# Florida Department of Revenue Insurance Premium Taxes and Fees Return For Calendar Year 2020

DR-908 R. 01/21 Rule 12B-8.003, F.A.C. Effective 01/21 Page 1 of 12

				PC	DSTM	/[	USE R HAND		Y /ERY D	ATE			,
FEIN	Florida Code	Business F	Partr	ner	No.								
Name Address City/St/ZIP				Re	Ar	riginal nende n for a	ed Ret	turn	r final	Fina	al Ret		
	Computation of Insurance Premium Taxes and Fee	s	<b>I</b> +				US De	ollars			———	I	Cents
1.	Total Premium Tax Due (Schedule I)		1.						],				
2.	Credits Against the Tax (Schedule III)		2.										
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.						],_			•	
5.	Wet Marine and Transportation Tax (Schedule XI)		5.						_,			•	
6.	Firefighters' Pension Trust Fund (Schedule XII)	/00	6.									•	
7.	Municipal Police Officers' Retirement Trust Fund (Schedule XIII)		7.						_,			•	
8.	Retaliatory Tax (Schedule XIV)		8.			ــار						•	
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)								ī			•	
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.						],			•	
		e hand print or I If typing this document, to of your numbers togethe	type thi		-					se bla			9
Pa	yment Coupon 2020 Insurance Premium Taxes and Fee								pon.	1			DR-908 R. 01/21
Check	To ensure proper credit to your account, enclosure if you transmitted funds electronically	se your check v Return i						mail	ing.				
_	name and address, if not pre-addressed:		<b>⊢</b>				S Doll	ars–			—	(	Cents
		Total amount due from Line 16	1										
Name		Overpayment to be Refunded from Line 17	7			Ĺ							
Address City/St/ZIP		FEIN Enter FEIN if not pre-addressed	d										_ <del>_</del>
		Business Partner Number											
	Do not write in the space below.												





12.	Less: In	stallments Paid <b>(incl</b> u	ide quarterly statement	filing fees and sur	<b>charges)</b> . Se	e instruction	ıs.											
	1st Qua	rter	2nd Quarte	er		_3rd Quarte	er											
	If amend		ount paid with the origina			-		<u> </u>		— US	Doll	lars-			$\dashv$	(	Cent	ts
	Total Ins		amount refunded with the				12.			],								
13.	Net Tax	Due or Overpayment	(Line 11 minus Line 12)			Check here if negative	13.			],					<u> </u>			
14.	Penalty	(10% Late Penalty)					14.			J,					•			
15.	Interest	(See instructions)					15.											
16.	Amount	Due With This Return	n. Enter on payment cou	oon also.						ή	1	أصا					٦г	
	(Sum of	Lines 13, 14, and 15	. If less than zero, enter o	on Line 17)			16.						اليار			L	∐ L	
17.	Overpa	yment to be Refund	ed. Enter on payment co	upon also			17.			J,			,		╝.			
Con	act persor	n		Phone number				F	ax num	ber								
E-m	ail address	3		State of domicile				L	ocation	of corp	orate b	oooks						
			All Taxpayers A															_
	made a salary c	timely election, wheredit calculation un s (F.S.)? (Refer to Se	an affiliated group wh lich included the insure der section (s.) 624.50 chedule IV instructions	er, for the alternativ 19(5)(a)2., Florida	/e	where addre jurisdi Sched	ou use the the softwass databa ictions reputue XII are epartmen iftware co	ware co ase, who corted and XIII i t's data ompan	ompar nen yo on So nstrud abase ny's pr	ny indi ou sou chedul ctions oduc	cated rced e XII for n	d that your and/o nore in	they premi or Sch nform	used to turns to nedule attion.)	the De the lo	partr ocal Refe	neni taxir r to	t's
			es of perjury, I declare that I ha Declaration of preparer (othe							the be	st of m	ıy know	rledge a	and belief	, it is tru	ie, coi	rect,	
Sigi	n here	Signature of officer	(must be an original signature	)	Date	-	Title											
Pai	d oarers	Preparer's signature			Date	ch	reparer neck if self- nployed		Prepare PTIN	r's								
only		Firm's name (or yours if self-employed) and address					FEIN ZIP											
	•		<u> </u>															
1.	Have y	you signed you	r check?	/lake check pay	yable and	mail to:		For	r refu	ınds,	ma	il to:						

