State of Rhode Island and Providence Plantations

2015 Form T-71A

Surplus Line Broker Return of Gross Premiums

15111799990101

Name			Federal employer identification number/social security number
Address			State or country of incorporation or organization
Address 2			Broker license number
City, town or post office	State	ZIP code	E-mail address

Computation of Tax

	1	Gross premium charged	1	
	2	Returned Premiums	2	
	3	Net Taxable Premium. Subtract line 2 from line 1		3
Tax and Credits	4	SURPLUS LINE BROKER TAX. Rate: 4%. Multiply line 3 by the tax rate of 4% (0.04)		4
	5	Payments made on 2015 declaration of estimated tax	5	
Balance Due	6	Net Tax Due. Subtract line 5 from line 4		6
	7	Interest Due: (a) Late payment _____ (b) Underestimating _____		7
	8	Total Due with Return. Add lines 6 and 7		8
Refund	9	Overpayment. Subtract lines 4 and 7 from line 5		9
	10	Amount of overpayment to be applied to 2016 estimated tax		10
	11	Amount to be refunded. Subtract line 10 from line 9		11

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 2015, plus any amounts applied from tax year 2014.

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 2016 Estimated Tax.

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

Mail Form T-71A by April 1, 2016 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
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 ☐

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DRAFT 08/28/2015

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15111799990102

Name	Federal employer identification number

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

SSN/FEIN:

Signature of broker:

Licensee:

DRAFT 08/28/2015

State of Rhode Island and Providence Plantations

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15111799990103

Name	Federal employer identification number/social security number

For policies invoiced from January 1, 2015 through December 31, 2015

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

SSN/FEIN:

Signature of broker:

Licensee:

DRAFT 08/28/2015