

2024
Form INS-2

Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax



99

Due: January 31, 2024

2331000

Note: Certain taxpayers with large annual tax liabilities are **required** to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details. **Use the MTP to file and pay electronically at revenue.maine.gov and eliminate the necessity of filing Form INS-2.**

Company XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Federal EIN 99 9999999

Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX XX 99999

*Signature

Estimated Payment
(see instructions below)

99999999 .00

Name/Title XXXXXXXXXXXXXXXXXXXXXXXX

Telephone 999 999 9999

*Must be signed by President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Instructions

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. **Note:** the fire investigation and prevention tax applies in addition to the insurance premiums tax (see forms INS-1 and INS-4).

25 M.R.S. § 2399 requires the Maine Bureau of Insurance to determine every 5 years the basis percentage of fire risk allocated to each line of insurance. The last determination was made in October 2023 and applies to tax periods beginning on or after January 1, 2024. **Insurance companies and associations must calculate their estimated tax payment on the basis of the allocation rates below. Companies and associations may not calculate the tax on the basis of alternate ratios.**

Line of Business (Form INS-5, line 1)	Percentage of Premiums allocated to fire (Form INS-5, line 1, column E)
Line 1a. Fire.....	100.00%
Line 1b. Inland Marine	20.68%
Line 1c. Aircraft Physical Damage	Actual
Line 1d. Auto – Private	1.98%
Line 1e. Auto – Commercial	8.07%
Line 1f. Farmowners Multiple Peril	47.36%
Line 1g. Homeowners Multiple Peril	39.81%
Line 1h. Commercial Multiple Peril	43.10%
Line 1i. All Other Fire Related	100.00%

Interest & Penalty. For calendar year 2024, the interest rate is 10%, compounded monthly. The penalty for failure to file a return on time is the greater of \$25 or 10% of the tax due, unless the return is filed more than 60 days after the receipt of a demand notice from the state tax assessor, in which case the failure-to-file penalty becomes the greater of \$25 or 25% of the tax due. The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

Form INS-5, Annual Return. File Form INS-5 by March 17, 2025 to reconcile your 2024 fire investigation and prevention tax liability with the estimated tax payments and to pay any additional tax due to avoid interest and penalty charges.

Statutory References. This return is made in compliance with 25 M.R.S. § 2399 and 36 M.R.S. § 2521-A.

Use the Maine Tax Portal at revenue.maine.gov to file, pay, correspond with MRS, and manage your tax account.



2024
Form INS-2

**Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax**



99

Due: February 29, 2024

2331000

Note: Certain taxpayers with large annual tax liabilities are **required** to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details.
Use the MTP to file and pay electronically at revenue.maine.gov and eliminate the necessity of filing Form INS-2.

Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX	99999	
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

*Must be signed by President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Instructions

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2024
Form INS-2

**Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax**



99

Due: April 1, 2024

2331000

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX		99999
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

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**Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax**



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Due: April 30, 2024

2331000

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX	99999	
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

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Maine Estimated Monthly Payment for
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Due: May 31, 2024

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX	99999	
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

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2024
Form INS-2

**Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax**



99

Due: July 1, 2024

2331000

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX		99999
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

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2024
Form INS-2

**Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax**



99

Due: July 31, 2024

2331000

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX		99999
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

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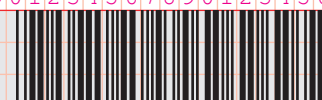
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2024
Form INS-2

**Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax**



99

Due: September 3, 2024

2331000

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX	99999	
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

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Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax



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Due: September 30, 2024

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX	99999	
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

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Fire Investigation and Prevention Tax**



99

Due: October 31, 2024

2331000

Note: Certain taxpayers with large annual tax liabilities are **required** to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details.
Use the MTP to file and pay electronically at revenue.maine.gov and eliminate the necessity of filing Form INS-2.

Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX		99999
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

*Must be signed by President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Instructions

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. **Note:** the fire investigation and prevention tax applies in addition to the insurance premiums tax (see forms INS-1 and INS-4).

25 M.R.S. § 2399 requires the Maine Bureau of Insurance to determine every 5 years the basis percentage of fire risk allocated to each line of insurance. The last determination was made in October 2023 and applies to tax periods beginning on or after January 1, 2024. **Insurance companies and associations must calculate their estimated tax payment on the basis of the allocation rates below. Companies and associations may not calculate the tax on the basis of alternate ratios.**

Line of Business (Form INS-5, line 1)	Percentage of Premiums allocated to fire (Form INS-5, line 1, column E)
Line 1a. Fire.....	100.00%
Line 1b. Inland Marine.....	20.68%
Line 1c. Aircraft Physical Damage.....	Actual
Line 1d. Auto – Private.....	1.98%
Line 1e. Auto – Commercial.....	8.07%
Line 1f. Farmowners Multiple Peril.....	47.36%
Line 1g. Homeowners Multiple Peril.....	39.81%
Line 1h. Commercial Multiple Peril.....	43.10%
Line 1i. All Other Fire Related.....	100.00%

Interest & Penalty. For calendar year 2024, the interest rate is 10%, compounded monthly. The penalty for failure to file a return on time is the greater of \$25 or 10% of the tax due, unless the return is filed more than 60 days after the receipt of a demand notice from the state tax assessor, in which case the failure-to-file penalty becomes the greater of \$25 or 25% of the tax due. The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

Form INS-5, Annual Return. File Form INS-5 by March 17, 2025 to reconcile your 2024 fire investigation and prevention tax liability with the estimated tax payments and to pay any additional tax due to avoid interest and penalty charges.

Statutory References. This return is made in compliance with 25 M.R.S. § 2399 and 36 M.R.S. § 2521-A.

Use the Maine Tax Portal at revenue.maine.gov to file, pay, correspond with MRS, and manage your tax account.



2024 Form INS-2

Maine Estimated Monthly Payment for Fire Investigation and Prevention Tax



99

Due: December 2, 2024

2331000

Note: Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details. Use the MTP to file and pay electronically at revenue.maine.gov and eliminate the necessity of filing Form INS-2.

Company, Address, Federal EIN, Estimated Payment, Name/Title, Telephone

Instructions

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay 1.4% of the gross direct premiums for fire risks written in Maine...

25 M.R.S. § 2399 requires the Maine Bureau of Insurance to determine every 5 years the basis percentage of fire risk allocated to each line of insurance. The last determination was made in October 2023 and applies to tax periods beginning on or after January 1, 2024.

Table with 2 columns: Line of Business (Form INS-5, line 1) and Percentage of Premiums allocated to fire (Form INS-5, line 1, column E)

Interest & Penalty. For calendar year 2024, the interest rate is 10%, compounded monthly. The penalty for failure to file a return on time is the greater of \$25 or 10% of the tax due...

Form INS-5, Annual Return. File Form INS-5 by March 17, 2025 to reconcile your 2024 fire investigation and prevention tax liability with the estimated tax payments and to pay any additional tax due to avoid interest and penalty charges.

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2024
Form INS-2

**Maine Estimated Monthly Payment for
Fire Investigation and Prevention Tax**



99

Due: December 31, 2024

2331000

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Company	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal EIN	99 9999999
Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX XX		99999
*Signature		Estimated Payment	99999999 .00
		(see instructions below)	
Name/Title	XXXXXXXXXXXXXXXXXXXX		
Telephone	999 999 9999		

*Must be signed by President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Instructions

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