

**SURPLUS LINES
TAX REPORT**

Ref: Section Ins 6.17,
Wis. Adm. Code



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

To: Surplus Lines Agent

Please find attached the Surplus Lines Tax Report required pursuant to s. Ins 6.17, Wis. Adm. Code.

PLEASE INDICATE THE INDIVIDUAL SURPLUS LINES AGENT THAT THE BUSINESS WAS WRITTEN THROUGH, DO NOT INDICATE AN AGENCY NAME WHEN SUBMITTING THIS FILING.

The agent will be held accountable for the tax filings; failure to file may result in disciplinary action. **IF THERE HAS BEEN NO BUSINESS WRITTEN DURING THE PRIOR YEAR, PLEASE RETURN THE TAX FORM TO THIS OFFICE INDICATING “NO BUSINESS WRITTEN.”**

Return this form along with check payable to the Commissioner of Insurance on or before March 1.

If you have any questions, please contact:

Julie Wipperfurth
(608) 261-8284
julie.wipperfurth@wisconsin.gov.

Attachment

SURPLUS LINES TAX REPORT



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 Office of the Commissioner of Insurance
 P. O. Box 7873
 Madison, WI 53707-7873

Ref: Section Ins 6.17, Wis. Adm. Code

Instructions: Provide complete information for each surplus lines filing through December 31. **IF THERE HAS BEEN NO BUSINESS WRITTEN DURING THE PRIOR YEAR, PLEASE RETURN THE TAX FORM TO THIS OFFICE INDICATING "NO BUSINESS WRITTEN."** The tax rate for all lines is 3% on gross premium (**gross premium is defined as premium plus any fees charged**). Tax may be rounded to the nearest dollar amount. Send all Surplus Lines Tax Report forms, with a check for premium tax due, payable to the Commissioner of Insurance, to the above address, on or before **MARCH 1**.

Name Agent (No Agencies)		For Year Ending December 31, _____		National Producer Number (NPN)		Date
Business Address				E-mail Address		
City		State	Zip Code (+4)		Phone No.	
Name of Insured	Name of Insurer		Contract Number	Term and Effective Date	Premium + Fees Charged	Premium Tax Collected
TOTALS					\$	\$