



State of Tennessee
Department of Commerce and Insurance

P. O. Box 198983
 Nashville, TN 37219-8983
 (615) 741-1670

For Department Use Only	
CI380 123	
CI382 125/125	
CI364 880/554	
Posted by:	

POOL SELF-INSURANCE PREMIUM TAX RETURN

For the fiscal year beginning _____, 20____ and ending on _____, 20____

Name of Pool:	Contact Person:
Address (Street Number or P.O. Box):	E-Mail Address:
Phone Number:	Fax Number:

PRIOR FISCAL YEAR TAX RECONCILIATION	Premium	Tax Rate	Premium Tax
	1. Workers' Compensation Tax on Actual Premium Collected Prior Fiscal Year	\$	4.00%
2. TOSHA Surcharge from the prior fiscal year :			
2a. TOSHA Premium and Tax subject to surcharge (prior fiscal year)	\$	0.40%	\$
2b. TOSHA Premium and Tax NOT subject to surcharge (prior fiscal year)	\$		
3. <Less> 50% TN Investment Credit (If Eligible--Apply to line 1 only)			\$()
4. Workers' Comp Tax and Surchg for Prior Fiscal Yr. (line1+2a less line 3)			\$
5. Audited Financial Statement Filing Fee			515.00
6. Total Amount Due With This Report (line 4 plus line 5.) Make Remittance Payable to the Tennessee Dept. of Commerce and Insurance and send to the address listed above.			\$

This Premium Tax Return is due on or before the last day of the sixth (6th) month following the end of the Pool's Fiscal Yr--Tenn.Code Ann. 50-6-405 (c)

Signature and Notarial Seal

State of _____ County of _____

I, _____ (name), do hereby make oath that I am _____ (title of officer)

for the _____ (Pool) and that the foregoing Pool Premium Tax Return

is true and accurate to the best of my knowledge, information, and belief.

Signature of Officer _____

 (Notary Public)

(seal)

Subscribed and Sworn before me _____ (date)

My commission expires on _____ (date)