Florida Department of Revenue Insurance Premium Taxes and Fees Return For Calendar Year 2011

DR-908 R. 01/12

Rule 12B-8.003
Florida Administrative Code

				P	оѕтм	DOR / ARK OF			LY VERY D	ATE		⊏πе	ective	71/12
FEIN	Florida Code	Business	Par	tner	No									
Name Address						riginal nende				Fin	al Re	turn		
City/St/ZIF				R -	leaso	n for a	ameno	ded o	r final	returi	n:			
П	Computation of Insurance Premium Taxes and Fee	es		<u> </u>			US D	ollars			—		Cei	nts
1.	Total Premium Tax Due (Schedule I)		1.											
2.	Credits Against the Tax (Schedule III)		2.			ــال								
3.	Net Premium Tax Due (If Line 1 minus Line 2 equals less than zero, enter zero)		3.											
4.	State Fire Marshal Regulatory Assessment (Schedule X)		4.						<u> </u>					
5.	Wet Marine and Transportation Tax (Schedule XI)		5.											
6.	Firefighters' Pension Trust Fund (Schedule XII)		6.			<u> </u>			_ ,					Ш
7.	Municipal Police Officers' Retirement Trust Fund (Schedule XIII)		7.						<u> </u>					
8.	Retaliatory Tax (Schedule XIV)		8.			Ш,			_ ,					
9.	Filing Fees (Note: Prepaid limited health service organizations, legal expense insurance benefit societies must report and pay all filing fees to the Office of Insurance Regulation)													
10.	Commercial/Residential Policy Surcharge (Schedule XVI) plus Payment Due from Refund (Schedule XVII)		10.											
11.	Total Tax Due (Sum of Line 3 through Line 10)		11.											
	The DR-908 is a machine-readable form. Please follow th inting this document, print your numbers as shown one number per box. Write within the boxes.	e hand print or If typing this documen of your numbers toget	t, type t		•					e bla			39	
Pa	yment Coupon 2011 Insurance Premium Taxes and Fe	es		Do	no	t det	ach	cou	pon.	ı			DR- 3. 01	
Chec	To ensure proper credit to your account, enclose k here if you transmitted funds electronically	se your check Return						mai	ling.			•	0 .	,
Enter	name and address, if not pre-addressed:	Total amount due fro			<u> </u>	U	S Dol	lars ⁻	1				Cent	s
		Line 16				_,				Щ		• <u>_</u>		
Name Address		Overpayment to be Refunded from Line	- 11			_,						. L		
City/St/ZIF		FEIN Enter FEIN if not pre-address	sed											
		Business Partner Number											Г	
	Do not write in the consequent													



3. Have you attached the Florida

Business Page of the Annual

Statement filed with the Florida Department of Financial Services?

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PO Box 6440

Tallahassee FL 32314-6440

DR-908 R. 01/12 Page 2

12. Less: li	nstallments Paid (include quarterly state	ement filing fees and surcharges).	See instructions.						r age z
1st Qu	arter2nd	Quarter	3rd Quarter						
If amer	nded return: Add amount paid with the	•				JS Dollars		_	Cents
		rith the original return (
Total Ir	nstallment Payments			12				_ •	
	5 0	10)	Check here if negative	40					
13. Net Tax	x Due or Overpayment (Line 11 minus Lin	e 12)		13			,	•	
14 Donalt	(100/ Lata Danalta)			14				١.	
14. Penalty	y (10% Late Penalty)			14.					
15. Interes	t (See instructions)			15.				١.	
	nt Due With This Return. Enter on paymer							_	
	of Lines 13, 14, and 15. If less than zero, ϵ	•		16.			, _		
,	,	,							
17. Overpa	ayment to be Refunded. Enter on payment	ent coupon also		17.	_		.		
Contact pers	con	Phone number			Fax number		<u>, </u>		
Contact perc		Thore named			T dx Humber				
E-mail addre	iss .	State of domicile			Location of co	orporate books			
	All Taxpaye	ers Are Required to Answer Q	uestions A and I	Belov	w as Approp	riate.			
salary		24.509(5)(a)2, Florida	address d jurisdiction Schedule Depart Softwa	atabasens repor XII and itment's are com	re company in e, when you so rted on Sched XIII instruction database npany's produ t they used th	ourced your lule XII and/ons for more i	premiums to or Schedule information.)	the lo	cal taxing lefer to
		that I have examined this return, including a				best of my know	rledge and belief	, it is true	, correct,
Sign here		rer (other than taxpayer) is based on all info	Title	r nas any r	knowledge.				
	Signature of officer (must be an original s	ignature) Date	Prepare	r _	Preparer's				
Paid	Preparer's signature	Date	check it	self-	PTIN				
preparers		Date	стрюу	ou _					
only	Firm's name (or yours if self-employed)		FEIN						
	and address		ZIP						
1. Have	you signed your check?	Make check payable a	nd mail to:		For refund	s, mail to:			
	you signed your return?	Florida Department of			Florida De	partment	of Revenu	ie	

