T-71A SURPLUS LINE BROKER 2005

STATE OR RHODE ISLAND
DEPARTMENT OF ADMINISTRATION/DIVISION OF TAXATION
ONE CAPITOL HILL, STE 9
PROVIDENCE, RI 02908-5811

SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS FOR CALENDAR YEAR 2004

1956 Rhode Island General Laws, *Title 27, Chapter 3, Section 38*.....
Every person, firm or corporation licensed pursuant to the provisions of this section shall file with the insurance commissioner, not later than April 1 of each year, a certificate of the Tax Administrator, on a blank furnished by the insurance commissioner, certifying that the licensee has paid to the tax administrator, for all policies procured by said licensee pursuant to such license, during the next preceding calendar year, a tax, computed at the rate of three percent (3%) on the gross premiums charged the insured by the insurers, less the amount of such premiums returned to the insureds.
(As enacted by the 1959 Public Laws, Chapter 155.)

FED ID#:

State or Country of Incorporation or Organization:
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1. Gross Premium Charged.....$_____
2. Less: Amount of Returned Premiums..... _____
3. Balance Subject to Tax..... _____
4. **Tax** (3% of Amount on Line 3)..... _____
5. Estimated Payments Made For This Taxable Year.. _____
6. **Balance Due or (Overpayment)**..... _____
7. Overpayment Credited to Following Year..... _____
8. Refund..... _____

CERTIFICATION

This certification must be executed or the return must be sworn to before some person authorized to administer oaths.

I, the undersigned,_____ of the company for which this return is made, 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, and that this return is made under the penalty of perjury.

Date_____ _____
Signature & Title of Authorized Officer

THIS RETURN AND CHECK MADE PAYABLE TO THE RHODE ISLAND TAX ADMINISTRATOR MUST BE RETURNED ON OR BEFORE APRIL 1, 2005 TO:

RHODE ISLAND DIVISION OF TAXATION
ONE CAPITOL HILL, STE 9
PROVIDENCE, RI 02908-5811

Rev 12/99

RHODE ISLAND DIVSISION OF TAXATION
SURPLUS LINE BROKER TAX RETURN SUPPLEMENT

CARRIER #	NAME OF INSURED	RISK LOCATION	POLICY EFFECTIVE DATE	PREMIUM	RETURN PREMIUM	ADD'L PREMIUM	Y N	COURTESY FILING NAME ADDRESS
PAGE TOTALS				-------	-------	--------		

SOCIAL SECURITY #________________ FEDERAL I.D. #________________

SIGNATURE OF BROKER________________________________

LICENSEE ________________________________