

**INTERNATIONAL BANK AGENCY/BRANCH
 SEMIANNUAL ASSESSMENT RETURN**

Assessment Date: June 30, 20____
 December 31, 20____

Name: _____

E-Mail Address: _____

Address: _____

Web Address: _____

1.	Total Assets as of: 6 / 30 / 2009	\$
2.	Deduct: Net Due From	\$
3.	Add: Gross Due From	\$
4.	Total Assets for Assessment	\$
5.	Base Assessment	\$
6.	_____ x (Assessment Rate) (Total Excess Assets)	\$
7.	Total Assessment (Line 5 + Line 6) note minimum required*:	\$
Attach Check Payable to: OFFICE OF FINANCIAL REGULATION		/ /
		Date Transmitted
Signature: _____		
Title: _____		

INSTRUCTIONS

- In Item 1, *Total Assets*, show the amount reflected in the Report of Assets and Liabilities, Schedule RAL, Line 3, Column A.
- In Item 2, *Deduct: Net Due From*, show the amount reflected in the Report of Assets and Liabilities, Schedule M, Line 4 if that amount is greater than zero.
- In Item 3, *Add: Gross Due From*, show the amount reflected in the Report of Assets and Liabilities, Schedule M, Line 3, Column A.
- In Item 4, *Total Assets for Assessment*, add the amounts shown in items one through three.
- In Item 5, *Base Assessment*, insert the base assessment amount from the ASSESSMENT CALCULATION SCHEDULE below.
- In Item 6, insert the *Assessment Rate* factor from the ASSESSMENT CALCULATION SCHEDULE on the appropriate line. On the *Total Excess Assets* line, insert the agency's excess assets in accordance with the ASSESSMENT CALCULATION SCHEDULE.
- In Item 7, *Total Assessment*, add the amounts shown in items five and six and deduct any overpayment from the previous assessment period (if applicable). The total assessment must equal at least \$1,000.00.
- The agency officer who is responsible for the preparation of this form must sign the form, indicate his/her title, and indicate the date the form is transmitted.
- According to Section 655.047(2), Florida Statutes, semiannual assessment forms must be postmarked on or before January 31 and July 31 of each year. The Office may levy a late payment penalty of up to \$100 per day or part thereof that a semiannual assessment payment is overdue.**

* Pursuant to Chapter 97-30, Laws of Florida, the total assessment must equal at least \$1,000.00.

ASSESSMENT CALCULATION SCHEDULE				
If Agency's Total Assets Are:		Base Assessment Amount	Assessment Rate Factor	On The Excess Asset Amount Over
Over \$ Million	Not Over \$ Million			
0	35	0	0.000065	0
35	100	2,275	0.000052	35
100	500	5,655	0.000040	100
500	1,000	21,655	0.000028	500
1,000	2,500	35,655	0.000016	1,000
2,500	5,000	59,655	0.000004	2,500
5,000	7,500	69,655	0.000002	5,000
7,500	10,000	74,655	0.0000008	7,500
10,000	-----	76,655	0.0000004	10,000

**DEPOSIT TO: Fee-International Assessment
 ORG CODE: 43843000000
 PROPOSED FLAIR OBJECT CODE: 001043
 EO: V1
 REVENUE SOURCE CODE: 212 (Agency/Branch Assessments)**