



pennsylvania

DEPARTMENT OF REVENUE
Bureau of Corporation Taxes
PO BOX 280407
Harrisburg PA 17128-0407

**GROSS PREMIUM TAX
FOR FOREIGN CASUALTY OR FOREIGN FIRE
INSURANCE COMPANIES, ASSOCIATIONS OR EXCHANGES
2011 REPORT**

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	CORP TAX ACCOUNT ID _____ (Department Use Only) Date Received _____ FEDERAL ID (EIN) _____ <input type="checkbox"/> Check to indicate a change of address
<input type="checkbox"/> Check to send all correspondence to preparer.	
State of Domicile _____ NAIC No. _____	

☐ First Report
 ☐ Amended Report (See instructions.)
 ☐ EIP Credit
 ☐ Last Report (Out-of-Existence as of _____.)

ANNUAL PAYMENTS

TAX YEAR ENDING

12/31/11

DUE DATE

04/15/12

Fill in corresponding self-assessed tax, prepayments, restricted credit, remittance amount and grand totals.

TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
	TYPE CODE	BUDGET CODE				
FOREIGN CASUALTY - 2%	60	710101				
FOREIGN CASUALTY - RETALIATORY	60	125163				
FOREIGN FIRE - 2%	60	115101				
FOREIGN FIRE - RETALIATORY	60	125165				
GRAND TOTALS						

☐ PLEASE CHECK THIS BOX ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID ELECTRONICALLY.

OVERPAYMENT INSTRUCTIONS (Choose only Option A or Option B and write the appropriate letter in the box provided.)

- ☐ A = Automatically transfer overpayments to other underpaid taxes for the current tax period, then to the next tax period.
☐ B = Refund overpayment(s) of the current tax period after paying any other underpaid taxes for the current tax period.

By checking the "Amended Report" box on this form, the taxpayer consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer	Title	Date	Telephone Number ()
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I affirm under penalties prescribed by law, this report (including any accompanying schedules and statements) has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

PRINT Individual Preparer or Firm's Name	Signature of Preparer	Fax Number ()
PRINT Individual or Firm's Street Address	Title	Telephone Number ()
City _____ State _____ ZIP Code _____	E-mail Address _____	

RETALIATORY WORKSHEET**SCHEDULE OF TAXES, ASSESSMENTS, LICENSES AND FEES**

	PENNSYLVANIA	STATE OF DOMICILE
Premium Taxes:		
Fire, Casualty and Title Premiums	\$	\$
Ocean Marine Gross Profit Tax		
Life Premiums		
Annuities		
Accident and Health Premiums		
Reinsurance Assumed from Unauthorized Companies		
Other Taxes (Fire Marshal, Franchise, Income, etc.)		
Worker's Compensation Assessments (Not a retaliatory item for PA)		
Other Assessments		
Licenses and Fees (Annual Basis)		
Totals	\$	\$
Retaliatory Payable to the PA Department of Revenue		\$

ANSWER THE FOLLOWING QUESTIONS

(a) How many agents are licensed to represent your company in Pennsylvania during the tax year? _____

(b) What are your state fees for licensing agents of similar Pennsylvania insurers? _____

(c) Are the fees in Question (b) imposed on the company _____ or the agent? _____



ATTACH COPY OF PENNSYLVANIA BUSINESS PAGE AND SCHEDULE T OF THE ANNUAL REPORT FILED WITH THE PENNSYLVANIA INSURANCE DEPARTMENT**Fire, Casualty and Title Insurers (Do not include Ocean Marine Premiums.)**

1. Gross Direct Premiums Received Less Cancellations and Premiums Returned \$ _____
2. Less: Extraordinary Medical Benefit Premiums _____
3. Less: Dividends to Policyholders _____
4. Less: Other Deductions (Attach schedule.) _____
5. Premiums Taxable (Line 1 minus Lines 2, 3 and 4) _____

Life Insurers

6. Gross Life Premiums (Direct Writing Basis) \$ _____
7. Less: Dividends to Policyholders _____
8. Less: Other Deductions (Attach schedule.) _____
9. Life Premiums Taxable (Line 6 minus Lines 7 and 8) _____

Accident and Health Insurers

10. Gross Direct Accident and Health Premiums \$ _____
11. Less: Dividends to Policyholders _____
12. Less: Other Deductions (Attach schedule.) _____
13. Accident and Health Premiums Taxable (Line 10 minus Lines 11 and 12) _____
14. Total Taxable Premiums (Add Lines 5, 9 and 13) _____
15. Tax (Line 14 times 0.02) Foreign Casualty or Fire - 2 percent; Enter this amount on Page 1, Column A (whole dollars only) 
16. Retaliatory (From Page 2 of Report) Foreign Casualty or Fire - Retaliatory; Enter this amount on Page 1, Column A (whole dollars only) 
17. Total (Line 15 plus Line 16) Foreign Casualty or Fire; Enter this amount on Page 1, Column A (whole dollars only) 