



## 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:

- 1. All Premium Tax Payments MUST be submitted by EFT to the Ohio Treasurer of State. (Do not send checks).**
- 2. EFT questions please contact the Ohio Treasurer of State EFT Help Desk at 877-338-6446.**
- 3. Do not attach a cover letter or any miscellaneous items to this form.**
- 4. Do not email or mail any Tax returns to the Ohio Treasurer of State.**
- 5. Do not send a copy of this form to the Ohio Department of Insurance or attach to the electronic tax submission.**

**Immediately after making your EFT payments please email this form to [TOSINS@tos.ohio.gov](mailto:TOSINS@tos.ohio.gov).**

**PLEASE INDICATE BELOW ANY PAYMENT CONTACT CHANGES FOR YOUR COMPANY:**

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