

Form 1 Insurance Premium Tax Return

Office of the Superintendent of Insurance Department of Finance, Government of Nunavut 2nd floor Parnaivik Building, 924 Mivvik Street P.O. Box 2260, Iqaluit, Nunavut, XOA 0H0

PART A - Company Information				
Tax year ending: (mm/dd/yyyy)		Nunavut Licence No.		
Company Name:				
Company Address:				
Contact Name: Email:			Phone: Ext:	
PART B - Calculation (complete return in	Canadian dollars)			
1 Total gross insurance premiums receivable in Nunavut		Life +		
		Other than Life +	Total Pre	emiums =
2 (a) Premiums returned		Life +		
(i.e. direct written premiums receivable as reported in the Annual Statement to the Superintendent).		Other than Life +		
2 (b) Dividends paid or accredited to policy holders in Nunavut (as reported in the Annual Statement).		Life +		
		Other than Life +		
2 (c) Other adjustments (attach descript	tion; use negative values for	Life +		
adjustments that increase taxable premium income).		Other than Life +	Total De	ductions =
3 (a) Taxable premium income (Total	Premiums less Total Deductions,)		
3 (b) Fire premiums included on Line	· 3a			
4 (a) Tax payable (3% of Line 3a) 4 (b) Tax payable on fire premiums (1% of Line 3b)			
5 Total tax payable (Line 4a + Line 4b)				
Note: Include pages 67.10 and	67.30 of your P&C-1 or P&C-2 o	r pages 95.010 and 95.020 of your I	LIFE-1 or LIFE-2 when you	u submit this return.
PART C - Declaration (must be completed	by an officer authorized to sign	for the Company)		
I declare this is a true and correct stathis declaration is the amount require		, ,	•	
Dated at	on	Name:		
	(mm/dd/yy	ryy)		
Office use only:		Title		
Date Received:				
Processed by:				
Payment Ref No.:		Circust		
GRN No.:		Signature		