



# PREMIUM TAX RETURN

FOR YEAR ENDED DECEMBER 31, \_\_\_\_\_

COMPANY NAME: _____
ADDRESS: _____
YUKON INSURANCE TAX REFERENCE NO. I _____

NAME AND ADDRESS OF AGENT, UNDERWRITER, ADJUSTER LOCATED IN THE YUKON

**A. INSURANCE PREMIUM TAX - 2% (ROUNDED TO NEAREST \$1.00)**

AMOUNT OF GROSS PREMIUMS RECEIVABLE FROM POLICY HOLDERS RESIDENT IN YUKON OR WHOSE PROPERTY WAS SITUATED IN YUKON: (BY MAIN CATEGORIES)										TOTAL PREMIUMS	TAX AT 2%
LIFE	PROPERTY	AUTO LIABILITY	AUTO PERSON ACCIDENT	AUTO OTHER	LIABILITY INSURANCE	SURETY	AIRCRAFT	ACCIDENT & SICKNESS	OTHER		
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
LESS: CASH VALUE OF DIVIDENDS PAID OR CREDITED TO POLICY HOLDERS:										\$	\$
LESS: VALUE OF PREMIUMS RETURNED:										\$	\$
<b>A. NET PREMIUMS AND AMOUNT REMITTED HEREWITH:</b> 125-060301-0401										\$	\$

**B. FIRE PREVENTION TAX - 1% (ROUNDED TO NEAREST \$1.00)**

AMOUNT OF GROSS PREMIUMS RECEIVABLE FROM POLICY HOLDERS RESIDENT IN YUKON OR WHOSE PROPERTY WAS SITUATED IN YUKON: (BY MAIN CATEGORIES)				TOTAL PREMIUMS	TAX AT 1%
FIRE INSURANCE	PROPERTY DAMAGE	FIRE RISK ON HAND	MISCELLANEOUS		
\$				\$	\$
LESS: CASH VALUE OF DIVIDENDS PAID OR CREDITED TO POLICY HOLDERS:				\$	\$
LESS: VALUE OF PREMIUMS RECEIVABLE:				\$	\$
<b>B. NET PREMIUMS AND AMOUNT REMITTED HEREWITH:</b> 125-060302-0401				\$	\$

CERTIFIED THAT THE INFORMATION CONTAINED IN THIS RETURN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_  
please print

TITLE: \_\_\_\_\_  
please print

DATE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

TOTAL REMITTED HEREWITH **(A & B)**: \$

THIS RETURN MUST BE FILED **ON OR BEFORE THE FIFTEENTH DAY OF MARCH** IN THE YEAR FOLLOWING THE TAXATION YEAR, TO THE DEPUTY HEAD, GOVERNMENT OF THE YUKON, DEPARTMENT OF FINANCE, BOX 2703, WHITEHORSE, YUKON Y1A 2C6. PHONE: (867) 667-5345 FAX: (867)393-6217