

Arizona Fire Insurance Premium Tax Distribution Instructions for filing qualifying reports

Arizona revised statute A.R.S. [§20-224](#) section (b), has established a premium tax on fire insurance policies, which are distributed each year to qualified municipal fire departments, legally organized fire districts and those public agencies who hire a private contractor to provide fire protection services. The proceeds of the distribution are to be used exclusively for the benefit of fire fighters who have retired and met qualifying requirements or for whom a retirement fund has been established by their employer.

Fund distributions are based on the amount of fire insurance premium tax collected, the assessed value of the municipality or legally organized fire district and number of qualifying agencies.

There are three types of established funds 1) a fund administered directly by the municipality or fire district where the monies are invested directly by the Board, 2) a fund where an Alternative Retirement Plan has been purchased and investments are administered by a non-member of the fund board, 3) funds where employees retirement is covered under the Arizona Public Safety Personnel Retirement System. It is possible for municipal fire departments and legally organized fire districts to participate in two funds, depending on their employee types.

You must know what types of funds you are participating in to file the proper qualifying reports.

If you are a municipality or a legally organized fire district whose employees are covered exclusively by the Arizona Public Safety Personnel Retirement System, you fill out only one report – the PSPRS Qualifying Report. A copy of this report and the pertinent page or pages of the annual Audit Report covering the qualified fire fighters are the only forms that are required to be filed.

If you are a municipality or legally organized fire district who employees fire fighters, paid, part-time or non-paid, or has volunteers covered by a municipal or fire district operated fund you must file the Secretary's Report of Fund, as well as the pertinent page or pages of the annual Audit Report covering the qualified fire fighters.

If you are a municipality or legally organized fire district who employees fire fighters participating in the Arizona Public Safety Personnel Retirement System and maintain a fund for retirement benefits for part-time or non-paid, or volunteers you must file both reports.

INSTRUCTIONS – Secretary’s Report of Fund Page 1

Underlined is the Title of the Line: **Bold Italics is the action.** Italics is the information to be provided.

Provide the information requested on each line:

Name of the Department or District: *Enter the legal name of the agency.*

Mailing Address: *Enter the mailing address for the agency for whom the report is filed.*

Report of Fund for Fiscal Year Ended: *Enter the date for the 12 months covered by this report*

Signature of Preparer: *Enter the signature for the person responsible for this report*

Printed Name: *Enter the printed name of the person who is signing the report.*

Business Address: *Enter the mailing address of the preparer if different from that of the Department or District administrative offices.*

Business Hours Telephone Number: *Enter the telephone number of the preparer*

Email Address: *Enter the email address, if any, of the preparer.*

TYPE OF FUND: Please **check** the box that is appropriate for the type of fund. See explanations on page one.

REVENUES:

Monies received from the A.R.S. §20-224 section (b) premium tax distribution: *Enter the amount received from the state treasurer in the fiscal year of this report.*

Interest Earnings: *Enter the amount of earned by the fund from its investments during the fiscal year of this report.*

Employee Contributions: *Enter the amount withheld from employee pay for the fund during the fiscal year of this report.*

Employers Contributions: *Enter the amount paid by the employer for the fund during the fiscal year of this report.*

TOTAL REVENUES: *Enter the amount of all Revenues from above.*

EXPENDITURES:

Refund Payments: *Enter the amount of monies paid out of the fund to employees who have left employment during the fiscal year of this report.*

Relief Payments: *Enter the amount of monies paid out of the fund to employees who have been granted relief.*

Disability Payments: *Enter the amount of monies paid out of the fund to employees who have qualified for disability payments.*

Death Benefit Payments: *Enter the amount of monies paid out of the fund to employees survivors who qualify for death benefit.*

Article 3 Pension Payments: *Enter the amount of monies paid out of the fund to qualified retired employees.*

Article 4 Pension Payments: *Enter the amount of monies paid out of the fund to qualified retired employees by the alternate pension plan.*

Payment to a Private Fire Company: *Enter only the amount paid from the fund to the Private Fire Company for the pension fund established for employees of the private fire company.*

Payment for Professional Services: *Enter the amount of monies paid out of the fund to cover the costs of auditing, legal services or other fees paid to administer the fund.*

TOTAL EXPENDITURES: *Enter the total of all expense lines entered above to indicate the total monies paid out of the fund interest for the fiscal year covered by this report.*

Excess of Revenue over (under) expenditures: *Enter the amount of Revenues over (under) Expenditures: Subtract the amount of TOTAL EXPENSES line from TOTAL REVENUES line to indicate the funds net for the year.*

Year’s Beginning Balance: *Enter the number from the last fiscal year report indicating the balance of the fund at the end of the last reporting fiscal year.*

Year’s Ending Balance: *Enter the number showing the funds ending balance for the fiscal year on this report.*

INSTRUCTIONS – Secretary’s Report of Fund Page 2

Underlined is the Title of the Line: **Bold Italics is the action.** Italics is the information to be provided.

Provide the information requested on each line:

FUND DISTRIBUTIONS AUTHORIZED DURING FISCAL YEAR _____ . **Enter** the four digit year numbers of the year this report covers (same as previous page).

Type of Distribution: **Enter** the type of distribution made to the corresponding individual (pension, temporary relief, refund).

Name of Beneficiary: **Enter** the name to whom payment has been authorized.

Amount Distributed: **Enter** the total amount paid to this person for this type of distribution this fiscal year.

INSTRUCTIONS – Public Safety Personnel Retirement System Qualifying Report

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Provide the information requested on each line:

Name of the Department or District: **Enter** the legal name of the agency.

Mailing Address: **Enter** the mailing address for the agency for whom the report is filed.

Report of Fund for Fiscal Year Ended: **Enter** the date for the 12 months covered by this report

Signature of Preparer: **Enter** the signature for the person responsible for this report

Printed Name: **Enter** the printed name of the person who is signing the report.

Business Address: **Enter** the mailing address of the preparer if different from that of the Department or District administrative offices.

Business Hours Telephone Number: **Enter** the telephone number of the preparer

Email Address: **Enter** the email address, if any, of the preparer.