

Directly Placed Unauthorized Tax Report

Ref: Section Ins 6.19, Wis. Adm. Code

Person or Organization Insured						Date	
ddress							
			Year Ended December 31,				
Contract Number (1)	Effective Date (2)	Expiration Date (3)	Name and Address of Insurance Company (4)	Description or Type of Coverage (5)	Premium Charged (6)	3% Tax on Premium (7)	
			Premium Charged Total Column (6) Tax Due @ 3% Total Column (7)	\$\$ \$			
			Amount Enclosed	\$	-		
	The undersig	ned certifies that this rep	ort is true and correct according to the	e best of his or her information, kn	owledge, and belief.		