



**LIT01**  
**Domestic Tax**  
**Department**  
 Rev. Aug 2017



**QUARTERLY PRESUMPTIVE TAX FOR**  
**INCOME FROM LIFE INSURANCE**  
**PREMIUM RETURN FORM**

Fields with \* are mandatory, dates in m/d. Keep a copy for your records

**Instructions: Use this form for Presumptive Tax for Life Insurance Premium**

**1. TAXPAYER INFORMATION**

<b>1a. Tax Division:</b> Large Tax Division	<b>1b. TIN*</b> (must start with 5): 5	<b>1c. Name Taxpayer*:</b>	
<b>1d. Tax type:</b> Presumptive Tax for Income of Life Insurance	<b>1e. Tax Period*:</b>	<b>1f. Currency*:</b>	<b>1g. Total Tax Due*:</b>
<b>1h. Address</b>	<b>1i. Email</b>	<b>1j. Business Telephone</b>	<b>1k. Mobile Telephone</b>

**2. PAYMENT DETAILS**

No	2a. Items	2b. Amounts
10	Gross receipts from life insurance premiums	
20	Rate	4% <b>X</b>
30	Total tax due (line 10 x 4%)	
40	Amount on hand to pay	

**3. CERTIFICATION**

**I certify that the information given above and in the attached appendices are true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to prosecution.**

<b>3a. CFO Full name*</b>	<b>3b. Signature*</b>
<b>3e. CEO Full name*</b>	<b>3c. Date*</b> <b>3d. Telephone:*</b>
	<b>3f. Signature*</b>
	<b>3g. Date*</b> <b>3h. Telephone:*</b>

**4. FOR OFFICAL USE ONLY**

	<b>4a. Name*</b>	<b>4b. Date*</b>	<b>4c. Signature*</b>
<b>Received by</b>			
<b>Captured by</b>			
<b>Validated by</b>			
<b>Document #</b>			