

Florida Insurance Premium Installment Payment

HD/PM Date: / / DR-907 R. 01/13 Cents

FEIN

Florida Code

Business Partner Number

Payment Number 1 Tax Year  
Due April 15

Name  
Address  
City/St/ZIP

Check here if you made your payment electronically.  
Be sure to sign and date reverse side.

Do not write in the space below.

DR-907

	US Dollars			Cents
1. Premium tax payable				
2. Surcharge				
a. commercial policies				
# _____ x \$4				
b. residential policies				
# _____ x \$2				
3. Interest				
4. Penalty				
5. Quarterly statement filing fee				
6. Amount due				

9100 0 20139999 0016045033 & 3999999999 0000 2

Florida Insurance Premium Installment Payment

HD/PM Date: / / DR-907 R. 01/13 Cents

FEIN

Florida Code

Business Partner Number

Payment Number 2 Tax Year  
Due June 15 (Estimate premiums through June 30)

Name  
Address  
City/St/ZIP

Check here if you made your payment electronically.  
Be sure to sign and date reverse side.

Do not write in the space below.

DR-907

	US Dollars			Cents
1. Premium tax payable				
2. Surcharge				
a. commercial policies				
# _____ x \$4				
b. residential policies				
# _____ x \$2				
3. Interest				
4. Penalty				
5. Quarterly statement filing fee				
6. Amount due				

9100 0 20139999 0016045033 & 3999999999 0000 2

Florida Insurance Premium Installment Payment

HD/PM Date: / / DR-907 R. 01/13 Cents

FEIN

Florida Code

Business Partner Number

Payment Number 3 Tax Year  
Due October 15

Name  
Address  
City/St/ZIP

Check here if you made your payment electronically.  
Be sure to sign and date reverse side.

Do not write in the space below.

DR-907

	US Dollars			Cents
1. Premium tax payable				
2. Surcharge				
a. commercial policies				
# _____ x \$4				
b. residential policies				
# _____ x \$2				
3. Interest				
4. Penalty				
5. Quarterly statement filing fee				
6. Amount due				

9100 0 20139999 0016045033 & 3999999999 0000 2

Signature of Officer

Date

Complete each line using the line-by-line instructions.

- Line 1 Premium Tax Payable** — Enter the amount of installment payment due. See instructions.
- Line 2 Surcharge** — Enter the number of commercial policies on Line 2a and multiply by \$4.00. Enter the number of residential policies on Line 2b and multiply by \$2.00.
- Line 3 Interest** — Compute any interest due with this installment payment. Interest is calculated with a floating rate.
- Line 4 Penalty** — Compute any penalty due with this installment payment.
- Line 5 Quarterly Statement Filing Fee** — Enter your \$250 quarterly statement filing fee.
- Prepaid limited health service organizations, fraternal benefit societies, and legal expense insurance corporations must report and pay their quarterly/annual statement filing fees to the Office of Insurance Regulation.**

**Line 6 Amount Due** — Enter the total of Lines 1 through 5. Sign and date the form in the spaces provided above.

**Front of Form:** Verify the personalized information printed on the front of the form. If you are using a blank form, enter your FEIN and Florida Code in the spaces provided and print or type your name and address in the space under payment due date. Check the box if you made your payment electronically.

Mail form and payment to:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE STREET  
TALLAHASSEE FL 32399-0150

Rule 12B-8.003  
Florida Administrative Code  
Effective 01/13

Signature of Officer

Date

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Effective 01/13

# Instructions for Filing Insurance Premium Installment Payment (Form DR-907)

Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

**When is the installment payment due and payable?** Installments of tax are due and payable on April 15, June 15, and October 15 of each year. A final payment of tax due for the year must be made at the time the taxpayer files the return (Form DR-908) for the year.

An installment will be considered timely filed if it is postmarked by the U.S. Postal Service on or before the applicable due date. If the due date falls on a Saturday, Sunday, or state or federal holiday, the installment will be considered timely filed if it is postmarked the next business day.

**What are the installment payments based on?** Installments are based on the estimated gross amount of receipts of insurance premiums or assessments received during the immediately preceding calendar quarter. The second quarter installment due June 15 (not July 15) requires the estimate to be through June 30. **All of the taxes reported on Form DR-908 are subject to installment payment requirements, not just the insurance premium tax reported on Schedule I of Form DR-908.** Because of the complexities of computing the standard 90 percent installment payment for all of the taxes reported on Form DR-908, most insurers use the safe harbor of paying 27 percent of the tax due in the preceding year for each installment payment. If each installment is 27 percent of the amount of the annual tax reported on the preceding year's Form DR-908 (Line 11 minus Line 9 and Line 10), there will be no installment penalty.

**Penalty for Underpayment/Late Filing of Insurance Premium Tax Installment Payments:**

Any taxpayer who fails to report and timely pay any installment of tax, who estimates any installment of tax to be less than 90 percent of the amount finally shown to be due in any quarter, and/or who fails to report and timely pay any tax due with the final return is subject to a penalty of 10 percent on any underpayment of taxes or delinquent taxes due and payable for that quarter and/or on any delinquent taxes due and payable with the final return.

**Interest for Underpayment/Late Filing of Insurance Premium Tax Installment Payments:**

Interest accrues when a taxpayer fails to pay any amount due on or before the due date. A floating rate of interest applies to underpayments and late payments of tax. The rate is updated January 1 and July 1 of each year by using the formula established in section 213.235, Florida Statutes. For

current and prior year interest rates, visit our Internet site or contact Taxpayer Services (see "Contact Us").

**Where to Mail Your Form and Payment:**

Mail your completed Form DR-907 and payment to:  
Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0150

**Electronic Filing:**

You are able to file and pay insurance premium tax electronically using the Department's secure Internet site. If you paid **\$20,000 or more** in tax during the State of Florida's prior fiscal year (July 1, 2011 – June 30, 2012), you are required to file and pay electronically. Insurers are encouraged to file electronically and take advantage of the opportunity to save resources. Insurers can obtain a waiver by calling 800-352-3671. Please visit our Internet site at [www.myflorida.com/dor](http://www.myflorida.com/dor) for more information.

**Contact Us:**

Information and forms are available on our Internet site at:  
[www.myflorida.com/dor](http://www.myflorida.com/dor)

To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 800-352-3671.

For a written reply to **tax questions**, write:

Taxpayer Services  
Florida Department of Revenue  
5050 W Tennessee St Mail Stop 3-2000  
Tallahassee FL 32399-0112

## Get the Latest Tax Information

Sign up to get e-mail notices automatically when we post:

- Tax Information Publications (TIPs).
- *Facts onTax*, a quarterly publication.
- Proposed rules, notices of rule development workshops, and more.

Sign up at: [www.myflorida.com/dor](http://www.myflorida.com/dor)

Detach Here

## Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:

Florida Department of Revenue  
5050 W Tennessee St  
Tallahassee FL 32399-0100

**CHANGE IN New Location Address**

FEIN of Entity   -

Business Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

In Care of \_\_\_\_\_

**New Mailing Address**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Owner's Telephone (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

**New Business Name New Corporation Name**

DBA \_\_\_\_\_

Signature of Officer (Required)

Date