2. Have you signed your return?

3. Have you attached the Florida Business Page of the Annual Statement filed with the Florida Department of Financial Services? Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0150

Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440



Name	FEIN	Taxable Year
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### **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			
	a. Plus: Additional Taxable Premiums			
	b. Less: Excluded Premiums			
	c. Total Taxable Premiums		1.75%	
3.	Accident and Health			
	a. Plus: Additional Taxable Premiums			
	b. Less: Excluded Premiums			
	c. Total Taxable Premiums		1.75%	
4.	Prepaid Limited Health Service Organizations		1.75%	
5.	Commercial Self-Insurance Funds		1.60%	
6.	Group Self-Insurance Funds		1.60%	
7.	Medical Malpractice Self-Insurance		1.60%	
8.	Assessable Mutual Insurers		1.60%	
9.	Corporation Not-for-Profit Self-Insurance Funds		1.60%	
10.	Public Housing Authorities Self-Insurance Funds		1.60%	
	(see instructions)		1.0070	
11.	Annuity Premiums (Schedule II, Line 3)			
12.	Total Premium Tax Due (Add Lines 1c, 2c, 3c, and 4 thr	ough 11. Enter here and on	Page 1, Line 1)*→	

<sup>\*</sup> 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 he	ere and on Schedule I, Li	ne 11)* →	

<sup>\*</sup> If zero or less, enter -0-

# SCHEDULE III

### **CREDITS AGAINST THE PREMIUM TAX**

1.	Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4)	
2.	Firefighters' Pension Trust Fund Credit (Schedule XII- B, Line 3, minus credit used Schedule XI, Line 6)	
3.	Municipal Police Officers' Retirement Trust Fund Credit	
ا ٥.	(Schedule XIII - B, Line 3 minus credit used Schedule XI, Line 7)	
4.	Eligible Corporate Income Tax Credit (Schedule V, Line 11)	
5.	Salary Tax Credit (Schedule V, Line 12)	
6.	Florida Life and Health Insurance Guaranty Association Credit (Schedule VII, Line 1)	
7.	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)	
8.	Capital Investment Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
9.	Florida Tax Credit Scholarship Program Credit (Schedule V, Line 13), (Enter here and include on	
9.	Schedule XIV, Line 12, Column A)	
10.	New Markets Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
11.	Total Credits (Sum of Line 1 through Line 10. Enter here and on Page 1, Line 2)	
1		



Name	FEIN	Taxable Year

# SCHEDULE IV COMPUTATION OF SALARY CREDIT

# \*\*\* Include Your Florida Department of Revenue Forms RT-6 and RTS-71 if Claiming this Credit \*\*\*

1.	Total Premium Tax Due (Schedule I, Line 12)	
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 Tax Paid (Florida Form F-1120, Line 13)	
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)*	

<sup>\*</sup> If zero or less, enter -0-

#### **SCHEDULE V**

### CORPORATE INCOME, SALARY AND SFO CREDIT LIMITATION

	<u> </u>
1.	Total Corporate Income Tax Paid (Florida Form F-1120, Line 13)**
2.	Less: Corporate Income Tax Credit Taken against Wet Marine and Transportation Insurance Tax (Schedule XI, Line 5)
3.	Eligible Net Corporate Income Tax (Line 1 minus Line 2)
4.	Salary Credit (Schedule IV, Line 8)
5.	Total Premium Tax Due (Schedule I, Line 12)
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 and Salary Credit Limitation (Multiply Line 9 by .65)
11.	Eligible Net Corporate Income 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.	Florida Tax Credit Scholarship Program Credit [Enter the lesser of your 2020 eligible contributions plus carry forward credits or the result of (Schedule V, Line 9 less Lines 11 and 12) here and on Schedule III, Line 9.] Attach copies of the certificates of contribution from each nonprofit scholarship funding organization.
*	

<sup>\*</sup> If zero or less, enter -0-

<sup>\*\*</sup> 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.



