



DECLARATION OF QUARTERLY ESTIMATED TAX

For Second Quarter 2019

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 2018 Premium Tax: \$_____ (2018 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 2019:

Due Date	Quarterly Amount	Date Paid
April 15	\$ _____	_____
June 17	\$ _____	_____
September 16	\$ _____	_____
December 16	\$ _____	_____

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