



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Surplus Lines Division
500 James Robertson Parkway, 7th Floor
Nashville, TN 37243
(615) 741-1670**

Office Use Only
Reviewed By (Initial/Date)

PURCHASING GROUP STATEMENT OF PREMIUMS AND TAX PAYMENT

Total amount of gross taxable premiums includes all premiums, membership fees, assessments, dues, or any other consideration for insurance, as provided in the policy or contracts received by _____ agent or representative of the _____ Purchasing Group (Legal Name) _____ (FEIN #) located at _____ (Address) _____ (City, State, Zip Code) _____ (Phone Number), paid by or for policyholders residing in the State, or on property or risks located in this State.

	Premiums	Tax	Office Use Only
2.5% State Tax on Liability Premiums if obtained from an authorized insurer	\$	\$	CI 759 121/127
5.0% State Tax on Liability Premiums if obtained from an eligible surplus lines insurer	\$	\$	CI 759 121/127
Tax Period:	From (Month/Day/Year)	To (Month/Day/Year)	

STATE OF _____

COUNTY OF _____

I, _____, do hereby make oath that the foregoing Purchasing Group Statement of Premiums and Tax Payment is in accordance with Tenn. Code Ann. § 56-45-110, and is true to the best of my knowledge, information, and belief.

Signature of Agent or Representative

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ day of _____
MONTH YEAR

NOTARY PUBLIC

My commission expires on the _____ day of _____
MONTH YEAR

NOTE: Taxes are due by MARCH 1 for the tax period of January 1 through December 31 immediately preceding.

Make check payable to: Tennessee Department of Commerce & Insurance

Mail check to: State of Tennessee
The Department of Commerce & Insurance
Surplus Lines Division
500 James Robertson Parkway, 7th Floor
Nashville, TN 37243-1132

If you have any questions or need assistance in filling out the form, please contact the Surplus Lines Division at (615) 741-1670.