

# Form T-71A SURPLUS LINE 2011

## State of Rhode Island and Providence Plantations SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS for Calendar Year Ending December 31, 2010 Due on or before April 1, 2011

NAME	
ADDRESS	
CITY	STATE ZIP CODE
FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER	E-MAIL ADDRESS
STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION	BROKER LICENSE NUMBER

### Computation of Tax

	Column A January 1 - June 30	Column B July 1 - December 31
1. Gross premium charged .....	1a.	1b.
2. Returned Premiums .....	2a.	2b.
3. Net Taxable Premium (Line 1 minus Line 2) .....	3a.	3b.
<b>Tax and Payments</b>		
4. Surplus Line Broker Tax Rate .....	4a. <b>3.0%</b>	4b. <b>4.0%</b>
5. SURPLUS LINE BROKER TAX - Line 3a and Line 3b times applicable rate .....	5a.	5b.
6. TOTAL SURPLUS LINE BROKER TAX - Add Line 5a and Line 5b .....	6.	
7. Payments made on 2010 Declaration of Surplus Line Brokers Estimated Tax .....	7.	
<b>Balance Due</b>		
8. Net Tax Due - Line 6 minus Line 7 .....	8.	
9. Interest .....	9.	
10. Total Due with Return - Add Lines 8 and 9 .....	10.	
<b>Refund</b>		
11. Overpayment - Line 7 minus Line 6 .....	11.	
12. Amount to be Applied to Estimated Tax for Calendar Year 2011 .....	12.	
13. Amount to be Refunded - Line 11 minus Line 12 .....	13.	

### GENERAL INSTRUCTIONS

**NOTE: IF THIS RETURN IS COMPLETED ON A COMPANY BASIS, PLEASE INCLUDE A LIST OF BROKERS ON PAGE 2.**

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| <p>Line 1: <b>Gross Premium Charged:</b><br/> <u>Column A:</u> Add the Premium Column Total to the Additional Premium Column Total from the Return Supplement on Page 3.<br/> <u>Column B:</u> Add the Premium Column Total to the Additional Premium Column Total from the Return Supplement on Page 4.</p> <p>Line 2: <b>Amount of Returned Premiums:(see note on Page 3 and 4)</b><br/> <u>Column A:</u> Enter the amount from Return Premium Column Total from the Return Supplement on Page 3.<br/> <u>Column B:</u> Enter the amount from Return Premium Column Total from the Return Supplement on Page 4.</p> <p>Line 3: Net Taxable Premium - For Columns A and B, Line 1 minus Line 2.</p> <p>Line 4: <b>Surplus Line Broker Tax Rate:</b> Column A 3%, Column B 4%</p> <p>Line 5: <b>Surplus Line Broker Tax:</b><br/> <u>Column A:</u> Multiply Line 3a times 3% (0.0300).<br/> <u>Column B:</u> Multiply Line 3b times 4% (0.0400).</p> | <p>Line 6: Total Surplus Line Broker Tax - Add Line 5a and Line 5b.</p> <p>Line 7: Enter the Amount of Estimated Tax Paid for calendar year 2010, plus any amounts applied from calendar year 2009.</p> <p>Line 8: Net Tax Due - Subtract Line 7 from Line 6.</p> <p>Line 9: Interest on Tax Due - 18% per annum, 1.5% per month.</p> <p>Line 10: Total Due with Return - Add Line 8 and Line 9.</p> <p>Line 11: Overpayment - Subtract Line 6 from Line 7.</p> <p>Line 12: Enter the amount from Line 11 that is to be applied to Calendar Year 2011 Declaration of Estimated Tax.</p> <p>Line 13: Enter the amount from Line 11 to be refunded. Subtract Line 12 from Line 11.</p> |
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Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature of authorized officer \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Signature of preparer \_\_\_\_\_ Address of preparer \_\_\_\_\_

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES  NO  Phone number \_\_\_\_\_

MAILING ADDRESS: OVERPAYMENTS/REFUNDS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5811  
 PAYMENTS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5814

key#13

# Form T-71A

## State of Rhode Island and Providence Plantations SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT

Name \_\_\_\_\_ Fed ID# \_\_\_\_\_

This page should be used by agencies/companies that have individual licensees which are covered under this return.

BROKER SSN#	BROKER NAME	BROKER ADDRESS	BROKER LICENSE#

SSN/FEI Number: \_\_\_\_\_  
 Signature of Broker: \_\_\_\_\_  
 Licensee: \_\_\_\_\_

**Form T-71A**  
**SURPLUS LINE**  
**2011**

State of Rhode Island and Providence Plantations  
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT AT 3% RATE  
FOR POLICIES INVOICED FROM JANUARY 1, 2010 THROUGH JUNE 30, 2010

Name \_\_\_\_\_ Fed ID# \_\_\_\_\_

NAIC#	*CARRIER NAME (Company carrying the risk, not the Wholesale Broker.)	NAME OF INSURED	RISK LOCATION	INVOICE DATE	PREMIUM	RETURN * PREMIUM	ADDITIONAL PREMIUM

Premium Totals---->

SSN/FEI Number: \_\_\_\_\_  
Signature of Broker: \_\_\_\_\_  
Licensee: \_\_\_\_\_

**\* RETURN PREMIUMS SHOULD BE REPORTED AT THE SAME TAX RATE  
THAT WAS USED WHEN THE PREMIUM WAS ORIGINALLY CHARGED.**

# Form T-71A SURPLUS LINE 2011

## State of Rhode Island and Providence Plantations SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT AT 4% RATE FOR POLICIES INVOICED FROM JULY 1, 2010 THROUGH DECEMBER 31, 2010

Name \_\_\_\_\_ Fed ID# \_\_\_\_\_

NAIC#	*CARRIER NAME <small>(Company carrying the risk, not the Wholesale Broker.)</small>	NAME OF INSURED	RISK LOCATION	INVOICE DATE	PREMIUM	RETURN * PREMIUM	ADDITIONAL PREMIUM
<b>Premium Totals-----&gt;</b>							

SSN/FEI Number: \_\_\_\_\_  
Signature of Broker: \_\_\_\_\_  
Licensee: \_\_\_\_\_

**\* RETURN PREMIUMS SHOULD BE REPORTED AT THE SAME TAX RATE  
THAT WAS USED WHEN THE PREMIUM WAS ORIGINALLY CHARGED.**

Revised 7/19/2010