5050 W Tennessee St

Tallahassee FL 32399-0150



Name	FEIN	Taxable Year

SCHEDULE I

COMPUTATION OF INSURANCE PREMIUM TAX (Not To Be Used for Wet Marine and Transportation Tax) *** Include the Florida Business Page of Your Florida Annual Statement ***

	Types of Insurance	Total Premiums	Tax Rate	Tax Due		
1.	Property/Casualty/Miscellaneous					
	a. Plus: Additional Taxable Premiums					
	b. Less: Excluded Premiums					
	c. Total Taxable Premiums		1.75%			
2.	Life and Accident and Health					
	a. Plus: Additional Taxable Premiums					
	b. Less: Excluded Premiums					
	c. Total Taxable Premiums		1.75%			
3.	Prepaid Limited Health Service Organizations		1.75%			
4.	Commercial Self-Insurance Funds		1.60%			
5.	Group Self-Insurance Funds		1.60%			
6.	Medical Malpractice Self-Insurance		1.60%			
7.	Assessable Mutual Insurers		1.60%			
8.	Corporation Not-for-Profit Self-Insurance Funds		1.60%			
9.	Public Housing Authorities Self-Insurance Funds (see instructions)		1.60%			
10.	Annuity Premiums (Schedule II, Line 3)					
11.	Total Premium Tax Due (Add Lines 1c, 2c, and 3 through 10. Enter here and on Page 1, Line 1)* →					

^{*} If zero or less, enter -0-

SCHEDULE II

ANNUITY CONSIDERATION PREMIUMS

	Types of Insurance	Total Premiums	Tax Rate	Tax Due
1.	Annuity Premiums		1.00%	
2.	Premium Tax Savings Derived and Credited to the "Holde			
3.	Total Annuity Premiums Due (Line 1 minus Line 2. Enter here and on Schedule I, Line 10)* →			

