct information.
- TYPE OR PRINT.
- Do not write in shaded areas.

DETACH BELOW AND KEEP THIS UPPER PART FOR YOUR RECORDS

Form 25-105 (Rev.5-15/12)

RETURN THIS PART ONLY WITH YOUR PAYMENT

Texas Insurance Prepayment -- *Surplus Lines*

25105501W05151 2

1. Total amount subject to prepayment *(Dollars and cents)* ..... 1. _____

2. Penalty and interest ..... 2. _____

3. TOTAL AMOUNT PAID ..... 3. ■ _____

Taxpayer name	f. ■	g.

■ T Code ■ Taxpayer number ■ Period

I declare that the information in this document and all attachments is true and correct to the best of my knowledge and belief.

sign here Authorized agent

Preparer's name *(Type or print)*

Daytime phone *(Area code & number)*	Date

Make the amount in Item 3 payable to STATE COMPTROLLER	Mail to COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149356 Austin, TX 78714-9356

For information about Insurance Tax, call **1-800-252-1387**.
Details are also available online at **www.comptroller.texas.gov**.

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