

State of Rhode Island Division of Taxation  
**Form T-71SP**  
 Self Procurement Insurance Premiums Return



13111899990101

Name		Federal employer identification number/social security number	
Address		For the period ending:	
Address 2			
City, town or post office	State	ZIP code	E-mail address

CARRIER NAME (Company carrying the risk, not the wholesale broker)	BROKER (If applicable)	TYPE OF COVERAGE	POLICY EFFECTIVE DATE	POLICY #	PREMIUM
a					
b					
c					
d					
e					

**Computation of Tax**

1 Gross premium charged. Enter the total of amounts in the "Premium" column above.....	1		
2 SELF PROCUREMENT TAX. Multiply line 1 by the tax rate of 4% (0.04).....	2		
3 Interest. Rate: 12% per annum, 1% per month.....	3		
4 Total due with return. Add lines 2 and 3.....	4		

**GENERAL INSTRUCTIONS**

Return is due within thirty (30) days after procurement. Enter the required information on lines a, b, c, d and e in the table above. Enter only the Rhode Island portion of the premium.

If more lines are needed, attach a separate sheet listing the required information.

- Line 1: Gross Premium Charged. Add the amounts from lines a, b, c, d and e from the Premium Column and enter here.
- Line 2: Self Procurement Tax. Multiply line 1 by the tax rate of 4% (0.04).
- Line 3: Interest on Tax Due. 12% per annum, 1% per month.
- Line 4: Total Due with Return. Add lines 2 and 3.

**IMPORTANT:**

Attach a copy of policy, covernote or other documentation supporting the amount(s) of coverage, effective date(s) and premium(s) for this policy. If the premium stated is an allocation premium, the basis for allocation must be provided.

Attach additional schedules as needed.

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