

**Florida Department of Revenue  
Insurance Premium Taxes and Fees Return  
For Calendar Year 2013**

**DR-908  
R. 01/14**

Rule 12B-8.003  
Florida Administrative Code  
Effective 01/14

**DOR USE ONLY**

--	--	--	--	--	--	--	--

**POSTMARK OR HAND-DELIVERY DATE**

**FEIN**  **Florida Code**  **Business Partner No.**

**Name**  
**Address**  
**City/St/ZIP**

Original Return       Final Return  
 Amended Return

Reason for amended or final return: \_\_\_\_\_  
\_\_\_\_\_

**Computation of Insurance Premium Taxes and Fees**

	US Dollars	Cents
1. Total Premium Tax Due (Schedule I) .....	1. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
2. Credits Against the Tax (Schedule III) .....	2. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
3. Net Premium Tax Due (If Line 1 minus Line 2 equals less than zero, enter zero) .....	3. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
4. State Fire Marshal Regulatory Assessment (Schedule X) .....	4. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
5. Wet Marine and Transportation Tax (Schedule XI) .....	5. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
6. Firefighters' Pension Trust Fund (Schedule XII) .....	6. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
7. Municipal Police Officers' Retirement Trust Fund (Schedule XIII) .....	7. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
8. Retaliatory Tax (Schedule XIV) .....	8. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
9. Filing Fees (Note: Prepaid limited health service organizations, legal expense insurance corporations, and fraternal benefit societies must report and pay all filing fees to the Office of Insurance Regulation) .....	9. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
10. Commercial/Residential Policy Surcharge (Schedule XVI) plus Payment Due from Refund (Schedule XVII) .....	10. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
11. Total Tax Due (Sum of Line 3 through Line 10) .....	11. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>

DR-908

**Form DR-908 is a machine-readable form. Please follow the hand print or machine print instructions. Use black ink.**

If hand printing this document, print your numbers as shown and write one number per box. Write within the boxes.

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

If typing this document, type through the boxes and type all of your numbers together.

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

**Payment Coupon 2013 Insurance Premium Taxes and Fees**

**Do not detach coupon.**

**DR-908  
R. 01/14**

To ensure proper credit to your account, enclose your check with tax return when mailing.

Check here if you transmitted funds electronically  **DR-908**  
Enter name and address, if not pre-addressed:

**Return is due March 1, 2014**

**Name**  
**Address**  
**City/St/ZIP**

	US Dollars	Cents
Total amount due from Line 16	<input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
Overpayment to be Refunded from Line 17	<input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>	. <input style="width: 40px; height: 20px; border: 1px solid red;" type="text"/>
<b>FEIN</b> Enter FEIN if not pre-addressed	<input style="width: 100%; height: 20px; border: 1px solid red;" type="text"/>	
<b>Business Partner Number</b>	<input style="width: 100%; height: 20px; border: 1px solid red;" type="text"/>	

Do not write in the space below.





Name \_\_\_\_\_ FEIN \_\_\_\_\_ Taxable Year \_\_\_\_\_

**SCHEDULE I**

**COMPUTATION OF INSURANCE PREMIUM TAX**  
**(Not To Be Used for Wet Marine and Transportation Tax)**  
**\*\*\* Include the Florida Business Page of Your Florida Annual Statement \*\*\***

	Types of Insurance	Total Premiums	Tax Rate	Tax Due
1.	Property/Casualty/Miscellaneous			
	a. Plus: Additional Taxable Premiums			
	b. Less: Excluded Premiums			
	c. Total Taxable Premiums		1.75%	
2.	Life and Accident and Health			
	a. Plus: Additional Taxable Premiums			
	b. Less: Excluded Premiums			
	c. Total Taxable Premiums		1.75%	
3.	Prepaid Limited Health Service Organizations		1.75%	
4.	Commercial Self-Insurance Funds		1.60%	
5.	Group Self-Insurance Funds		1.60%	
6.	Medical Malpractice Self-Insurance		1.60%	
7.	Assessable Mutual Insurers		1.60%	
8.	Corporation Not-for-Profit Self-Insurance Funds		1.60%	
9.	Public Housing Authorities Self-Insurance Funds (see instructions)		1.60%	
10.	Annuity Premiums (Schedule II, Line 3)			
11.	Total Premium Tax Due (Add Lines 1c, 2c, and 3 through 10. Enter here and on Page 1, Line 1)* →			