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Name	FE	ZIIN.	iaxable	Year	

# SCHEDULE VI WORKERS' COMPENSATION ADMINISTRATIVE ASSESSMENT CREDIT LIMITATION \*\*\* Include Your Florida Carrier and Self Insurance Fund Quarterly Premium Reports if Claiming this Credit\*\*\*

	morade roal Florida Gamer and Gen modranoe Fana Quarterly Fremian Reports it Game	ining tino Orean				
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*					
4.	Workers' Compensation Administrative Assessment Credit					
l	(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
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
2011				.050		2011
2012				.050		2012
2013				.050		2013
2014				.050		2014
2015				.050		2015
2016				.050		2016
2017				.050		2017
2018				.050		2018
2019				.050		2019
	_AHIGA Credit (Enter her	e and on Schedule I	II, Line 6) <sup>(1)</sup>	<b>→</b>		

<sup>\*</sup> In 2002, refunds were issued by FLAHIGA from 1995 assessments. These refunds must be subtracted from the original assessments to properly calculate the amount of FLAHIGA credit.

<sup>\*</sup> If zero or less, enter -0-

<sup>(1)</sup> If zero or less, enter -0-



Name	FEIN	Taxable Year

### **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	*	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)		<b>→</b>	
16.	*Additional Premiums Subject to Surcharge (See Instructi	ons)		
17.	*Total Premiums Subject to Surcharge (See Instructions)			
18.	Surcharge Due (Multiply Line 17 by .001) (2)		<b>→</b>	
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)	<b>→</b>	

<sup>(1)</sup> 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 Income Tax Credit (Florida Form F-1120, Line 13. See Instructions)	
6.	Firefighters' Pension Trust Fund Credit (Schedule XII-B, Line 3. See Instructions)	
7.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3. See Instructions)	
8.	Community Contribution Credit (Total credits approved under s. 624.5105, F.S. See Instructions)	
9.	Net Tax Due (Line 4 minus Lines 5 through 8. Enter here and on Page 1, Line 5)* →	

<sup>\*</sup> If zero or less, enter -0-

<sup>(2)</sup> If zero or less, enter -0-



Name	FEIN	Florida Code

# **SCHEDULE XII - A**

# FIREFIGHTERS' PENSION TRUST FUND

Code	Municipality/ Fire Control District	Total Taxable Premiums
015	Boca Grande Fire Control Dist.	
017	Bonita Springs Fire Control Dist.	
021	Destin Fire Control District	
023	East Lake Tarpon Fire Control Dist.	
024	Greater Naples Fire Rescue District	
025	East Niceville Fire District	
027	Englewood Area Fire Control Dist.	
029	Estero Fire Prot. & Resc. Svc. Dist.	
033	Holley-Navarre Fire Control District	
043	Midway Fire District	
047	North Bay Fire District	
050	North Collier Fire Ctrl & Rescue Dist.	
053	North River Fire Control District	
055	Ocean City-Wright Fire Control District	
057	Okaloosa Island Fire Control District	
059	Pace Fire Rescue District	
060	Palm Harbor Special Fire Control Dist.	
064	San Carlos Park Fire Service Dist.	
067	South Walton Fire Control District	
069	Southern Manatee Fire & Resc. Dist.	
073	St. Lucie County Fire District	
094	West Manatee Fire & Rescue Dist.	
118	Apopka	
119	Arcadia	
128	Atlantic Beach	
129	Atlantis	
130	Auburndale	
134	Avon Park	
140	Baldwin	
148	Bartow	
167	Belleair	
171	Belleair Bluffs	
183	Boca Raton	
191	Boynton Beach	
192	Bradenton	
198	Briny Breezes	
203	Brooksville	
222	Cape Coral	
229	Casselberry	
238	Chattahoochee	
251	Clerment	
253	Clermont	
257	Cocoa	
258	Cocoa Beach	
265	Cooper City	
268	Coral Gables	
270	Coral Springs	
278	Crescent City	
279	Crestview	
287	Dade City	
288	Dania Beach	
290	Davenport	
292	Davie	

