



Foreign & Alien Insurance Tax Summary

Company Name _____	Federal ID _____
Contact Person _____	Contact E-Mail _____

	<u>Premium/Retaliatory</u>	<u>Fire Marshal</u>	<u>Total</u>
Total Annual Taxes (per Tax Return)	_____	_____	_____
Less Advance Payments (Due Oct. 15)	_____	_____	_____
Less Additional Payment 1	_____	_____	_____
Less Additional Payment 2	_____	_____	_____
Total This Payment	_____	_____	

IMPORTANT NOTICE:

1. All Premium Tax Payments **must** be submitted by ACH Credit method only to the Ohio Treasurer of State. (Do not send checks).
2. EFT/ACH questions please contact the Ohio Treasurer of State EFT Help Desk at 877-338-6446.
3. Do not attach a cover letter or any miscellaneous items to this form.
4. Do not email or mail any Tax returns to the Ohio Treasurer of State.
5. Do not send a copy of this form to the Ohio Department of Insurance

Immediately after making your EFT payments please email this form to TOSINS@tos.ohio.gov.

PLEASE INDICATE BELOW ANY PAYMENT CONTACT CHANGES FOR YOUR COMPANY:

Company Name _____	Federal ID _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Telephone Number _____		