^{*} If zero or less, enter -0-

SCHEDULE III

CREDITS AGAINST THE PREMIUM TAX

Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4)	
Firefighters' Pension Trust Fund Credit (Schedule XII- B, Line 3, minus credit used Schedule XI, Line 6)	
Municipal Police Officers' Retirement Trust Fund Credit	
(Schedule XIII - B, Line 3 minus credit used Schedule XI, Line 7)	
Eligible Corporate Income Tax and Emergency Excise Tax Credit (Schedule V, Line 11)	
Salary Tax Credit (Schedule V, Line 12 plus Schedule V, Line 13)	
Florida Life and Health Insurance Guaranty Association Credit (Schedule VII, Line 1)	
Community Contribution Credit (Total credits approved under s. 624.5105, F.S., minus credit used	
Schedule XI, Line 8) (Enter here and include on Schedule XIV, Line 12, Column A)	
Child Care Tax Credits (Total credits approved less credits used on Schedule XI, Line 9)	
Certified Capital Company (CAPCO) Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
Capital Investment Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
Credit for Contributions to Nonprofit Scholarship Funding Organizations (Schedule V, Line 14), (Enter	
here and include on Schedule XIV, Line 12, Column A)	
New Markets Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
Total Credits (Sum of Line 1 through Line 12. Enter here and on Page 1, Line 2) →	
	Firefighters' Pension Trust Fund Credit (Schedule XII- B, Line 3, minus credit used Schedule XI, Line 6) Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3 minus credit used Schedule XI, Line 7) Eligible Corporate Income Tax and Emergency Excise Tax Credit (Schedule V, Line 11) Salary Tax Credit (Schedule V, Line 12 plus Schedule V, Line 13) Florida Life and Health Insurance Guaranty Association Credit (Schedule VII, Line 1) Community Contribution Credit (Total credits approved under s. 624.5105, F.S., minus credit used Schedule XI, Line 8) (Enter here and include on Schedule XIV, Line 12, Column A) Child Care Tax Credits (Total credits approved less credits used on Schedule XI, Line 9) Certified Capital Company (CAPCO) Credit (Enter here and include on Schedule XIV, Line 12, Column A) Capital Investment Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A) Credit for Contributions to Nonprofit Scholarship Funding Organizations (Schedule V, Line 14), (Enter here and include on Schedule XIV, Line 12, Column A) New Markets Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)



Name	FEIN	Taxable Year
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SCHEDULE IV COMPUTATION OF SALARY CREDIT

*** Include Your Florida Department of Revenue Forms UCT-6 and UCS-71 if Claiming this Credit ***

	•	•
1.	Total Premium Tax Due (Schedule I, Line 11)	
2.	Less: Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3)	
3.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
4.	Corporate Income and Emergency Excise Tax Paid (Florida Form F-1120, Line 14)	
5.	Total (Line 1 minus Line 2 through Line 4)*	
6.	Eligible Florida Salaries (See Instructions)	
7.	Multiply Line 6 by .15	
8.	Salary Credit - (Enter the lesser of Line 5 or Line 7 here and on Schedule V, Line 4)*	

^{*} If zero or less, enter -0-

SCHEDULE V CORPORATE INCOME, EMERGENCY EXCISE, SALARY AND SFO CREDIT LIMITATION

00112	DOLL V CONTONAL INCOME, EMENGENOT EXCIDE, CALANT AND GLOCILETT ENGINEER	<u> </u>
1.	Total Corporate Income Tax and Emergency Excise Tax Paid (Florida Form F-1120, Line 14)**	
2.	Less: Corporate Income Tax Credit Taken against Wet Marine and Transportation Insurance Tax (Schedule XI, Line 5)	
3.	Eligible Net Corporate Income Tax and Emergency Excise Tax (Line 1 minus Line 2)	
4.	Salary Credit (Schedule IV, Line 8)	
5.	Total Premium Tax Due (Schedule I, Line 11)	
6.	Less: Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4)	
7.	Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3)	
8.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
9.	Premium Tax Due After Deductions (Line 5 minus Lines 6 through 8)	
10.	Corporate Income Tax/Emergency Excise Tax and Salary Credit Limitation (Multiply Line 9 by .65)	
11.	Eligible Net Corporate Income Tax and Emergency Excise Tax Credit (Enter the lesser of Line 3 or Line 10 here and on Schedule III, Line 4)*	
12.	Salary Tax Credit (Enter the lesser of Line 4 or the difference between Lines 10 and 11 here and on Schedule III, Line 5)* A reduction to the salary credit may be required if the election under s. 624.509(5)(a)2, F.S., applies (see instructions).	
13.	Transfer of Enterprise Zone Excess Salary Credit from Affiliate (This line cannot exceed Line 10 minus Lines 11 and 12. Include attachment per instructions.)	
14.	Credit for Contributions to Nonprofit Scholarship Funding Organizations [Enter the lesser of your 2011 eligible contributions plus approved carry forwards or the result of (Schedule V, Line 9 less Lines 11, 12, and 13) here and on Schedule III, Line 11.] Attach copies of the certificates of contribution from each nonprofit scholarship funding organization.	