Code	Municipality/ Fire Control District	Total Taxable Premiums
293	Daytona Beach	
296	Deerfield Beach	
298	Deland	
301	Delray Beach	
303	Deltona	
316	Dunedin	
326	Eatonville	
331	Edgewater	
349	Eustis	
359	Fernandina Beach	
361	Flagler Beach	
371	Fort Lauderdale	
374	Fort Myers	
379	Fort Walton Beach	
385	Fruitland Park	
387	Gainesville	
402	Golf	
416	Greenacres	
427	Gulfport	
428	Gulf Stream	
431	Haines City	
432	Hallandale Beach	
438	Havana	
442	Hialeah	
446	Highland Beach	
452	Hillsboro Beach	
458	Holly Hill	
459	Hollywood	
464	Homestead	
475	Hypoluxo	
477	Indialantic	
480	Indian River Shores	
491	Jacksonville (Consol.)	
492	Jacksonville Beach	
502	Jupiter Inlet Colony	
504	Kenneth City	
505	Key Biscayne	
506	Key Colony Beach	
509	Key West	
515	Kissimmee	
521	LaBelle	
526	Lake Alfred	
530	Lake City	
539	Lake Mary	
544	Lake Wales	
545	Lake Worth	
546	Lakeland	
551	Lauderhill	
552	Lantana	
553	Largo	
554	Lauderdale-by-the-Sea	
560	Leesburg	
500	tal	



1	ГГ		Flandala Oada	
Name	FEI	ΙN	Florida Code	

# **SCHEDULE XII - B**

# FIREFIGHTERS' PENSION TRUST FUND

Code	Municipality/ Fire Control District	Total Taxable Premiums	Code	Municipality/ Fire Control District	Total Tax Premiu
579	Longwood		836	Rockledge	
590	Lynn Haven		844	Safety Harbor	
595	Madison		846	St. Augustine	
596	Maitland		849	St. Cloud	1
602	Mangonia Park		855	St. Petersburg	1
603	Marathon		856	St. Pete Beach	
604	Marco Island		865	Sanford	
607	Marianna		869	Sarasota	
620	Melbourne		870	Satellite Beach	<u> </u>
626	Miami		871	Sea Ranch Lakes	
627	Miami Beach		874	Sebring	
640	Milton		875	Seminole	
645	Miramar		896	South Pasadena	
649	Monticello		900	Starke	
655	Mount Dora		909	Sunrise	
666	Naples		916	Tallahassee	1
671	Neptune Beach		918	Tampa	
675	New Port Richey		919	Tamarac	İ
676	New Smyrna Beach		920	Tarpon Springs	İ
687	North Miami Beach		921	Tavares	İ
690	North Port		925	Temple Terrace	
691	North Redington Beach		926	Tequesta	
693	Oakland Park		930	Titusville	
695	Ocala		938	Valparaiso	
698	Ocean Ridge		941	Venice	1
701	Ocoee		944	Vero Beach	1
706	Okeechobee		946	Village of North Palm Beach	1
709	Oldsmar		966	West Palm Beach	1
722	Orange Park		978	Wilton Manors	
725	Orlando		980	Windermere	1
728	Ormond Beach		984	Winter Garden	1
736	Oviedo		985	Winter Haven	1
743	Palatka		986	Winter Park	
744	Palm Bay		_ 000	Trinton rain	1
746	Palm Beach Gardens				
747	Palm Beach Shores				
748	Palm Coast			ddition to completing Schedule XII, y	ou must an
754	Panama City		Que	stion B on Page 2.	
755	Panama City Beach			_	
761	Parkland		Sub	total from Page 71.	
770	Pembroke Pines				
773	Pensacola		Sub	total from Page 82.	
776	Perry				
787	Pinellas Park			I Tax3.	
789	Plantation		-	e 1 plus Line 2 times 1.85% (.0185). r here and on Page 1, Line 6] (If zero or le	ess, enter (1)
790	Plant City		Litte	and on rago i, Line of the zero of te	.55, 51161 0)
	,				
796	Pompano Beach			Aller allered and the Process	
801	Port Orange	<del>                                     </del>	Use	e the physical location of the pro	operty who
811	Punta Gorda		allo	cating premiums to the fire cor	ntrol distri
816	Quincy			nicipality. Do NOT use ZIP code	
824	Redington Beach				3. FUI 1110
825	Redington Shores		info	ormation, see instructions.	
831	Riviera Beach				

