

State of Rhode Island Division of Taxation  
**2023 Form T-71**  
 Insurance Companies Tax Return of Gross Premiums



23111699990101

<input type="checkbox"/> Insurance Company <input type="checkbox"/> Nonprofit Hospital Service Corp, Nonprofit Dental Corp, Nonprofit Medical Service Corp and HMO <input type="checkbox"/> Amended	Name		Federal employer identification number	
	Address		State or country of incorporation or organization	
	Address 2		Company type: stock, mutual or participating	
	City, town or post office	State	ZIP code	E-mail address

**Schedule A - Computation of Tax**

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

	1a Direct premiums (Gross premiums less return premiums from Sch. T, Part 1 of Annual Statement to Insurance Commissioner).....	1a		
	b Reinsurance assumed from companies not authorized to do business in Rhode Island (covering property and risks in RI).....	1b		
	2 TOTAL PREMIUMS. Add lines 1a and 1b .....	2		
Deductions	3a Dividends paid or credited to policyholders - Direct (Mutual & Mutual Plan Companies Only).....	3a		
	b Federally exempt premiums. See instructions. (Gross premiums less return premiums).....	3b		
	c Capital investments deduction.....	3c		
	d Tax Incentives for Employers deduction - <b>R.I. Gen. Laws §44-55.</b> Attach Form RI-107.....	3d		
	4 TOTAL DEDUCTIONS. Add lines 3a, 3b, 3c and 3d.....	4		
	5 Net taxable premium. Subtract line 4 from line 2.....	5		
Tax and Fee Amount	6a Rhode Island tax. Multiply line 5 by the tax rate of 2% (0.02).....	6a		
	b Tax that would be imposed by taxpayer's state or country.....	6b		
	7 TOTAL TAX DUE. Line 6a or 6b, whichever is greater.....	7		
	8a RI Credits from Schedule B-CR, Business Entity Credit Schedule, line 19.....	8a		
	b Life and Health Guaranty Fee.....	8b		
	9 TOTAL CREDITS. Add lines 8a and 8b.....	9		
	10a TAX AFTER CREDITS. Subtract line 9 from line 7. If zero or less, enter zero.....	10a		

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Name	Federal employer identification number

	10b TAX AFTER CREDITS from line 10a.....		10b	
Payments	11a Payments made on 2023 BUS-EST, Business Tax Estimated Payment.....	11a		
	b Other payments.....	11b		
	12 TOTAL PAYMENTS. Add lines 11a and 11b.....		12	
	13 Previously issued overpayments (if filing an amended return).....		13	
	14 Net Payments. Subtract line 13 from line 12.....		14	
Balance Due	15 Net tax due. Subtract line 14 from line 10b.....		15	
	16 Interest due: (a) Late payment interest _____ (b) Underestimating interest _____ Total (a) + (b) ....		16	
	17 TOTAL DUE WITH RETURN. Add lines 15 and 16.....		17	
	18 Overpayment. Subtract lines 10b and 16 from line 14.....		18	
Refund	19 Amount of overpayment to be applied to 2024 estimated tax.....		19	
	20 Amount to be refunded. Subtract line 19 from line 18.....		20	

**IMPORTANT INFORMATION**

**See Form Instructions for requirements on how to file your return and remit payments.**

Form T-71 is due on or before April 15, 2024.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code PTIN

May the Division of Taxation contact your preparer? YES