^{*} If zero or less, enter -0-

^{**} If you filed on a consolidated basis for corporate income tax, you MUST include a schedule showing how the credit is claimed by each subsidiary.



Name	eFEIN Taxabl	e Year
	EDULE VI WORKERS' COMPENSATION ADMINISTRATIVE ASSESSMENT CREDIT LIMITAT Include Your Florida Carrier and Self Insurance Fund Quarterly Premium Reports if Cla	
1.	Workers' Compensation Premiums Written (Annual Statement - Florida Business, Line 16)*	
2.	Multiply Line 1 by .0175 (Self Insurers multiply by .016)	
3.	Administrative Assessments Paid to Workers' Compensation Trust Fund (Florida Carrier and Self Insurance Fund Quarterly Premium Reports must be attached)	
	a. First Quarter Assessment b. Second Quarter Assessment	
	c. Third Quarter Assessment d. Fourth Quarter Assessment	_
	Total Administrative Assessments Paid*	
	Workers' Compensation Administrative Assessment Credit	

(Enter the lesser of Line 2 or 3 here and on Schedule III, Line 1)*

SCHEDULE VII FLORIDA LIFE & HEALTH INSURANCE GUARANTY ASSOCIATION CREDIT (FLAHIGA) *** Be Sure To Include Your FLAHIGA Certificates of Contribution if Claiming this Credit ***

Year	Total Class B and C Assessments Paid	- Refunds	= Total Assessments Paid	x Rate	= Credit Amount	Year
1983				.001		1983
1984				.001		1984
1985				.001		1985
1986				.001		1986
1987				.001		1987
1988				.001		1988
1989				.001		1989
1990				.001		1990
1991				.001		1991
1992				.001		1992
1993				.001		1993
1994				.001		1994
1995		*		.001		1995
1996				.001		1996
1997				.050		1997
1998		*		.050		1998
1999				.050		1999
2000				.050		2000
2001				.050		2001
2002				.050		2002
2003				.050		2003
2004				.050		2004
2005				.050		2005
2006				.050		2006
2007				.050		2007
2008				.050		2008
2009				.050		2009
2010				.050		2010
I. Total FL	AHIGA Credit (Enter he	re and on Schedule	III, Line 6) ⁽¹⁾	→		

^{*} In 2002, refunds were issued by FLAHIGA from the 1995 and 1998 assessments. These refunds must be subtracted from the original assessments to properly calculate the amount of FLAHIGA credit.

f If zero or less, enter -0-

⁽¹⁾ If zero or less, enter -0-



Name ₋	FEI	N -	Taxable Year	
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SCHEDULES VIII AND IX

NOT USED

SCHEDULE X STATE FIRE MARSHAL REGULATORY ASSESSMENT TAX/SURCHARGE

	Types of Fire Premiums	Total Premiums	Fire Percentage	Taxable Premiums	
1.	Fire - Residential		93%		
2.	*Fire - Commercial	*	93%		
3.	*Commercial Multiple Peril (1)	*	15%		
4.	*Commercial Multiple Peril – Rental Condo Units (1)	*	25%		
5.	*Farmowners Multiple Peril	*	15%		
6.	*Crop Hail	*	0%		
7.	Residential Allied Lines		5%		
8.	*Commercial Allied Lines	*	5%		
9.	Homeowners Multiple Peril		25%		
10.	Ocean Marine		10%		
11.	Inland Marine		12%		
12.	Earthquake		5%		
13.	Other				
14.	Total Taxable Premiums (Sum of Line 1 through Line 13)				
15.	State Fire Marshal Tax Due (Multiply Line 14 by .01) (2)		→		
16.	*Additional Premiums Subject to Surcharge (See Instructions)				
17.	*Total Premiums Subject to Surcharge (See Instructions)				
18.	Surcharge Due (Multiply Line 17 by .001) ⁽²⁾ →				
19.	Total State Fire Marshal Tax Due Plus Total Surcharge Due (Enter here and on Page 1, Line 4)	e (Line 15 plus Line 18)	Total State Fire Marshal Tax Due Plus Total Surcharge Due (Line 15 plus Line 18)		

⁽¹⁾ Report the combined total for both the "non-liability" and "liability" portions.

