

INSTRUCTIONS FOR AID AC FFM HM-T (Annual Report of Premiums and Taxes)

SECTION B: Information regarding the Arkansas credits

Arkansas Salary Credit § 26-57-604

Companies licensed to write health insurance may take a credit for noncommissioned salaries and wages of the insurer's Arkansas employees as an offset against the 2.5% tax on health premiums. The offset may not reduce tax due on health premiums by more than 80%. The criteria for the credit is in Schedule IC-PT, (page 3 of FORM AID AC PRIVATE OPTION HM-T annual report of premiums and taxes.)

Arkansas Comprehensive Health Insurance Pool § 23-79-507

The CHIP administrator will issue a notice of the available credit. **ATTACH COPY OF 2015 CREDIT.** Questions regarding the credit should be directed to the CHIP office at (501) 370-2659.

Affordable Neighborhood Housing Tax Credit § 15-5-1303 to 15-5-1304

Insurers that perform affordable housing assistance activities may take a premium tax credit for up to 30% of the total amount invested and not to exceed \$750,000 in any taxable year. Program must meet standards of and be approved by Arkansas Development Finance Authority. **ATTACH ELIGIBILITY STATEMENT.**

Low-Income Housing Tax Credit § 26-51-1702

Insurers are allowed a state income or premium tax credit equal to 20% of the federal low-income housing tax credit not to exceed \$250,000 in any taxable year. The credit is available for insurers that own an interest in a qualified project for which the Arkansas Development Finance Authority has issued an eligibility statement.

ATTACH ELIGIBILITY STATEMENT.

Arkansas Historic Rehabilitation Income Tax Credit § 26-51-2201, et. seq.

The tax credits are available to a person or entity that invests in the revitalization and rehabilitation of historic structures throughout Arkansas. The credit is available in the amount of 25% of the first \$500,000 in qualified rehabilitation expenses on income producing property or the first \$100,000 in qualified rehabilitation expenses on non-income producing property. **Attach the Certificate of Income Tax Credit issued by the Department of Arkansas Heritage.**

Delta Geotourism Incentive Tax Credit Act 349 of 2009

This Act provides for a tax credit for a person or entity investing \$25,000 or more in a geotourism-supporting business in the Lower Mississippi River Delta and complies with the requirements of Section 4(a) of the Act. Geotourism is defined as tourism that sustains or enhances the geographical character of an area.

ATTACH ELIGIBILITY STATEMENT.

Coal Mining Enterprise Credit § 26-51-511

Coal mining enterprises or eligible transferees are eligible for a tax credit if the coal was sold to an electric generation plant for less than \$40.00 per ton excluding freight charges. **ATTACH ELIGIBILITY STATEMENT.**

Capital Development Corporation Tax Credit § 15-4-1026, 15-4-1029(f)(1)

Person who purchases an equity interest in a capital development company between 2003 through 2013 is entitled to a credit against any state income tax liability or premium tax liability, which may be imposed on the purchaser for any tax year commencing with the tax year, which is two years after the date of the purchase. The credit shall be equal to thirty-three and one-third (33 1/3) of the actual purchase price paid for the equity interest to the company, including any fees or commissions to underwriters or sales agents paid by the company. No fees or commissions in excess of fifteen percent (15%) of the total purchase price may be considered in calculating the amount of the credit. In any one-tax year, the credit shall not exceed fifty percent (50%) of the net state income tax liability or premium tax liability of the taxpayer after all other credits or reductions in tax have been calculated. No credit under this section is allowed for any tax year after December 31, 2019. Upon dissolution, if the proceeds from the purchase of the equity interest have not been used for the purposes stated in § 15-4-1016 or for operating expenses, then each person who previously claimed a tax credit with respect to that purchase, the tax imposed for the year the dissolution occurs shall be increased by the tax credit amount associated with the unused purchase proceeds. **ATTACH ELIGIBILITY STATEMENT.**

Equity Investment Incentive Tax Credit § 15-4-3301, et seq.

Insurers are allowed a state income or premium tax credit for certain qualified equity investments up to 50% of net income or premium tax liability. **Attach the certified statement of the insurer, described in § 15-4-3305, and a tax credit certificate issued by the Arkansas Economic Development Commission.**

SECTION E:

The amount of quarterly prepayments must agree with the ACTUAL prepayment amounts paid each quarter.
DO NOT ROUND AMOUNTS.

Make one check payable to the State Treasurer of Arkansas and attach to the form. Checks for groups are not acceptable. Payment must be made for each individual company.

FFM-EST-Q PREPAYMENT BOX MUST INCLUDE CHECK NUMBER.

REFUNDS:

If a negative amount results, it cannot be carried forward. A refund will be processed after the audit is completed.

