



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:										\$	\$
A. NET PREMIUMS AND AMOUNT REMITTED HEREWITH: 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. NET PREMIUMS AND AMOUNT REMITTED HEREWITH: 125-060302-0401				\$	\$

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

\$

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: _____

E MAIL: _____

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)456-6709