SCHEDULE XI

WET MARINE AND TRANSPORTATION TAX

1.	Net Premiums (See Instructions)	
2.	Less: Net Losses Paid	
3.	Gross Underwriting Profit (Line 1 minus Line 2)*	
4.	Wet Marine and Transportation Tax (Multiply Line 3 by .0075)	
5.	Corporate Tax Credit (Florida Form F-1120, Line 11 minus Line 12)	
6.	Firefighters' Pension Trust Fund Credit (Schedule XII-B, Line 3)	
7.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
8.	Community Contribution Credit (Total credits approved under s. 624.5105, F.S.)	
9.	Child Care Tax Credits (Total credits approved)	
10.	Net Tax Due (Line 4 minus Lines 5 through 9. Enter here and on Page 1, Line 5) →	

^{*} If zero or less, enter -0-

⁽²⁾ If zero or less, enter -0-



Name	FEIN	Florida Code
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SCHEDULE XII - A

FIREFIGHTERS' PENSION TRUST FUND

Code	Municipality/	Total Taxable	Code	Municipality/	Total Taxable
Code	Fire Control District	Premiums		Fire Control District	Premiums
015	Boca Grande Fire Control Dist.		296	Deerfield Beach	
017	Bonita Springs Fire Control Dist.		298	Deland	
021	Destin Fire Control District		301	Delray Beach	
023	East Lake Tarpon Fire Control Dist.		303	Deltona	
024	East Naples Fire Control District		316	Dunedin	
025	East Niceville Fire District		317	Dunnellon	
027	Englewood Area Fire Control Dist.		326	Eatonville	
029	Estero Fire Prot. & Resc. Svc. Dist.		331	Edgewater	
033	Holley-Navarre Fire Control District		349	Eustis	
043	Midway Fire District		359	Fernandina Beach	
047	North Bay Fire District		361	Flagler Beach	
050	North Naples Fire Control District		371	Fort Lauderdale	
053	North River Fire Control District		374	Fort Myers	
055	Ocean City-Wright Fire Control District		379	Fort Walton Beach	
			385	Fruitland Park	
057	Okaloosa Island Fire Control District		387	Gainesville	
060	Palm Harbor Special Fire Control Dist.		402	Golf	
064	San Carlos Park Fire Service Dist.				
067	South Walton Fire Control District		416	Greenacres	
069	Southern Manatee Fire & Resc. Dist.		427	Gulfport	
073	St. Lucie County Fire District		428	Gulf Stream	
094	West Manatee Fire & Rescue Dist.		431	Haines City	
118	Apopka		432	Hallandale Beach	
119	Arcadia		438	Havana	
128	Atlantic Beach		442	Hialeah	
129	Atlantis		446	Highland Beach	
130	Auburndale		452	Hillsboro Beach	
134	Avon Park		458	Holly Hill	
140	Baldwin		459	Hollywood	
148	Bartow		464	Homestead	
167	Belleair		475	Hypoluxo	
171	Belleair Bluffs		477	Indialantic	
183	Boca Raton		480	Indian River Shores	
191	Boynton Beach		491	Jacksonville (Consol.)	
192	Bradenton		492	Jacksonville Beach	
198	Briny Breezes		502	Jupiter Inlet Colony	
203	Brooksville			Key Biscayne	
				Key Colony Beach	
210	Bunnell Cana Caral		509	Key West	
222	Cape Coral			Kissimmee	
229	Chattabasahas		515		
238	Chattahoochee		521	LaBelle	
251	Clearwater			Lake Alfred	
	Clermont			Lake City	
257	Cocoa			Lake Mary	
258	Cocoa Beach			Lake Wales	
265	Cooper City			Lake Worth	
268	Coral Gables			Lakeland	
270	Coral Springs		551	Lauderhill	
278	Crescent City		552	Lantana	
279	Crestview		553	Largo	
287	Dade City		554	Lauderdale-by-the-Sea	
288	Dania Beach			Leesburg	
292	Davie			Longboat Key	
293	Daytona Beach		Subto		