\* If zero or less, enter -0-

**SCHEDULE II**

**ANNUITY CONSIDERATION PREMIUMS**

	Types of Insurance	Total Premiums	Tax Rate	Tax Due
1.	Annuity Premiums		1.00%	
2.	Premium Tax Savings Derived <b>and Credited to the "Holders"</b> (If none, enter zero "0")			
3.	Total Annuity Premiums Due (Line 1 minus Line 2. Enter here and on Schedule I, Line 10)* →			

\* If zero or less, enter -0-

**SCHEDULE III**

**CREDITS AGAINST THE PREMIUM TAX**

1.	Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4)	
2.	Firefighters' Pension Trust Fund Credit (Schedule XII- B, Line 3, minus credit used Schedule XI, Line 6)	
3.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3 minus credit used Schedule XI, Line 7)	
4.	Eligible Corporate Income Tax Credit (Schedule V, Line 11)	
5.	Salary Tax Credit (Schedule V, Line 12 plus Schedule V, Line 13)	
6.	Florida Life and Health Insurance Guaranty Association Credit (Schedule VII, Line 1)	
7.	Community Contribution Credit (Total credits approved under s. 624.5105, F.S., minus credit used Schedule XI, Line 8) (Enter here and include on Schedule XIV, Line 12, Column A)	
8.	Child Care Tax Credits (Total credits approved less credits used on Schedule XI, Line 9)	
9.	Certified Capital Company (CAPCO) Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
10.	Capital Investment Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
11.	Credit for Contributions to Nonprofit Scholarship Funding Organizations (Schedule V, Line 14), (Enter here and include on Schedule XIV, Line 12, Column A)	
12.	New Markets Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
13.	Total Credits (Sum of Line 1 through Line 12. Enter here and on Page 1, Line 2) →	



Name \_\_\_\_\_ FEIN \_\_\_\_\_ Taxable Year \_\_\_\_\_

**SCHEDULE IV COMPUTATION OF SALARY CREDIT**

**\*\*\* Include Your Florida Department of Revenue Forms RT-6 and RTS-71 if Claiming this Credit \*\*\***

1.	Total Premium Tax Due (Schedule I, Line 11)	
2.	Less: Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3)	
3.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
4.	Corporate Income Tax Paid (Florida Form F-1120, Line 13)	
5.	Total (Line 1 minus Line 2 through Line 4)*	
6.	Eligible Florida Salaries (See Instructions)	
7.	Multiply Line 6 by .15	
8.	Salary Credit - (Enter the lesser of Line 5 or Line 7 here and on Schedule V, Line 4)*	→

\* If zero or less, enter -0-

**SCHEDULE V CORPORATE INCOME, SALARY AND SFO CREDIT LIMITATION**

1.	Total Corporate Income Tax Paid (Florida Form F-1120, Line 13)**	
2.	Less: Corporate Income Tax Credit Taken against Wet Marine and Transportation Insurance Tax (Schedule XI, Line 5)	
3.	Eligible Net Corporate Income Tax (Line 1 minus Line 2)	
4.	Salary Credit (Schedule IV, Line 8)	
5.	Total Premium Tax Due (Schedule I, Line 11)	
6.	Less: Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4)	
7.	Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3)	
8.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
9.	Premium Tax Due After Deductions (Line 5 minus Lines 6 through 8)	
10.	Corporate Income Tax and Salary Credit Limitation (Multiply Line 9 by .65)	
11.	Eligible Net Corporate Income Tax Credit (Enter the lesser of Line 3 or Line 10 here and on Schedule III, Line 4)*	→
12.	Salary Tax Credit (Enter the lesser of Line 4 or the difference between Lines 10 and 11 here and on Schedule III, Line 5)* A reduction to the salary credit may be required if the election under s. 624.509(5)(a)2, F.S., applies (see instructions).	→
13.	Transfer of Enterprise Zone Excess Salary Credit from Affiliate (This line cannot exceed Line 10 minus Lines 11 and 12. Include attachment per instructions.)	→
14.	Credit for Contributions to Nonprofit Scholarship Funding Organizations [Enter the lesser of your 2013 eligible contributions plus approved carry forwards or the result of (Schedule V, Line 9 less Lines 11, 12, and 13) here and on Schedule III, Line 11.] Attach copies of the certificates of contribution from each nonprofit scholarship funding organization.	

