

New Mexico Taxation and Revenue Department Insurance Premium Life and Health Quarterly Return

NAME OF INSURER:	NAIC NUMBER:
STREET/BOX:	FEIN, SSN, or ITIN:
CITY, STATE, ZIP	E-MAIL:
CONTACT NAME:	PHONE:

WHO MUST FILE: Taxpayers (Insurers) subject to Premium Tax and Health Insurance Premium Surtax as outlined in the Insurance Premium Tax Act must file the Form TRD-41394, Insurance Premium Life and Health Return (IPH) Quarterly Return. The insurance premium tax estimated payments and returns are due on or before the 15th day of the month following the close of the calendar quarter. Estimated payments must be one-fourth of the payment made during the previous calendar year or one-fifth of the actual payment due for the current calendar year, whichever is greater. The final adjustment for payments due for the prior year shall be made with the return filed on April 15th. **E-FILE:** You can e-file and e-pay IPP using the Department's Taxpayer Access Point (TAP) website at <https://tap.state.nm.us>.

Tax Period:

Month	Day	Year

 through

Month	Day	Year

Check if amended Reason for amending: _____

Life Premium Tax

1. Prior Year Life Tax Liability (as reported on prior year's annual premium tax filing)	1.	
2. 25% of Total Prior Year Tax Liability (multiply line 1 by 25%)	2.	
3. 20% of Tax Due for Current Quarter	3.	
4. Quarterly Amount Due (enter greater amount from line 2 and line 3)	4.	

Health Premium Tax

5. Prior Year Health Tax Liability (as reported on prior year's annual premium tax filing)	5.	
6. 25% of Total Prior Year Tax Liability (multiply line 5 by 25%)	6.	
7. 20% of Tax Due for Current Quarter	7.	
8. Quarterly Amount Due (enter greater amount from line 6 and line 7)	8.	

Surtax

9. Prior Year Surtax Liability (as reported on prior year's annual premium tax filing)	9.	
10. 25% Total Prior Year Tax Liability (multiply line 9 by 25%)	10.	
11. 20% of Tax Due for Current Quarter	11.	
12. Surtax Amount Due (enter greater amount from line 10 and line 11)	12.	

Total

13. Tax Due (add amounts reported on lines 4, 8, and 12)	13.	
14. Penalty	14.	
15. Interest	15.	
16. Total Amount Due	16.	

Taxpayer's Signature	
I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.	
Authorized Signature	Date
Title	Phone Number

New Mexico Taxation And Revenue Department
**Insurance Premium Life and Health Tax
Quarterly Return Instructions**

LEGISLATION

Effective January 1, 2020 under new legislation the Insurance Premium Tax Act was created transferring the duty to collect Insurance Premium Taxes to the Taxation and Revenue Department.

WHO MUST FILE

Every taxpayer, insurer, and surplus lines broker subject to the provisions of the Insurance Premium Tax Act shall pay any applicable fees and charges as are required under the Insurance Code. Companies that have written zero premiums are still required to file both quarterly and annual premium tax returns. Lines of business may not be combined on a single return. Premium tax returns must be submitted for each line of business in which the company is licensed to transact business.

Important: Balances and Credits have been removed from all returns. Any overpayments will require RPD-41071, *Application for Refund*, to be submitted to the department along with supporting documents and an Amended Return if applicable.

COMPLETED RETURNS

All fields in the form must be completed. No field should be left blank. For numeric fields requiring a balance, mark the field as zero if there no activity or balance related to that field. For forms to be considered complete, they must be signed, with the Title and Date entered by Authorized Representative.

QUARTERLY PREMIUM TAX RETURNS

As specified in NMSA 1978, Section 7-40-7(A), for each calendar quarter, an estimated payment of the premium tax and the health insurance premium surtax shall be made on April 15, July 15, October 15 and the following January 15.

PAYMENTS

The estimated payments shall be equal to at least one-fourth of the payment made during the previous calendar year or one-fifth of the actual payment due for the current calendar year, whichever is greater. Refer to FYI 401, Special Payment Methods for more information. Make the check or money order payable to New Mexico Taxation and Revenue Department. Mail the payment and all required documentation to Taxation and Revenue Department, P.O. Box 5557, Santa Fe, NM 87502 Email: INSPremium.Outreach@state.nm.us. Certified or overnight mailing address: Attn-Insurance Premium Tax, 1200 S. St. Francis Drive, Santa Fe, New Mexico 87504.

NOTE: When you provide a check as payment, you authorize us to use information from your check to make a onetime electronic fund transfer from your account. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as

soon as the same day you make your payment.

LINE INSTRUCTIONS

Line 1. Prior Year Life Tax Liability. Enter the prior year tax liability as reported on Net Premium Tax Liability line of the prior year annual premium tax filing.

Line 2. 25% of Total Prior Year Tax Liability. Multiply Line 1 by 25%.

Line 3. 20% of Tax Due for the Current Quarter. .

Line 4. Quarterly Amount Due. Enter the greater amount from Line 2 and Line 3.

Line 5. Prior Year Health Liability. Enter the prior year tax liability as reported on Net Premium Tax Liability line of the prior year annual premium tax filing.

Line 6. 25% of Total Prior Year Tax Liability. Multiply Line 5 by 25%.

Line 7. 20% of Tax Due for the Current Quarter.

Line 8. Quarterly Amount Due. Enter the greater amount from Line 6 and Line 7.

Line 9. Prior Year Surtax Liability.

Line 10. 25% Total Prior Year Tax Liability. Multiply line 10 by 25%.

Line 11. 20% of Tax Due for Current Quarter.

Line 12. Surtax Amount Due. Enter greater amount from Line 10 and 11.

Line 13. Total Due. Enter the sum of Lines 4, 8, and 12.

Line 14. Penalty. Add penalty if the entity fails to file timely or to pay the amount on Line 12 when due. Calculate the penalty by multiplying the amount on Line 12 by 2%, then by the number of months or partial months for which the return or payment is late, not to exceed 20% of the tax due. Penalty for failure to file or pay on time may not be less than \$5.00.

Line 15. Interest. Interest accrues daily on the unpaid principal of tax due, and it can change on a quarterly basis. You can find the effective annual and daily interest rates on the Department's web page at www.tax.newmexico.gov or by contacting the Department.

Line 16. Total due. Enter the total of Lines 13, 14, and 15. Pay this amount.