

**Form INS-7
2024**

**Maine Revenue Services
Nonadmitted Premiums Tax
(Self-Procured & Surplus Lines)
Annual Reconciliation / Return**



99

2432000

Period Covered:
January 1 - December 31, 2024
Due Date: March 17, 2025

NOTE: If the Producer is filing, enter name (last, first, middle initial) and SSN; or, if the Agency is filing on behalf of the Producer, enter the Agency Name and EIN. **Do not complete both Producer and Agency boxes.**
Self-Procured filers: if individual, enter SSN; if entity, enter EIN. **Do not enter producer's license number below.**

CHECK ALL THAT APPLY:

| | | | | | |
|---------------------------------------|----------------------|----------------------|--|----------------------|---|
| Producer or Self-Procured Individual: | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | <input checked="" type="checkbox"/> | 999999999 | <input checked="" type="checkbox"/> Initial return |
| Last Name | First name | MI | SSN | | <input checked="" type="checkbox"/> Amended return |
| OR | | | | | |
| Agency or Self-Procured Entity: | XXXXXXXXXXXXXXXXXXXX | | | 99 9999999 | <input checked="" type="checkbox"/> Made estimated payments during the year |
| Name | | | | EIN | <input checked="" type="checkbox"/> Change of name/address |
| Mailing Address | XXXXXXXXXXXXXXXXXXXX | | Contact Name | XXXXXXXXXXXXXXXXXXXX | |
| City | State | ZIP Code | Company/ Employer* | XXXXXXXXXXXXXXXXXXXX | |
| | | | *Individual Producer's name of employer or agency. | | |

Tax Computation

| | | | |
|--|-------------------------------------|----------------|--------------------|
| Check this box if reporting self-procured premiums on line 1. | <input checked="" type="checkbox"/> | | |
| 1. Nonadmitted gross direct insurance premiums | 1. | 99999999999999 | .00 |
| 2. Deductions | | | |
| 2a. Return premiums | 2a. | 99999999999999 | .00 |
| 2b. Dividends paid, credited, or allowed on direct premiums | 2b. | 99999999999999 | .00 |
| 3. Total deductions (line 2a plus line 2b) | 3. | 99999999999999 | .00 |
| 4. Amount taxable (line 1 minus line 3). If less than zero, enter 0. | 4. | 99999999999999 | .00 |
| 5. Maine premiums tax. Line 4 x 0.03. (Do not enter an amount less than zero.) | 5. | 99999999999999 | .00 |
| 6. 2024 estimated payments, 2023 credit carried forward, and payments made with original return | 6. | 99999999999999 | .00 |
| 7. If this is an amended return, enter overpayment, if any, on original return | 7. | 99999999999999 | .00 |
| 8. Line 6 minus line 7. (If negative, enter a minus sign to the left of number) | 8. | 99999999999999 | .00 |
| 9a. If line 5 is greater than line 8, enter amount due. (Line 5 minus line 8.) | 9a. | 99999999999999 | .00 |
| 9b. If line 8 is greater than line 5, enter amount overpaid. (Line 8 minus line 5.) | 9b. | 99999999999999 | .00 |
| 10. Underpayment of estimated tax. (Enclose Form INS-UET.) Check here if Form INS-UET, line A is checked. <input checked="" type="checkbox"/> | 10. | 99999999999999 | .00 |
| 11. Total amount due. If you completed line 9a, add line 9a and line 10. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. | 11. | 99999999999999 | .00 |
| 12. Overpayment. If you completed line 9b, subtract line 10 from line 9b. Note: If negative, enter as amount due on line 11. | 12. | 99999999999999 | .00 |
| 13. Amount of line 12 to be: | | | |
| 13a. Credited to next year's estimated tax. | 99999999999999 | .00 | 13b. Refunded |
| | | | 99999999999999 .00 |

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Affidavit and Signature

This return is made in compliance with the provisions of 36 M.R.S. § 2521-A. The amount of all nonadmitted insurance premiums on insurance subject to Maine tax for the above period has been reported. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date: _____ Signature: _____ Phone #: _____

Must be signed by the Self-Procured Person or Producer with Nonadmitted Insurance Authority.

Date: _____ Preparer's Signature: _____ ID Number: _____

See instructions for the 2025 Estimated Payment of Tax requirements