State of Rhode Island and Providence Plantations

2015 Form T-71

Insurance Companies Tax Return of Gross Premiums

15111699990101

☐ Insurance Company	Name		Federal employer identification number
☐ Nonprofit Hospital Service Corp, Nonprofit Dental Corp, Nonprofit Medical Service Corp and HMO	Address		State or country of incorporation or organization
	Address 2		Company type: stock, mutual or participating
☐ Amended	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 Schedule 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 Rhode Island)	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 - **RIGL §44-55**. Attach Form RI-107	3d	
	4	TOTAL DEDUCTIONS. Add lines 3a, 3b, 3c and 3d		4
Tax and Fee Amount	5	Net taxable premium. Subtract line 4 from line 2		5
	6a	Rhode Island tax. Multiply line 5 by the tax rate of 2% (0.02)	6a	
	b	Retaliatory tax from page 2, Schedule B, line 3	6b	
	7	TOTAL TAX DUE. Add lines 6a and 6b		7
	8a	RI Credits from Schedule B-CR, Business Entity Credit Schedule, line 21	8a	
	b	Life and Health Guaranty Fee	8b	
	9	TOTAL CREDITS. Add lines 8a and 8b		9
	10	TAX AFTER CREDITS. Subtract line 9 from line 7. If zero or less, enter zero		10
	11	FEES under Retaliatory Provisions from page 2, Schedule C, line 3		11
	12	TOTAL TAX AND FEES DUE. Add lines 10 and 11		12
Payments	13a	Payments made on 2015 BUS-EST, Business Tax Estimated Payment	13a	
	b	Other payments	13b	
	14	TOTAL PAYMENTS. Add lines 13a and 13b		14
Balance Due	15	Net tax due. Subtract line 14 from line 12		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
Refund	18	Overpayment. Subtract lines 12 and 16 from line 14		18
	19	Amount of overpayment to be applied to 2016 estimated tax		19
	20	Amount to be refunded. Subtract line 19 from line 18		20

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

15111699990102

Name	Federal employer identification number

Schedule B - Computation of Tax Upon Retaliatory Basis (RIGL 44-17-1)

1	Tax that would be imposed by taxpayer's state or country	1	
2	Rhode Island tax. Amount from Schedule A, line 6a	2	
3	Tax Due. Subtract line 2 from line 1. If zero or less, enter zero. Enter here and on page 1, Schedule A, line 6b.	3	

Schedule C - Computation of Reciprocal Fees and Assessments (RIGL 27-2-17)

1	Fees and assessments that would be imposed by taxpayer's state or country	1	
2	Fees billed by the RI Insurance Division related to annual filings and fees (see instructions)	2	
3	Reciprocal fees and assessments due. Subtract line 2 from line 1. If zero or less, enter zero. Enter here and on page 1, Schedule A, line 11	3	

IMPORTANT INFORMATION

Mail Form T-71 with any payment due to: RI Division of Taxation - One Capitol Hill - Providence, RI 02908
Form T-71 is due on or before March 1, 2016

DRAFT 08/28/2015