# Domestic Premium Tax Form (Pre-Paid Dental)
# Oklahoma Insurance Department

**For the year ending December 31, _____**

**Check appropriate box:**

☐ Original Filing ☐ Amended Filing

***Due March 1, to:***

Oklahoma Insurance Department
Financial Division
3625 N W 56th Street, Suite 100
Oklahoma City, Oklahoma 73112

## Section A: Company Information

Company Name _____ Oklahoma License # _____ NAIC # _____

Address(1) _____ Address(2) _____ Domicile _____

City _____ State _____ Zip Code _____ Preparer's Name and Phone # (with extension) _____

## Section B: Tax Liability and Fee Computation

| | | |
|---|---|---|
| **1** | Prepaid charges from Oklahoma Members | |
| **2** | Tax Liability (Line 1 times 2%) | |
| **3** | Oklahoma State Corporate Income Tax (Attach Copy) | |
| **4** | Net Tax Liability (Line 2 less Line 3) | |
| **5** | Prior Year Overpayment | |
| **6** | Current Year Prepayment | |
| **7** | Premium Tax Liability Due (Line 4 less Lines 5 and 6. If negative, enter 0 on Line 7 and enter the amount to be refunded or applied to future taxes on Line 7a) | |
| **7a** | Amount refunded:_____or applied to future taxes:_____. **Line 7a can not be used as a deduction for Oklahoma Fees.** | |
| **8** | Other Fees and Taxes: | |
| **a** | Annual Statement Review Fee | $100.00 |
| **b** | Other (specify)[1] _____ | |
| **9** | Total Taxes and Fees (Line 7 plus Lines 8a through 8b) **This is to be the amount of the check enclosed.** | |

[1] Provide supporting documentation for these deductions. If supporting documentation is inadequate, the deductions will be disallowed for premium tax purposes.

## Section C: Notary Certificate

By signing below, I certify that I have reviewed this filing and the information contained herein. I further certify that the information contained herein is correct and complete, to the best of my knowledge.

President (Signature) _____ Secretary (Signature) _____

President (Type or Print) _____ Secretary (Type or Print) _____

Signed and sworn to before me by the President and Secretary of _____,

on _____, 19 _____. State of: _____ County of: _____

_____, Notary Public. My Commission Expires _____.
Notary (Signature)

**(SEAL)**

Revised 10/13