



DECLARATION OF QUARTERLY ESTIMATED TAX

For Second Quarter 2017

Taxpayer Information

NAIC Code: _____
 Company: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____-_____

Person to Contact Regarding This Report

Name: _____
 Phone: _____ Email: _____

Filing Summary

Select One:

- Quarterly amounts are based on 100% of 2016 Premium Tax: \$ _____ (2016 taxes paid)
 -OR-
 Quarterly modified amounts are based on 90% of the amount due in the current taxable year as stated by the Company: \$ _____

Quarterly Payment History for 2017:

Due Date	Quarterly Amount	Date Paid
April 15	\$ _____	_____
June 15	\$ _____	_____
September 15	\$ _____	_____
December 15	\$ _____	_____

Check Number: _____
 *ACH Payment #: _____
 State of Domicile: _____
 Date Paid: _____

Preparer's Signature: _____

Preparer's Printed Name: _____

* ACH Credit payment instructions can be obtained by emailing shelly.johnson1@maryland.gov