

Domestic Health Insuring Corporation

Calendar 2018

NAVIGATION LINKS

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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):	0.00
3	Less: Qualified Small Employer Health Care Alliances holding certificate of authority under O.R.C. §1731.021. Must attach supporting documentation to receive credit (b):	0.00
4	Less: Premiums not subject to Ohio Tax: <ul style="list-style-type: none"> a. Exempt Medicare: Parts A, B, and C (c): b. Medicare Part D: c. Federal Health Benefits: d. Other: Describe B and/or D:	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 minimum tax):	250.00
TAX SUMMARY		
8	Business Tax Credit (Form INS7140) pursuant to O.R.C. §5729.031. (If not applicable, do not fill out form.) <ul style="list-style-type: none"> Charge Allocation 0.00 	0.00
9	Subtotal after Business Tax Credit, or \$250 minimum tax:	250.00
10	Non-Refundable Credits: (b) <ul style="list-style-type: none"> A. <ul style="list-style-type: none"> Credit for purchases of qualified low-income community investments under O.R.C. §5725.33 (b): 0.00 B. <ul style="list-style-type: none"> Job retention credit under O.R.C. §122.171 (b): 0.00 Other (List) (b): 0.00 	0.00
11	Credit for Voluntary Contribution pursuant to O.R.C. §3901.47(E) (b):	0.00
12	Credit for Payments to the Ohio Life & Health Insurance Guaranty Assn., pursuant to O.R.C. §3956.20 (b):	0.00
13	Total Non-Refundable Credits (add Lines 10, 11, and 12):	0.00
14	Refundable Credits: (b) <ul style="list-style-type: none"> A. <ul style="list-style-type: none"> Job creation credit under O.R.C. §5725.32 and §122.17 (c): 0.00 B. <ul style="list-style-type: none"> Venture capital credit under O.R.C. §5725.19 and §150.07 (c): 0.00 C. <ul style="list-style-type: none"> Other (List) (c): 0.00 	0.00
15	Total Net Tax (Line 9 Minus Line 13 Minus Line 14):	250.00
NOTE: <ul style="list-style-type: none"> 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. 		

DO NOT FILE HARDCOPY NOT ACCEPTABLE FOR FILING

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"/>