\* If zero or less, enter -0-

\*\* If you filed on a consolidated basis for corporate income tax, you MUST include a schedule showing how the credit is claimed by each subsidiary.



Name \_\_\_\_\_ FEIN \_\_\_\_\_ Taxable Year \_\_\_\_\_

**SCHEDULE VI WORKERS' COMPENSATION ADMINISTRATIVE ASSESSMENT CREDIT LIMITATION**

**\*\*\* Include Your Florida Carrier and Self Insurance Fund Quarterly Premium Reports if Claiming this Credit\*\*\***

1.	Workers' Compensation Premiums Written (Annual Statement - Florida Business, Line 16)*	
2.	Multiply Line 1 by .0175 (Self Insurers multiply by .016)	
3.	Administrative Assessments Paid to Workers' Compensation Trust Fund (Florida Carrier and Self Insurance Fund Quarterly Premium Reports must be attached)	
	a. First Quarter Assessment _____ b. Second Quarter Assessment _____	
	c. Third Quarter Assessment _____ d. Fourth Quarter Assessment _____	
	Total Administrative Assessments Paid*	
4.	Workers' Compensation Administrative Assessment Credit (Enter the lesser of Line 2 or 3 here and on Schedule III, Line 1)*	→

\* If zero or less, enter -0-

**SCHEDULE VII FLORIDA LIFE & HEALTH INSURANCE GUARANTY ASSOCIATION CREDIT (FLAHIGA)**

**\*\*\* Be Sure To Include Your FLAHIGA Certificates of Contribution if Claiming this Credit \*\*\***

Year	Total Class B and C Assessments Paid	- Refunds	= Total Assessments Paid	x Rate	= Credit Amount	Year
1983				.001		1983
1984				.001		1984
1985				.001		1985
1986				.001		1986
1987				.001		1987
1988				.001		1988
1989				.001		1989
1990				.001		1990
1991				.001		1991
1992				.001		1992
1993				.001		1993
1994				.001		1994
1995		*		.001		1995
1996				.001		1996
1997				.050		1997
1998		*		.050		1998
1999				.050		1999
2000				.050		2000
2001				.050		2001
2002				.050		2002
2003				.050		2003
2004				.050		2004
2005				.050		2005
2006				.050		2006
2007				.050		2007
2008				.050		2008
2009				.050		2009
2010				.050		2010
2011				.050		2011
2012				.050		2012
1. Total FLAHIGA Credit (Enter here and on Schedule III, Line 6) <sup>(1)</sup>				→		

\* In 2002, refunds were issued by FLAHIGA from the 1995 and 1998 assessments. These refunds must be subtracted from the original assessments to properly calculate the amount of FLAHIGA credit.

<sup>(1)</sup> If zero or less, enter -0-



Name \_\_\_\_\_ FEIN \_\_\_\_\_ Taxable Year \_\_\_\_\_

**SCHEDULES VIII AND IX**

**NOT USED**

**SCHEDULE X STATE FIRE MARSHAL REGULATORY ASSESSMENT TAX/SURCHARGE**

	Types of Fire Premiums	Total Premiums	Fire Percentage	Taxable Premiums
1.	Fire - Residential		93%	
2.	*Fire - Commercial	*	93%	
3.	*Commercial Multiple Peril <sup>(1)</sup>	*	15%	
4.	*Commercial Multiple Peril – Rental Condo Units <sup>(1)</sup>	*	25%	
5.	*Farmowners Multiple Peril	*	15%	
6.	*Crop Hail	*	0%	
7.	Residential Allied Lines		5%	
8.	*Commercial Allied Lines	*	5%	
9.	Homeowners Multiple Peril		25%	
10.	Ocean Marine		10%	
11.	Inland Marine		12%	
12.	Earthquake		5%	
13.	Other			
14.	Total Taxable Premiums (Sum of Line 1 through Line 13)			
15.	State Fire Marshal Tax Due (Multiply Line 14 by .01) <sup>(2)</sup>			→
16.	*Additional Premiums Subject to Surcharge (See Instructions)			
17.	*Total Premiums Subject to Surcharge (See Instructions)			
18.	Surcharge Due (Multiply Line 17 by .001) <sup>(2)</sup>			→
19.	Total State Fire Marshal Tax Due Plus Total Surcharge Due (Line 15 plus Line 18) (Enter here and on Page 1, Line 4)			→

