



## Tax return Insurance Tax

### Why this form?

This form is a tax return for insurance tax.

#### Submitting a return and making a payment

You must submit a return and pay the relevant amount before the end of the month following the period for which you are submitting the return. If you fail to submit the return or pay on time, you will face additional tax and a fine.

Pay the relevant amount to the Tax Department's bank account number NL26 INGB 0000 4412 90 in Apeldoorn, with BIC INGBNL2A. Always indicate the return number that is indicated on the form.

#### Completing and returning the return

Complete the relevant questions. Enter all of the amounts in whole Euro. You may round amounts down, in your favour. If the form does not offer sufficient space for completing your details, you may continue on a separate sheet of paper. Note the name of the tax-payer and the BSN/RSIN/fiscal number on all sheets.

Send this completed and signed from to:

Belastingdienst/Kantoor Arnhem  
Assurantiebelasting  
Postbus 9007  
6800 DJ Arnhem

#### Would you like to make subsequent corrections?

If you have sent your return but wish to make corrections, you may submit a payment appeal within 6 weeks of the payment date. Please send your letter to:

Belastingdienst/Kantoor Arnhem  
Assurantiebelasting  
Postbus 9007  
6800 DJ Arnhem

#### Privacy

We treat the data of citizens and companies and your privacy with care. Please visit [belastingdienst.nl/privacy](https://belastingdienst.nl/privacy) and see how we do this.

#### More information?

If you have any further questions, please go to [belastingdienst.nl/assurantiebelasting](https://belastingdienst.nl/assurantiebelasting) or call the Team Assurantiebelasting/Afdeling Financiële Instellingen on +31 88 154 54 30. They are available from Monday to Friday, between 08.00 and 16.00.

## 1 General details

1a	Name	<input type="text"/>																			
1b	Address	<input type="text"/>																			
1c	Postcode and town	<input type="text"/>	<input type="text"/>																		
1d	Country	<input type="text"/>																			
1e	BSN/RSIN/fiscal number	<input type="text"/>																			
1f	Your return number	<input type="text"/>																			

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

### Please note!

You will find the return number on the letter that you received from us previously. If you do not have a return letter, you can also create your own number

You will also require this number when you pay the amount corresponding to this return.

Section 01 to 09  
Section 10 to 12  
Section 13 to 14  
Section 15 to 18  
Section 19 to 20

Your BSN/RSIN/fiscal number. This number is copied from question 1e.

'ASB' is filled in here. You do not need to enter anything else.

Enter your sub-number. This can be found on your old return.

Enter the year for which you are completing the return, e.g. 2020

Enter the following code:

- Do you submit monthly? Enter the number of the month, e.g. '01' for January.
- Do you submit quarterly? Enter '21' for the 1st quarter, '24' for the 2nd quarter, '27' for the 3rd quarter and '30' for the 4th quarter.
- Do you submit annually? Enter '40'.

## 2 Calculating insurance tax

**NB:** Enter amounts in whole Euro. You may round down, in your favour.

2a	Premium amount that is exempt from insurance amount	€	<input type="text"/>
2b	Premium amount that is subject to insurance tax	€	<input type="text"/>
2c	Insurance tax to be paid	€	<input type="text"/>
2d	Calculation of insurance tax during this period	€	<input type="text"/>
	<input type="checkbox"/> Credit note		<input type="checkbox"/> Offset non-collectible claims
2e	<input type="checkbox"/> To be paid	€	<input type="text"/>
	<input type="checkbox"/> To be claimed back		

## 3 Signature

Name of contact person	<input type="text"/>	
Telephone number	<input type="text"/>	
Town	<input type="text"/>	
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	Number of enclosures <input type="text"/>
Signature	<input type="text"/>	

Please write in the box.

Please include your name, your BSN/RSIN/fiscal number and the return number on each sheet.