Name	FFIN	Florida Code

SCHEDULE XII - B

FIREFIGHTERS' PENSION TRUST FUND

Code	Municipality/	Total Taxable	Code	Municipality/	Total Taxable
	Fire Control District	Premiums		Fire Control District	Premiums
579	Longwood		811	Punta Gorda	
590	Lynn Haven		816	Quincy	
592	Macclenny		824	Redington Beach	
595	Madison		825	Redington Shores	
596	Maitland		831	Riviera Beach	
602	Mangonia Park		836	Rockledge	
603	Marathon		844	Safety Harbor	
604	Marco Island		846	St. Augustine	
607	Marianna		849	St. Cloud	
620	Melbourne		855	St. Petersburg	
626	Miami		856	St. Pete Beach	
627	Miami Beach		865	Sanford	
640	Milton		869	Sarasota	
645	Miramar		870	Satellite Beach	
649	Monticello		871	Sea Ranch Lakes	
655	Mount Dora		874	Sebring	
666	Naples		875	Seminole	
	•		896	South Pasadena	
671	Neptune Beach		900	Starke	
675	New Port Richey		909	Sunrise	
676	New Smyrna Beach		916	Tallahassee	
687	North Miami Beach		918		
690	North Port		919	Tampa Tamarac	
691	North Redington Beach				
693	Oakland Park		920	Tarpon Springs	
695	Ocala		921	Tavares	
698	Ocean Ridge		925	Temple Terrace	
701	Ocoee		926	Tequesta	
706	Okeechobee		930	Titusville	
709	Oldsmar		938	Valparaiso	
722	Orange Park		941	Venice	
725	Orlando		944	Vero Beach	
728	Ormond Beach		946	Village of North Palm Beach	
736	Oviedo		966	West Palm Beach	
743	Palatka		978	Wilton Manors	
744	Palm Bay		980	Windermere	
745	Palm Beach		984	Winter Garden	
746	Palm Beach Gardens		985	Winter Haven	
747	Palm Beach Shores		986	Winter Park	
748	Palm Coast				
754	Panama City			dition to completing Schedule XII, yo	ou must answer
755	Panama City Beach		Ques	stion B on Page 2.	
761	Parkland				
770	Pembroke Pines		Subt	otal from Page 71.	
773					
	Pensacola		Subt	otal from Page 82.	
776	Perry Perk				
787	Pinellas Park			Tax3.	
789	Plantation			1 plus Line 2 times 1.85% (.0185).	os antor (1)
790	Plant City		Enter	here and on Page 1, Line 6] (If zero or les	55, enter 0j
796	Pompano Beach			the physical location of the property when a	
	Ponce Inlet			e fire control district or municipality. Do NO	T use ZIP codes. For
801	Port Orange		more	information, see instructions.	



