

Form T-71SP
SELF PROCUREMENT
2013

State of Rhode Island and Providence Plantations
SELF PROCUREMENT INSURANCE PREMIUMS RETURN
For Coverage Procured in Calendar Year 2013
Due within thirty (30) days after procurement
RIGL § 27-3-38.1

INSURED NAME	
ADDRESS	
CITY	STATE ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER	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.					

Computation of Tax

1. Gross premium charged. Enter total of amounts in the "Premium" column above.....	1.	
2. SELF PROCUREMENT TAX. Rate: 4%. Multiply line 1 by the tax rate of 4% (0.04)	2.	
3. Interest. Rate: 18% per annum, 1.5% per month.....	3.	
4. Total Due with Return. Add lines 2 and 3.....	4.	

GENERAL INSTRUCTIONS

Enter the required information on lines a, b and c in the table above.

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 and c 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. 18% per annum, 1.5% 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.

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 _____