

SURPLUS LINES PREMIUM TAX SUMMARY

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

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** _____

IF NO MONEY IS DUE, THIS FORM DOES NOT NEED TO BE FILED.

Reporting Period:

GROSS PREMIUMS CHARGED	GROSS PREMIUMS RETURNED	EXEMPT PREMIUMS	SUBTOTAL	5% TAX DUE

Please return this form, along with your remittance, payable 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 St.
9th Floor – Attn: Revenue Management
Columbus, OH 43215**

Payments for the prior calendar year's Surplus Lines Taxes are due January 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**.