



## Foreign & Alien Insurance Tax Summary

Company Name _____	Federal ID _____
Contact Person _____	Contact E-Mail _____

	<u>Premium/Retaliatory</u>	<u>Fire Marshal</u>	<u>Total</u>
Total Annual Taxes (per Tax Return)	_____	_____	_____
Less Advance Payments (Due Oct. 15)	_____	_____	_____
Remaining Tax Due	_____	_____	_____
<b>Total This Payment</b>	_____	_____	<input type="text"/>

**IMPORTANT NOTICE: ALL PREMIUM TAX PAYMENTS MUST BE SUBMITTED BY EFT\ACH TO THE TREASURER OF STATE. DO NOT ATTACH A COVER LETTER OR ANYTHING TO THIS FORM. DO NOT EMAIL OR MAIL ANY TAX RETURNS TO THE TREASURER OF STATE. DO NOT SEND A COPY OF THIS FORM TO THE OHIO DEPARTMENT OF INSURANCE.**

**When making your EFT\ACH payments please email this form immediately to [Kelly.Alvis@tos.ohio.gov](mailto:Kelly.Alvis@tos.ohio.gov)**

**PLEASE INDICATE BELOW ANY CHANGES TO THE FOLLOWING COMPANY INFORMATION:**

Company Name _____	Federal ID _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Telephone Number _____		