

**Insurance Premium Tax Return**

**City of West Monroe**  
**Parish of Ouachita - State of Louisiana**  
**Office of the Finance Director**  
**and City Clerk**

2305 North 7th St. • West Monroe, LA 71291 • (318) 396-2600

**THIS APPLICATION MUST BE COMPLETED AND RETURNED WITH REMITTANCE**

**Due Date January 1, Delinquent on June 1**

Name of Company:

Mailing Address:

NAME OF PERSON MAKING APPLICATION \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE OF ABOVE PERSON \_\_\_\_\_ DATE \_\_\_\_\_

**IF APPLYING FOR A TAX REDUCTION UNDER R.S. 22:1076**  
**COMPLETE AND NOTARIZE THE FOLLOWING**

\_\_\_\_\_ personally came and appeared before me, who, being duly sworn by me,  
(NAME)  
deposes and says that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
(TITLE) (COMPANY/APPLICANT)

and that at least one-sixth (1/6) of the total admitted assets of the aforementioned company/applicant, less assets in an amount equal to the reserves on its policies issued in foreign countries in which it is authorized to do business and which countries require an investment therein as a condition of doing business, is invested and maintained, either in bonds of the state, or in bonds of municipal, school, road or levee district, or other political subdivisions of this state, or in mortgages on property located in this state, or in real property in this state which shall be requisite for the convenient accommodation of the transaction of company/applicant's own business, or in policy loans, or other loans to residents of this state, or to corporations organized under the laws of this state and domiciled in this state, or in stock of homestead building and loan associations organized under the laws of this state, to the extent such stock is guaranteed or insured by the Federal Deposit Insurance Corporation or other federal or state agency, or other qualifying Louisiana investments as allowed under R.S. 22:1076, and that the aforementioned company/applicant is therefore entitled to pay a license fee and tax of only one-third (1/3) of the amount otherwise payable.

Sworn to and subscribed before me this \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED OFFICER)

\_\_\_\_\_  
Notary Public

**A TRUE COPY OF THE APPLICANT/COMPANY'S APPLICATION FOR REDUCTION UNDER R.S. 22:1068 MUST BE ATTACHED TO THIS APPLICATION TO QUALIFY FOR REDUCTION.**

RECEIVED BY _____
DATE _____
<b>FOR OFFICE USE ONLY</b>

## COMPUTATION OF TAX

**(A) LIFE, HEALTH, ACCIDENT, ENDOWMENT OR ANNUITIES, OR SIMILAR FORMS OF CONTRACT OBLIGATIONS**

**1st Class:** When the gross receipts are not more than two thousand dollars (\$2,000), the tax is ten dollars (\$10).

**2nd Class:** When the gross receipts are more than two thousand dollars (\$2,000), the tax shall be ten dollars (\$10) plus seventy dollars (\$70) for EACH additional ten thousand dollars (\$10,000), or fraction thereof, in excess of two thousand dollars.

Total Premiums collected .....\$ \_\_\_\_\_

Total Tax for type A insurance .....\$ \_\_\_\_\_  
(Maximum Tax: \$21,000)

**(B) FIRE, MARINE, TRANSPORTATION, SURETY, FIDELITY, INDEMNITY, GUARANTY, WORKMAN'S COMPENSATION, EMPLOYER'S LIABILITY, PROPERTY DAMAGE, LIVESTOCK, VEHICLE, AUTOMATIC SPRINKLER, BURGLARY, OR ANY OTHER KIND OF INSURANCE WHATSOEVER NOT COVERED UNDER CLASS A.**

**1st Class:** When the gross receipts are not more than two thousand dollars (\$2,000), the tax shall be forty dollars (\$40).

**2nd Class:** When the gross receipts are more than two thousand dollars (\$2,000), and not more than four thousand dollars (\$4,000), the tax shall be sixty dollars (\$60).

**3rd Class:** When the gross receipts are more than four thousand dollars (\$4,000), and not more than six thousand dollars (\$6,000), the tax shall be eighty dollars (\$80).

**4th Class:** When the gross receipts are more than six thousand dollars (\$6,000), the tax shall be eighty dollars (\$80) plus an additional seventy dollars (\$70) for each ten thousand dollars (\$10,000), or fraction thereof, in excess of six thousand dollars (\$6,000).

Total Premiums collected .....\$ \_\_\_\_\_

Total Tax for type B insurance .....\$ \_\_\_\_\_  
(Maximum tax: \$9,000)

Total Tax for type A insurance .....\$ \_\_\_\_\_

Total Tax for type B insurance .....\$ \_\_\_\_\_

Total Tax due before R.S. 22:1076 Reduction .....\$ \_\_\_\_\_

R.S. 22:1076 reduction, if applicable (66.67%) .....\$ \_\_\_\_\_

**TOTAL TAX DUE** .....\$ \_\_\_\_\_

Tax Due January 1st, Delinquent on June 1st. Delinquent penalty is 5% per 30 days or fraction thereof, maximum of 25%. Interest is 1.25% per 30 days or fraction thereof until paid. Penalty and interest starts on June 1st.