

Commonwealth of Kentucky

Department of Insurance

City, County, or Urban County Government Quarterly Insurance Premium Tax Return

For the period (date):	Company officer responsible for preparing return:
For Premiums Collected by (Insurance Company)	
Name:	Name:
Address (City, State, Zip):	Title:
	Street Address:
(Employer Identification Number Assigned by Internal Revenue Service)	
	City, State, Zip:
(NAIC Number)	Phone:
Name of City, County, or Urban County Government	MADISONVILLE, KENTUCKY
Remit to: City of Madisonville-Finance	* P.O. Box 1270 * Madisonville KY 42431

Line of Insurance	(1) Established Tax Rate %	(2) Premiums Received	(3) Tax Payable (1) X (2)	(4) Collection Fee Retained	(5) Amount Collected From Policyholders
Casualty	8.5%				
Fire & Allied Perils	8.5%				
Health	N/A				
Inland Marine	8.5%				
Life	8.5%				
Motor Vehicle	8.5%				
Other	8.5%				
Credits (Form LGT 142)					
Total					

I hereby certify that the information provided is an accurate statement of the premiums received.

(Signature of Company Officer
Responsible for Preparing this Return)

(Date)

Due 30 Days After Each Calendar Quarter
