

Municipality: _____

POC: _____

Tele: _____

Fax: _____

Email Address: _____

Insurance Premium Tax 2008 Reporting Form

Fax Date: _____

<u>NAIC</u>	<u>Insurance Company</u>	<u>Premium</u>	<u>Tax Payment</u>	<u>Check #</u>	<u>Check Date</u>

NOTE: Please fax IPT payment information to (205) 423-4099, or mail to: LaMATS
P.O. Box 830725
Birmingham, AL 35283-0725