Nama	FEIN	Florida Code
Name	FEIIN	Fiorida Code

SCHEDULE XIII - A

MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND

Code	Municipality	Total Taxable Premiums	Code	Municipality	Total Taxable Premiums
106	Altamonte Springs		427	Gulfport	
118	Apopka		431	Haines City	
119	Arcadia		432	Hallandale Beach	
128	Atlantic Beach		442	Hialeah	
130	Auburndale		443	Hialeah Gardens	
132	Aventura		458	Holly Hill	
134	Avon Park		459	Hollywood	
141	Bal Harbour Village		461	Holmes Beach	
148	Bartow		464	Homestead	
151	Bay Harbor Island		472	Howey-in-the-Hills	
167	Belleair		477	Indialantic	
169	Belleview		479	Indian Harbour Beach	
183	Boca Raton		480	Indian River Shores	
191	Boynton Beach		481	Indian Shores	
192	Bradenton		491	Jacksonville (Consol.)	
203	Brooksville		492	Jacksonville Beach	
212	Bushnell		501	Jupiter	
222	Cape Coral		505	Key Biscayne	
229	Casselberry		509	Key West	
251	Clearwater		515	Kissimmee	
253	Clermont		524	Lady Lake	
257	Cocoa		526	Lake Alfred	
258	Cocoa Beach		530	Lake City	
265 265	Cooper City		536	Lake Helen	
	Coral Gables		539	Lake Mary	
200 270	Coral Springs		544	Lake Wales	
	Crescent City		545	Lake Worth	
278	Crestview		546	Lakeland	
279			551	Lauderhill	
287	Dade City				
288	Dania Beach		552	Lantana	
292	Davie David		553	Largo	
293	Daytona Beach		560	Leesburg	
296	Deerfield Beach		578	Longboat Key	
298	Deland		579	Longwood	
301	Delray Beach			Lynn Haven	
317	Dunnellon			Madison	
	Eatonville		596	Maitland	
	Edgewater		604	Marco Island	
	Eustis		607	Marianna	
	Fernandina Beach			Medley	
	Flagler Beach		620	Melbourne	
	Fort Lauderdale		621	Melbourne Beach	
	Fort Myers		626	Miami	
	Fort Pierce		627	Miami Beach	
	Fort Walton Beach		628	Miami Shores Village	
384	Frostproof		629	Miami Springs	
387	Gainesville		640	Milton	
400	Golden Beach		645	Miramar	
415	Green Cove Springs		649	Monticello	
	Greenacres			Mount Dora	
425	Gulf Breeze		Subt	otal	



lame	FEIN	Florida Code

SCHEDULE XIII - B

MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND

Code	Municipality	Total Taxable Coo	le Municipality	Total Taxable Premiums
666	Naples	911	Surfside	
671	Neptune Beach	912	Sweetwater	
675	New Port Richey	916	Tallahassee	
676	New Smyrna Beach	918	Tampa	
686	North Miami	919	Tamarac	
687	North Miami Beach	920	Tarpon Springs	
690	North Port	921	Tavares	
693	Oakland Park	925	Temple Terrace	
695	Ocala	926	Tequesta	
701	Ocoee	930	Titusville	
706	Okeechobee	936	Umatilla	
722	Orange Park	938	Valparaiso Valparaiso	
725	Orlando	941	Venice	
728	Ormond Beach	944	Vero Beach	
736	Oviedo	946	Village of North Palm Beach	
743	Palatka	954		
744	Palm Bay	963		
745	Palm Beach	966		
746	Palm Beach Gardens	976		
752		978		
754	Panama City	984		
755	Panama City Beach	985		
761	Parkland	986		
770	Pembroke Pines		Time Fan	
773	Pensacola			
776	Perry			
787	Pinellas Park			
789	Plantation			
790	Plant City	ln a	addition to completing Schedule XI	II, you must answer
796	Pompano Beach		estion B on Page 2.	, ,
801	Port Orange		Ç	
807	Port St. Lucie	Sul	ototal from Page 9	. 1.
811	Punta Gorda		•	
816	Quincy	Sul	ototal from Page 10	. 2.
831	Riviera Beach		•	
836	Rockledge	Tot	al Tax	.3.
839	Royal Palm Beach		e 1 plus Line 2 times .85% (.0085).	
846	St. Augustine	Ent	er here and on Page 1, Line 7] (If zero o	or less, enter 0)
849	St. Cloud			
855	St. Petersburg			
856	St. Pete Beach			
865	Sanford			
867	Sanibel			
869	Sarasota			
870	Satellite Beach			
873	Sebastian		Use the physical location	of the
874	Sebring		• •	
879	Shalimar		property when allocating	•
894	South Miami		Do NOT use ZIP codes. Fo	or more
			information and instruction	one
900	Starke		information, see instruction	JIIS.
909	Sunrise			