(1) Report the combined total for both the “non-liability” and “liability” portions.

(2) If zero or less, enter -0-

**SCHEDULE XI WET MARINE AND TRANSPORTATION TAX**

1.	Net Premiums (See Instructions)	
2.	Less: Net Losses Paid	
3.	Gross Underwriting Profit (Line 1 minus Line 2)*	
4.	Wet Marine and Transportation Tax (Multiply Line 3 by .0075)	
5.	Corporate Tax Credit (Florida Form F-1120, Line 13)	
6.	Firefighters’ Pension Trust Fund Credit (Schedule XII-B, Line 3)	
7.	Municipal Police Officers’ Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
8.	Community Contribution Credit (Total credits approved under s. 624.5105, F.S.)	
9.	Child Care Tax Credits (Total credits approved)	
10.	Net Tax Due (Line 4 minus Lines 5 through 9. Enter here and on Page 1, Line 5)	→

\* If zero or less, enter -0-





Name \_\_\_\_\_ FEIN \_\_\_\_\_ Florida Code \_\_\_\_\_

**SCHEDULE XII - B FIREFIGHTERS' PENSION TRUST FUND**

Code	Municipality/ Fire Control District	Total Taxable Premiums	Code	Municipality/ Fire Control District	Total Taxable Premiums
590	Lynn Haven		825	Redington Shores	
592	Macclenny		831	Riviera Beach	
595	Madison		836	Rockledge	
596	Maitland		844	Safety Harbor	
602	Mangonia Park		846	St. Augustine	
603	Marathon		849	St. Cloud	
604	Marco Island		855	St. Petersburg	
607	Marianna		856	St. Pete Beach	
620	Melbourne		865	Sanford	
626	Miami		869	Sarasota	
627	Miami Beach		870	Satellite Beach	
640	Milton		871	Sea Ranch Lakes	
645	Miramar		874	Sebring	
649	Monticello		875	Seminole	
655	Mount Dora		896	South Pasadena	
666	Naples		900	Starke	
671	Neptune Beach		909	Sunrise	
675	New Port Richey		916	Tallahassee	
676	New Smyrna Beach		918	Tampa	
687	North Miami Beach		919	Tamarac	
690	North Port		920	Tarpon Springs	
691	North Redington Beach		921	Tavares	
693	Oakland Park		925	Temple Terrace	
695	Ocala		926	Tequesta	
698	Ocean Ridge		930	Titusville	
701	Ocoee		938	Valparaiso	
706	Okeechobee		941	Venice	
709	Oldsmar		944	Vero Beach	
722	Orange Park		946	Village of North Palm Beach	
725	Orlando		966	West Palm Beach	
728	Ormond Beach		978	Wilton Manors	
736	Oviedo		980	Windermere	
743	Palatka		984	Winter Garden	
744	Palm Bay		985	Winter Haven	
746	Palm Beach Gardens		986	Winter Park	
747	Palm Beach Shores				
748	Palm Coast				
754	Panama City				
755	Panama City Beach				
761	Parkland				
770	Pembroke Pines				
773	Pensacola				
776	Perry				
787	Pinellas Park				
789	Plantation				
790	Plant City				
796	Pompano Beach				
801	Port Orange				
811	Punta Gorda				
816	Quincy				
824	Redington Beach				

**In addition to completing Schedule XII, you must answer Question B on Page 2.**

Subtotal from Page 7 ..... 1.

Subtotal from Page 8 ..... 2.

Total Tax ..... 3.

