



Surplus Lines Premium Tax Summary

Please note: This form is now available at www.insurance.ohio.gov

If no money is due, this form does not need to be filed.

ON-LINE SYSTEM USER ID(S): SLTAX

(The number(s) must match the number(s) used when reporting ALL business on-line to the Dept. of Insurance)

Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **License #:** _____

Contact Person's E-Mail Address: _____

Risk Purchasing Group

Risk Retention Group

Surplus Lines Broker

Unauthorized Business

Direct Premium

Reporting Period:

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GROSS PREMIUMS CHARGED	GROSS PREMIUMS RETURNED	EXEMPT PREMIUMS	SUB TOTAL	5% TAX DUE

Please return this form, along with your remittance to:

MAILING ADDRESS:

Treasurer, State of Ohio
P.O. Box 163458
Columbus, OH 43216-3458

or

OVERNIGHT DELIVERY ADDRESS:

Treasurer, State of Ohio
30 E. Broad Street
9th Floor – Attn: Revenue Management
Columbus, OH 43215

Make checks or money orders payable to "Treasurer, State of Ohio"

Payments for the prior calendar year's Surplus Lines Taxes are due **March 31st**. Payments received after the due date will be assessed a **25% late payment penalty**. If you have any questions regarding payments, please contact **Felisa Brown** at **(614) 644-3353**.