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Name	⊢⊢II	N	Taxable Year	•
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SCHEDULE XIV

RETALIATORY TAX COMPUTATION

		Column A State of Florida*	Column B State of Incorporation*
1.	Net Premium Tax Due (Page 1, Line 3 plus Line 5. See note below)		
2.	80% of Salary Tax Credit Taken (Page 3, Schedule III, Line 5)		
3.	Total Corporate Income Tax and Emergency Excise Tax (See note below)		
4.	Enterprise Zone Portion of 20% of Salary Credit Taken (See instructions)		
5.	Firefighters' Pension Trust Fund		
6.	Municipal Police Officers' Retirement Trust Fund		
7.	Florida Insurance Guaranty Association (FIGA) (Assessments on the Property Portion of Insurance Premiums only)		
8.	Fire Marshal Taxes		
9.	Annual and Quarterly Statement Filing Fees		
10.	Annual License Tax and Certificate of Authority		
11.	Agents' Fees		
12.	Other Taxes and Fees (Include Schedule)		
13.	Workers' Compensation Credit		
14.	Total (Sum of Lines 1 through Line 13)		
15.	Retaliatory Tax Due [Line 14, Column B (State of Incorporation) minus Line 14, Column A (State of Florida). Enter here and on Page 1, Line 8.]*		

NOTE: Compute Column B using the state of incorporation's tax law to determine tax owed using Florida premiums, personnel, and property. Attach all applicable returns and schedules.

^{*} If zero or less, enter -0-



		FEIN Taxa		ole Year
SCHEDULE XV	NOT US	SED		
SCHEDULE XVI	SURCHARGE ON COMME	RCIAL/RES	IDENTIAL POLICIES	
Type of Policy	Policies Subject to Surcha (sum of 4 quarters)	rge	Rate	Surcharge Due
A. Commercial			X \$ 4.00	A.
3. Residential			X \$ 2.00	В.
Total Surcharge Due for the Calwith total from Schedule XVII.	lendar Year (Total A + B). *Enter here a	and include	on Page 1, Line 10	
The Total Surcharge Due shoul	ld be greater than the sum of the first	three quarte	ers reported on Forms DR-	907.
SCHEDULE XVII	PAYMENT DUE FROM FLORI INSURANCE GUARANTY ASSOCI			
	AHIGA refunds received this year, if a Page 1, Line 10 with total from Sched			
	Detach l ss or Business Name	Here	FEIN of Entity	
nplete this form, sign it, and mail the Department if:	SS or Business Name Mail to: FLORIDA DEPARTMENT OF		FEIN of Entity	
nplete this form, sign it, and mail the Department if: The address below is not correct. The business location changes.	Mail to: FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST	CHANGE IN	, — — —	StateZIP
plete this form, sign it, and mail the Department if: The address below is not correct. The business location changes.	Mail to: FLORIDA DEPARTMENT OF REVENUE	CHANGE IN New Location	Business Location	
nplete this form, sign it, and mail the Department if: The address below is not correct. The business location changes.	Mail to: FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST	CHANGE IN New Location	Business Location	
nplete this form, sign it, and mail the Department if: The address below is not correct. The business location changes.	Mail to: FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST	CHANGE IN New Location Address	Business Location	
nplete this form, sign it, and mail the Department if: The address below is not correct. The business location changes.	Mail to: FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST	CHANGE IN New Location Address	Business Location	CountyStateZIP
nplete this form, sign it, and mail the Department if: The address below is not correct. The business location changes.	Mail to: FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST	CHANGE IN New Location Address New Mailing Address	Business Location	CountyStateZIP
Change of Addres supplete this form, sign it, and mail of the Department if: The address below is not correct. The business location changes. The corporation name changes.	Mail to: FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST	CHANGE IN New Location Address New Mailing Address	Business Location	CountyStateZIP