[Line 1 plus Line 2 times 1.85% (.0185).  
Enter here and on Page 1, Line 6] (If zero or less, enter 0)

**Use the physical location of the property when allocating premiums to the fire control district or municipality. Do NOT use ZIP codes. For more information, see instructions.**





Name \_\_\_\_\_ FEIN \_\_\_\_\_ Florida Code \_\_\_\_\_

**SCHEDULE XIII - A MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND**

Code	Municipality	Total Taxable Premiums	Code	Municipality	Total Taxable Premiums
106	Altamonte Springs		427	Gulfport	
118	Apopka		431	Haines City	
119	Arcadia		432	Hallandale Beach	
128	Atlantic Beach		442	Hialeah	
130	Auburndale		443	Hialeah Gardens	
132	Aventura		458	Holly Hill	
134	Avon Park		459	Hollywood	
141	Bal Harbour Village		461	Holmes Beach	
148	Bartow		464	Homestead	
151	Bay Harbor Island		472	Howey-in-the-Hills	
167	Belleair		477	Indialantic	
169	Bellevue		479	Indian Harbour Beach	
183	Boca Raton		480	Indian River Shores	
191	Boynton Beach		481	Indian Shores	
192	Bradenton		491	Jacksonville (Consol.)	
203	Brooksville		492	Jacksonville Beach	
212	Bushnell		501	Jupiter	
222	Cape Coral		505	Key Biscayne	
229	Casselberry		509	Key West	
251	Clearwater		515	Kissimmee	
253	Clermont		524	Lady Lake	
257	Cocoa		526	Lake Alfred	
258	Cocoa Beach		530	Lake City	
265	Cooper City		536	Lake Helen	
268	Coral Gables		539	Lake Mary	
270	Coral Springs		544	Lake Wales	
278	Crescent City		545	Lake Worth	
279	Crestview		546	Lakeland	
287	Dade City		551	Lauderhill	
288	Dania Beach		552	Lantana	
292	Davie		553	Largo	
293	Daytona Beach		560	Leesburg	
296	Deerfield Beach		578	Longboat Key	
298	Deland		579	Longwood	
301	Delray Beach		590	Lynn Haven	
317	Dunnellon		595	Madison	
326	Eatonville		596	Maitland	
331	Edgewater		604	Marco Island	
349	Eustis		607	Marianna	
359	Fernandina Beach		618	Medley	
361	Flagler Beach		620	Melbourne	
371	Fort Lauderdale		621	Melbourne Beach	
374	Fort Myers		626	Miami	
377	Fort Pierce		627	Miami Beach	
379	Fort Walton Beach		628	Miami Shores Village	
384	Frostproof		629	Miami Springs	
387	Gainesville		640	Milton	
400	Golden Beach		645	Miramar	
415	Green Cove Springs		649	Monticello	
416	Greenacres		655	Mount Dora	
425	Gulf Breeze				
			<b>Subtotal</b>		



Name \_\_\_\_\_ FEIN \_\_\_\_\_ Florida Code \_\_\_\_\_

**SCHEDULE XIII - B MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND**

Code	Municipality	Total Taxable Premiums	Code	Municipality	Total Taxable Premiums
666	Naples		912	Sweetwater	
671	Neptune Beach		916	Tallahassee	
675	New Port Richey		918	Tampa	
676	New Smyrna Beach		919	Tamarac	
686	North Miami		920	Tarpon Springs	
687	North Miami Beach		921	Tavares	
690	North Port		925	Temple Terrace	
693	Oakland Park		926	Tequesta	
695	Ocala		930	Titusville	
701	Ocoee		936	Umatilla	
706	Okeechobee		938	Valparaiso	
722	Orange Park		941	Venice	
725	Orlando		944	Vero Beach	
728	Ormond Beach		946	Village of North Palm Beach	
736	Oviedo		947	Village of Palm Springs	
743	Palatka		954	Wauchula	
744	Palm Bay		963	West Melbourne	
746	Palm Beach Gardens		966	West Palm Beach	
752	Palmetto		976	Williston	
754	Panama City		978	Wilton Manors	
755	Panama City Beach		984	Winter Garden	
761	Parkland		985	Winter Haven	
770	Pembroke Pines		986	Winter Park	
773	Pensacola				
776	Perry				
787	Pinellas Park				
789	Plantation				
790	Plant City				
796	Pompano Beach				
801	Port Orange				
807	Port St. Lucie				
811	Punta Gorda				
816	Quincy				
831	Riviera Beach				
836	Rockledge				
839	Royal Palm Beach				
846	St. Augustine				
849	St. Cloud				
855	St. Petersburg				
856	St. Pete Beach				
865	Sanford				
867	Sanibel				
869	Sarasota				
870	Satellite Beach				
873	Sebastian				
874	Sebring				
879	Shalimar				
894	South Miami				
900	Starke				
909	Sunrise				
911	Surfside				