If a refund is due, check the line on page 1, in the upper right hand corner of the form.



ARKANSAS INSURANCE DEPARTMENT	2015 FORM AID AC FFM HM-T
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ACCOUNTING DIVISION
 1200 WEST THIRD STREET
 LITTLE ROCK, AR 72201-1904
 PHONE: (501) 371-2605
 www.insurance.arkansas.gov

ACCOUNTING DIVISION
 DUE MARCH 1, 2016
 ___ ORIGINAL FILING
 ___ AMENDED FILING
 ___ REFUND DUE

ANNUAL REPORT OF PREMIUMS, CO-PAYMENTS, TAXES, AND FEES OF ALL FEDERALLY FACILITATED MARKETPLACE (FFM) HOSPITAL MEDICAL SERVICE CORPORATIONS

STATE OF DOMICILE	NAIC COMPANY CODE (5 digit code)
COMPANY NAME	
MAILING ADDRESS	
CONTACT PERSON	TITLE
TELEPHONE NUMBER	EXT
	FAX NUMBER
EMAIL ADDRESS	

A. PREMIUM TAX:

EXHIBIT OF PREMIUMS, ENROLLMENT, AND UTILIZATION

- 1. Direct Written Premium and Co-Payments \$ _____
- 2. Tax 2 1/2 % \$ _____

B. CREDITS:

- 3. ARKANSAS SALARIES CREDIT (Schedule IC-PT) NOT TO EXCEED 80% OF SECTION A(2) \$(_____)
- 4. AR COMPREHENSIVE HEALTH INS POOL (CHIP) CREDIT \$(_____)
- 5. AFFORDABLE NEIGHBORHOOD HOUSING CREDIT \$(_____)
- 6. LOW-INCOME HOUSING TAX CREDIT \$(_____)
- 7. AR HISTORIC REHAB INCOME TAX CREDIT \$(_____)
- 8. DELTA GEOTOURISM INCENTIVE TAX CREDIT \$(_____)
- 9. **SUBTOTAL** A(2) LESS 3 THRU 8 \$ _____
- 10. CAPITAL DEVELOPMENT CORPORATION CREDIT \$(_____)
- 11. COAL MINING ENTERPRISE CREDIT \$(_____)
- 12. EQUITY INVESTMENT INCENTIVE TAX CREDIT \$(_____)

C. NET PREMIUM TAX:

- 13. B(9) LESS 10 THRU 12 \$ _____
AMOUNT CANNOT BE LESS THAN ZERO

NAIC _____ COMPANY NAME _____

2014 FORM AID AC FFM HM-T

D. FEES:

14. Filing Annual Statement \$ 50.00
15. Certificate of Authority Renewal \$ 100.00
16. Total Fees \$ 150.00

E. PREMIUM TAX AND FEES DUE:

17. C(13) + D(16) \$ _____
18. Less 2014 Quarterly Prepayments (from below) \$(_____)
19. NET PAYMENT DUE \$ _____

MAKE CHECK PAYABLE TO THE STATE TREASURER OF ARKANSAS AND ATTACH TO THIS FORM

2014 FORM AID AC FFM-EST-Q PREPAYMENTS

First Quarter	check #	\$
Second Quarter	check #	\$
Third Quarter	check #	\$

SCHEDULE IC-PT
HEALTH INSURERS SALARY ANNUAL OFFSET

Each authorized health insurer may take an annual credit for **non-commissioned** salaries and wages of the insurer's Arkansas employees as an offset against the 2.5% direct written tax on health insurance. The offset may not reduce tax due on health premiums by more than 80%. The employee must have been employed 6 months in Arkansas for the wages to qualify.

The Company **MUST** report as follows:

1. Number of non-commissioned Arkansas employees employed for a minimum of six (6) months as of the last day of the calendar year to which this report applies: _____.
2. Amount of **non-commissioned** salaries and wages paid to individuals listed in item 1 above:
_____.
3. Complete addresses of Company's Arkansas offices, which are staffed with individuals listed in Item 1.
 - a.
 - b.
 - c.

Attach additional sheets if necessary.

CHECKLIST

Required documentation for each credit take in Section B attached?..... YES NO

Completed Schedule IC-PT for Salary Credit?..... YES NO

Signed and notarized Affidavit?..... YES NO

Check Payable to STATE TREASURER OF ARKANSAS attached?..... YES NO

AFFIDAVIT

State of _____ County of _____

Comes _____ and states on oath that he/she is the

_____ of _____
(Title) (Name of Company)

and that the foregoing statements are true and correct as shown by the records of said Company.

(ORIGINAL SIGNATURE OF OFFICER)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the _____ day of _____, 20_____

NOTARY PUBLIC

My Commission Expires _____