Code	Municipality/ Fire Control District	Total Taxable Premiums
836	Rockledge	
844	Safety Harbor	
846	St. Augustine	
849	St. Cloud	
855	St. Petersburg	
856	St. Pete Beach	
865	Sanford	
869	Sarasota	
870	Satellite Beach	
871	Sea Ranch Lakes	
874	Sebring	
875	Seminole	
896	South Pasadena	
900	Starke	
909	Sunrise	
916	Tallahassee	
918	Tampa	
919	Tamarac	
920	Tarpon Springs	
921	Tavares	
925	Temple Terrace	
926	Tequesta	
930	Titusville	
938	Valparaiso	
941	Venice	
944	Vero Beach	
946	Village of North Palm Beach	
966	West Palm Beach	
978	Wilton Manors	
980	Windermere	
984	Winter Garden	
985	Winter Haven	
986	Winter Park	
Que	Idition to completing Schedule XII, ystion B on Page 2.	ou must answer

roperty when ntrol district or les. For more



Name a	FEIN	Florida Codo
Name	FEIN	Florida Code

# SCHEDULE XIII - A

# MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND

Code	Municipality	Total Taxable Premiums
106	Altamonte Springs	
118	Apopka	
119	Arcadia	
128	Atlantic Beach	
130	Auburndale	
132	Aventura	
134	Avon Park	
141	Bal Harbour Village	
148	Bartow	
151	Bay Harbor Island	
167	Belleair	
169	Belleview	
183	Boca Raton	
191	Boynton Beach	
192	Bradenton	
203	Brooksville	
	Cape Coral	
	Casselberry	
251	Clearwater	
253	Clermont	
257	Cocoa	
258	Cocoa Beach	
	Cooper City	
268	Coral Gables	
270	Coral Springs	
278	Crescent City	
279	Crestview	
287	Dade City	
288	Dania Beach	
290	Davenport	
292	Davie	
293	Daytona Beach	
296	Deerfield Beach	
298	Deland	
	Delray Beach	
317	Dunnellon	
326	Eatonville	
331	Edgewater	
349	Eustis	
359	Fernandina Beach	
361	Flagler Beach	
371	Fort Lauderdale	
374	Fort Myers	
377	Fort Pierce	<u> </u>
379	Fort Walton Beach	
384	Frostproof	1
387	Gainesville	
400	Golden Beach	+
415	Green Cove Springs	+
416	Greenacres	<del>-  </del>
425	Gulf Breeze	
427	Gulfport	
431	Haines City	L

Code	Municipality	Total Taxable Premiums
432	Hallandale Beach	
442	Hialeah	
443	Hialeah Gardens	
458	Holly Hill	
459	Hollywood	
461	Holmes Beach	
464	Homestead	
472	Howey-in-the-Hills	
477	Indialantic	
479	Indian Harbour Beach	
480	Indian River Shores	
481	Indian Shores	
491	Jacksonville (Consol.)	
492	Jacksonville Beach	
501	Jupiter	
505	Key Biscayne	
509	Key West	
515	Kissimmee	
524	Lady Lake	
526	Lake Alfred	
530	Lake City	
536	Lake Helen	
539	Lake Mary	
544	Lake Wales	
545	Lake Worth	
546	Lakeland	
551	Lauderhill	
552	Lantana	
553	Largo	
560	Leesburg	
579	Longwood	
590	Lynn Haven	
595	Madison	
596	Maitland	
604	Marco Island	
607	Marianna	
618	Medley	
620	Melbourne	
621	Melbourne Beach	
626	Miami	
627	Miami Beach	
628	Miami Shores Village	
629	Miami Springs	
640	Milton	
645	Miramar	
649	Monticello	
655	Mount Dora	
666	Naples	
	-	
671	Neptune Beach	
675	New Port Richey	
676 686	New Smyrna Beach North Miami	