**In addition to completing Schedule XIII, you must answer Question B on Page 2.**

Subtotal from Page 9 ..... 1.

Subtotal from Page 10 ..... 2.

Total Tax ..... 3.

[Line 1 plus Line 2 times .85% (.0085).  
Enter here and on Page 1, Line 7] (If zero or less, enter 0)

**Use the physical location of the property when allocating premiums. Do NOT use ZIP codes. For more information, see instructions.**



Name \_\_\_\_\_ FEIN \_\_\_\_\_ Taxable Year \_\_\_\_\_

**SCHEDULE XIV RETALIATORY TAX COMPUTATION**

		<b>Column A State of Florida*</b>	<b>Column B State of Incorporation*</b>
1.	Net Premium Tax Due (Page 1, Line 3 plus Line 5. See note below)		
2.	80% of Salary Tax Credit Taken (Page 3, Schedule III, Line 5)		
3.	Total Corporate Income Tax (See note below)		
4.	Enterprise Zone Portion of 20% of Salary Credit Taken (See instructions)		
5.	Firefighters' Pension Trust Fund		
6.	Municipal Police Officers' Retirement Trust Fund		
7.	Florida Insurance Guaranty Association (FIGA) (Assessments on the Property Portion of Insurance Premiums only)		
8.	Fire Marshal Taxes		
9.	Annual and Quarterly Statement Filing Fees		
10.	Annual License Tax and Certificate of Authority		
11.	Agents' Fees		
12.	Other Taxes and Fees (Include Schedule)		
13.	Workers' Compensation Credit		
14.	Total (Sum of Lines 1 through Line 13)		
15.	Retaliatory Tax Due [Line 14, Column B (State of Incorporation) minus Line 14, Column A (State of Florida). Enter here and on Page 1, Line 8.]* <span style="float: right;">→</span>		

**NOTE: Compute Column B using the state of incorporation's tax law to determine tax owed using Florida premiums, personnel, and property. Attach all applicable returns and schedules.**

\* If zero or less, enter -0-



Name \_\_\_\_\_ FEIN \_\_\_\_\_ Taxable Year \_\_\_\_\_

**SCHEDULE XV**

**NOT USED**

**SCHEDULE XVI**

**SURCHARGE ON COMMERCIAL/RESIDENTIAL POLICIES**

Type of Policy	Policies Subject to Surcharge (sum of 4 quarters)	Rate	Surcharge Due
A. Commercial		X \$ 4.00	A.
B. Residential		X \$ 2.00	B.
Total Surcharge Due for the Calendar Year (Total A + B). *Enter here and include on Page 1, Line 10 with total from Schedule XVII. →			

\* The Total Surcharge Due should be greater than the sum of the first three quarters reported on Forms DR-907.

**SCHEDULE XVII**

**PAYMENT DUE FROM FLORIDA LIFE AND HEALTH  
INSURANCE GUARANTY ASSOCIATION (FLAHIGA) REFUND**

1. Total payment due from FLAHIGA refunds received this year, if any, and previously claimed as credit. Enter here and include on Page 1, Line 10 with total from Schedule XVI. See instructions. →	
---	--

----- Detach Here -----

**Change of Address or Business Name**

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:

FLORIDA DEPARTMENT OF  
REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0100

**CHANGE  
IN  
New  
Location  
Address**

FEIN of Entity   -

Business Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

In Care of \_\_\_\_\_

**New  
Mailing  
Address**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Owner's Telephone (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

**New  
Business  
Name  
New  
Corporation  
Name**

DBA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Officer (Required) Date