State of Rhode Island and Providence Plantations

2014 Form T-71A

Surplus Line Broker Return of Gross Premiums

14111788880101

Name	Federal employer identification number/social security number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
Address	**State or country of incorporation or organization**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address 2	**Broker license number**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999999999999999999999999

City, town or post office	State	ZIP code	E-mail address
XXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Computation of Tax

	1	Gross premium charged	1	9999999999 99		
	2	Returned Premiums	2	9999999999 99		
	3	Net Taxable Premium. Subtract line 2 from line 1			3	9999999999 99
Tax and Credits	4	SURPLUS LINE BROKER TAX. Rate: 4%. Multiply line 3 by the tax rate of 4% (0.04)			4	9999999999 99
	5	Payments made on 2014 declaration of estimated tax	5	9999999999 99		
Balance Due	6	Net Tax Due. Subtract line 5 from line 4			6	9999999999 99
	7	Interest Due: (a) Late payment (b) Underestimating			7	9999999999 99
	8	Total Due with Return. Add lines 6 and 7			8	9999999999 99
Refund	9	Overpayment. Subtract lines 4 and 7 from line 5			9	9999999999 99
	10	Amount of overpayment to be applied to 2015 estimated tax			10	9999999999 99
	11	Amount to be refunded. Subtract line 10 from line 9			11	9999999999 99

DRAFT 10/1/2014

INSURANCE AGENCIES:
ENTER THE FEDERAL IDENTIFICATION NUMBER OF THE AGENCY ONLY IN THE SPACE PROVIDED ABOVE. DO NOT ENTER A BROKER'S SOCIAL SECURITY NUMBER. YOU MUST COMPLETE PAGE 2, LIST OF BROKERS, IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO BE RENEWED. IF PAGE 2 IS NOT COMPLETED, LICENSE RENEWALS MAY BE DELAYED.

INDIVIDUALS:
YOU MUST ENTER YOUR SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED ABOVE. DO NOT ENTER THE INSURANCE AGENCY'S FEDERAL IDENTIFICATION NUMBER. SKIP PAGE 2, AND GO DIRECTLY TO PAGE 3.

Line 1: Gross Premium Charged - From the Return Supplement on page 3, add the Premium Column Total to the Additional Premium Column Total.

Line 2: Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total.

Line 3: Net Taxable Premium. Subtract line 2 from line 1.

Line 4: Surplus Line Broker Tax. Multiply line 3 times rate of 4% (0.04).

Line 5: Enter the amount of estimated tax paid for tax year 2014, plus any amounts applied from tax year 2012.

Line 6: Net Tax Due. Subtract line 5 from line 4.

Line 7: Interest Due:
(a) Late payment interest: 18% per annum, 1.5% per month.
(b) Underestimating interest - see Regulation CT12-10.
Enter the sum of lines (a) and (b) on line 7.

Line 8: Total Due with Return. Add lines 6 and 7.

Line 9: Overpayment. Subtract lines 4 and 7 from line 5.

Line 10: Enter the amount from line 9 to be applied to 2015 Estimated Tax.

Line 11: Subtract line 10 from line 9. This is the amount to be refunded.

Mail Form T-71A by April 1, 2015 with any payment due to:
RI Division of Taxation - One Capitol Hill - Providence, RI 02908

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
	XXXXXXXXXXXXXXXXXXXXXX	11/18/2014	(401)555-5555

Paid preparer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXXXX	11/18/2014	(401)444-4444

Paid preparer address	City, town or post office	State	ZIP code	PTIN
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XX	99999	A99999999

May the Division of Taxation contact your preparer? YES ☒

Revised 09/2014 Key # 13

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Surplus Line Broker Return of Gross Premiums

14111788880102

Name	Federal employer identification number
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	99-9999999

This page must be completed by agencies/companies with individual licensees covered under this return to prevent a delay in renewing the licenses of those individuals.

Broker SSN	Broker Name	Broker Address	Broker License Number
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999
999-99-9999	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	99999999999999

SSN/FEIN: 999-99-9999

Signature of broker:

Licensee: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

DRAFT 03/12/2014

State of Rhode Island and Providence Plantations

2014 Form T-71A

Surplus Line Broker Return of Gross Premiums

14111788880103

Name	Federal employer identification number/social security number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

For policies invoiced from January 1, 2014 through December 31, 2014

NAIC#	Carrier Name	Company carrying the risk, not the Wholesale Broker	Name of Insured	Risk Location	Invoice Date	Premium	Return Premium	Additional Premium

There will be no data being captured from page 3. This page will be imaged only. Disregard any fillable fields on this page.

DRAFT 09/12/2014

Premium totals - - - >

SSN/FEIN: 999-99-9999

Signature of broker:

Licensee: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX