



**Premium Tax Act
Quarterly Instalment Return
Life and Accident & Sickness Insurers**

Superintendent of Insurance
Department of Justice and Public Safety
95 Rochford Street, 4th Floor, PO Box 2000
Charlottetown, PE C1A 7N8

Tel: 902 368 4569
Fax: 902 368 5283

Quarterly instalments for the taxation year ended: _____

Name of Company: _____

Mailing Address for
Premium Tax Purposes: _____

For each quarter enter the amount being remitted for taxes in the relevant box below.

	Life Premium Tax \$	Accident and Sickness Premium Tax \$
Quarter 1 instalment		
Quarter 2 instalment		
Quarter 3 instalment		
Quarter 4 instalment		

Total Amount Remitted: \$ _____

Please make Cheque payable to P.E.I. Minister of Finance

(Print Name)

Signature

Title

Date

Telephone No.

Fax No.

E-mail