Form T-71H
HEALTH INSURANCE
2011TY

State of Rhode Island and Providence Plantations
HEALTH INSURANCE COMPANIES TAX RETURN OF GROSS PREMIUMS
for Calendar Year Ending December 31, 2011
Due on or before March 1, 2012

NAME	
ADDRESS	

CITY	STATE	ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER	E-MAIL ADDRESS

STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION	COMPANY TYPE

■ **THIS FORM IS TO BE USED BY NONPROFIT HOSPITAL SERVICE CORPORATIONS, NONPROFIT DENTAL CORPORATIONS, NONPROFIT MEDICAL SERVICE CORPORATIONS AND HEALTH MAINTENANCE ORGANIZATIONS**

■ **NOTE: ATTACH LEGIBLE COPY OF SCHEDULE T AND SCHEDULE OF DIRECT BUSINESS IN THIS STATE FROM THE ANNUAL STATEMENT SUBMITTED TO THE INSURANCE COMMISSIONER**

Tax Computation

Tax and Fee Amount	1. Direct Premiums (Gross premiums less return premiums from Schedule T, Part 1 of Annual Statement to Insurance Commissioner)		1.
	2. TAX - 2.0% (0.02) of Line 1..........		2.
Credits and Payments	3. RI Credits: Form #_____ $_____ Form #_____ $_____ Form #_____ $_____		3.
	4. TAX AFTER CREDITS - LINE 2 LESS LINE 3		4.
	5. Payments made on 2011 Declaration of Estimated Tax	5.	
	6. Other Payments	6.	
	7. TOTAL PAYMENTS - Add lines 5 and 6		7.
Balance Due	8. Net Tax Due - Line 4 minus Line 7		8.
	9. Interest Due: (a) Late payment:18% per annum (1.5% per month)_____ (b) Underestimating:_____		9.
	10. Total due with return - Add lines 8 and 9		10.
Refund	11. Overpayment - Line 7 minus Lines 4 and 9		11.
	12. Amount of overpayment to be applied to Estimated Tax for 2012 Calendar Year		12.
	13. Amount to be refunded - Line 11 minus Line 12		13.

CERTIFICATION: This certification must be executed or the return must be sworn before some person authorized to administer oaths.

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