



INSURANCE PREMIUM TAX RETURN (2021 AND LATER TAXATION YEARS)

FOR YEAR ENDED DECEMBER 31, _____ (DUE MARCH 15)

Company information
Company name
Address
Yukon Insurance Tax Reference Number

Agent, underwriter, or adjuster located in the Yukon
Name
Address

Insurance Premium Tax										
Amount of gross premiums receivable from policy holders resident in Yukon or whose property was situated in Yukon (by main categories)										
Life	Property	Auto liability	Auto person accident	Auto other	Liability insurance	Surety	Aircraft	Accident and sickness	Other	Total premiums
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Less: cash value of dividends paid or credited to policy holders										\$
Less: value of premiums returned										\$
Net premiums										\$
(multiply by) tax rate										4%
Insurance premium tax due										\$

(125-060301-0401)

I certify that the information contained in this return is true, correct and complete to the best of my knowledge and belief.	
Signature	Date
Name (print)	Title
Email	Phone

This return must be filed on or before March 15
in the year following the taxation year, to:

Deputy Head
Government of Yukon, Department of Finance
PO Box 2703, Whitehorse, Yukon, Y1A 2C6
Email: yk.taxreturns@yukon.ca

Any personal information provided on this form is being collected in accordance with section 29(c) of the *Access to Information and Protection of Privacy Act* (ATIPPA), as it relates to and is necessary for the purposes of administration of the *Insurance Premium Tax Act*. Questions about the collection or use of this information can be directed to: Government of Yukon, Department of Finance, Director Tax Administration, PO Box 2703, Whitehorse, YT, Y1A 2C6, email: yk.taxreturns@yukon.ca, phone: 867-667-5345, toll free in YT: 1-800-661-0408, ext. 0.