

**Domestic Health Insuring Corporations Franchise Tax
Calendar 2010**

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Company:

Domicile: NAIC #:

ASSESSMENTS AND FEES		
1.	All Ohio direct premiums. Deduct non-taxable amounts below. (Health Annual Statement, Schedule T, Line 36, col. 8) (a).	0.00
2.	Other taxable amounts, including gross risk revenue premiums (e.g. Health Blank, Income Stmt., line 5, gross as to claims) Describe (b) <input type="text"/>	0.00
3.	Less: Qualified Small Employer Health Care Alliances holding certificate of authority under ORC § 1731.021. Must attach supporting documentation to receive credit (b)	0.00
4.	Less: Premiums not subject to Ohio Tax: A. Exempt Medicare-Parts A, B and C (c) B. Medicare Part D C. Federal Employee Health Benefits D. Other (Describe) (b),(d) <input type="text"/>	0.00 0.00 0.00 0.00
5.	Total Taxable Premiums (Lines 1 + 2 - 3 - 4)	0.00
6.	Total Taxable Premium multiplied @ 1.0%	0.00
7.	Tax before credits (Line 6, or \$250.00 minimum tax)	250.00
TAX SUMMARY		
8.	Business Tax Credit (Form INS 7140) pursuant to ORC § 5729.031 (If not applicable do not fill out form) <input type="text"/> Change Allocation 0.00	0.00
9.	Subtotal after Business Tax Credit or \$250.00 minimum tax.	250.00
10.	Non-Refundable Credits: (b) A. Credit for purchases of qualified low-income community investments under §5725.33 ORC. (b) <input type="text"/> 0.00 B. Job retention credit under §122.171 ORC. (b) <input type="text"/> 0.00 C. Other (List): (b) <input type="text"/> <input type="text"/> 0.00	0.00
11.	Credit for Voluntary Contribution pursuant to § 3901.47(E), O.R.C. (b)	0.00
12.	Credit for Payments to the Ohio Life & Health Insurance Guaranty Assn, pursuant to § 3956.20, O.R.C. (b)	0.00
13.	Total Non-Refundable Credits(add Lines 10, 11 and 12)	0.00
14.	Refundable Credits: (b) A. Job creation credit under §5725.32 and §122.17. (c) <input type="text"/> 0.00 B. Venture capital credit under §5725.19 and §150.07. (c) <input type="text"/> 0.00 C. Other (List): (c) <input type="text"/> <input type="text"/> 0.00	0.00
15.	Total Net Tax (Line 9 Minus Line 13 Minus Line 14)	250.00
a You must have a Certificate of Authority as a Health Insuring Corporation to file tax return on this form (INS7141). b Documentation must be attached electronically (see below) prior to submission of this tax return. Click "Attach Documents" below, attaching one file at a time. c Private insurance purchased to supplement Medicare is not excludable unless part of a Medicare Part C plan. d Medicaid payments after September 30, 2009 are taxable. DO NOT DEDUCT.		

See Filing Instructions for Payment Details - DO NOT SEND PAYMENTS TO THE DEPARTMENT OF INSURANCE.

TAX PREPARER'S INFORMATION
Name <input type="text"/>
Title <input type="text"/>

INS 7141

TY2011