



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

Domestic Insurance Tax Summary

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Company Name _____ Federal ID _____

Contact Person _____ Contact E-Mail _____

FIRE MARSHAL

Total Annual Taxes (per form INS7016) _____

Less Advance Payments (Due Oct 15) _____

Total This Payment _____

IMPORTANT NOTICE: ALL PREMIUM TAX PAYMENTS MUST BE SUBMITTED BY EFT\ACH TO THE TREASURER OF STATE. DO NOT ATTACH A COVER LETTER OR ANYTHING TO THIS FORM. DO NOT EMAIL OR MAIL ANY TAX RETURNS TO THE TREASURER OF STATE. DO NOT SEND A COPY OF THIS FORM TO THE OHIO DEPARTMENT OF INSURANCE.

When making your EFT\ACH payments please email this form immediately to Kelly.Alvis@tos.ohio.gov

PLEASE INDICATE BELOW ANY CHANGES TO THE FOLLOWING COMPANY INFORMATION:

Company Name _____ FEIN _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____