Name	FFIN	1	Florida Code	
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### **SCHEDULE XIII - B**

#### MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND

Code	Municipality	Total Taxable Premiums	
687	North Miami Beach		
690	North Port		
693	Oakland Park		
695	Ocala		
701	Ocoee		
706	Okeechobee		
722	Orange Park		
725	Orlando		
728	Ormond Beach		
736	Oviedo		
743	Palatka		
744	Palm Bay		
	Palm Beach Gardens		
752	Palmetto		
754	Panama City		
755	Panama City Beach		
761	Parkland		
770	Pembroke Pines		
773	Pensacola		
776	Perry		
787	Pinellas Park		
789	Plantation		
790	Plant City		
796	Pompano Beach		
801	Port Orange		
807	Port St. Lucie		
811	Punta Gorda		
816	Quincy		
831	Riviera Beach		
836	Rockledge		
839	Royal Palm Beach		
846	St. Augustine		
849	St. Cloud		
855	St. Petersburg		
856	St. Pete Beach		
865	Sanford		
867	Sanibel		
869	Sarasota		
870	Satellite Beach		
873	Sebastian		
874	Sebring		
894	South Miami		
900	Starke		
909	Sunrise	+	
911	Surfside		
912	Sweetwater	1	
916	Tallahassee		
918	Tampa		
919	Tamarac		
920	Tarpon Springs		
921	Tavares	+	
925	Temple Terrace	+	
323	Tomple Terrace		

Code	Municipality Total Taxable Premiums	
926	Tequesta	
930	Titusville	
936	Umatilla	
938	Valparaiso	
941	Venice	
944	Vero Beach	
946	Village of North Palm Beach	
947	Village of Palm Springs	
954	Wauchula	
963	West Melbourne	
966	West Palm Beach	
976	Williston	
978	Wilton Manors	
984	Winter Garden	
985	Winter Haven	
986	Winter Park	

In addition to completing Schedule XIII, you must answer
Question B on Page 2.

Subtotal from Page 91.
Subtotal from Page 102.
Total Tax3.
[Line 1 plus Line 2 times .85% (.0085). Enter here and on Page 1, Line 7] (If zero or less, enter 0)

Use the physical location of the property when allocating premiums. Do NOT use ZIP codes. For more information, see instructions.



Name	FEIN	Taxable Year

### **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 (See note below)		
4.	Intentionally Left Blank		
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.

## **SCHEDULE XV**

#### **NOT USED**

#### **SCHEDULE XVI**

### SURCHARGE ON COMMERCIAL/RESIDENTIAL POLICIES

	Type of Policy	Policies Subject to Surcharge (sum of 4 quarters)	Rate	Surcharge Due
A.	Commercial		X \$ 4.00	A.
B.	Residential		X \$ 2.00	B.
	I Surcharge Due for the Ca total from Schedule XVII.	lendar Year (Total A + B). *Enter here and include o	n Page 1, Line 10	

<sup>\*</sup> The Total Surcharge Due should be greater than the sum of the first three quarters reported on Forms DR-907.

### **SCHEDULE XVII**

# PAYMENT DUE FROM FLORIDA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION (FLAHIGA) REFUND

1.	. Total payment due from FLAHIGA refunds received this year, if any, and previously claimed as credit.
	Enter here and include on Page 1, Line 10 with total from Schedule XVI. (See Instructions)

<sup>\*</sup> If zero or less, enter -0-

# References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at **floridarevenue.com/forms**.

Form RT-6 Employer's Quarterly Report Rule 73B-10.037, F.A.C.

Form RTS-71 Quarterly Concurrent Employment Report Rule 73B-10.037, F.A.C.

Form F-1120 Florida Corporate Income/Franchise Tax Return Rule 12C-1.051, F.A.C.

Form DR-907 Florida Insurance Premium Installment Payment Rule 12B-8.003, F.A.C.