

DECLARATION OF QUARTERLY ESTIMATED TAX

For First Quarter 2018

Taxpayer Information

NAIC Code:		
Company:		
Address:	_	
City:	State:	ZIP Code:
<u> </u>	Person to Contact Regarding Th	nis Report
Name:		
Phone:		l:
	Filing Summary	
Select One:		
Quarterly amounts are I -OR-	pased on 100% of 2017 Premium Tax: \$	(2017 taxes paid)
Quarterly modified amo		due in the current taxable year as stated
Quarterly Payment History for 2	2018:	
Due Date	Quarterly Amount	Date Paid
April 16	\$	
June 15	\$	
September 17	\$	
December 17	\$	
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 fiscalserv.mia@maryland.gov