Form T-71A
SURPLUS LINE
2011

State of Rhode Island and Providence Plantations
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS
for Calendar Year Ending December 31, 2010
Due on or before April 1, 2011

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	
STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION	BROKER LICENSE NUMBER	

Computation of Tax

		Column A January 1 - June 30		Column B July 1 - December 31	
	1. Gross premium charged	1a.		1b.	
	2. Returned Premiums	2a.		2b.	
	3. Net Taxable Premium (Line 1 minus Line 2)	3a.		3b.	
Tax and Payments	4. Surplus Line Broker Tax Rate	4a.	**3.0%**	4b.	**4.0%**
	5. SURPLUS LINE BROKER TAX - Line 3a and Line 3b times applicable rate	5a.		5b.	
	6. TOTAL SURPLUS LINE BROKER TAX - Add Line 5a and Line 5b			6.	
	7. Payments made on 2010 Declaration of Surplus Line Brokers Estimated Tax	7.			
Balance Due	8. Net Tax Due - Line 6 minus Line 7			8.	
	9. Interest			9.	
	10. Total Due with Return - Add Lines 8 and 9			10.	
Refund	11. Overpayment - Line 7 minus Line 6			11.	
	12. Amount to be Applied to Estimated Tax for Calendar Year 2011			12.	
	13. Amount to be Refunded - Line 11 minus Line 12			13.	

GENERAL INSTRUCTIONS

NOTE: IF THIS RETURN IS COMPLETED ON A COMPANY BASIS, PLEASE INCLUDE A LIST OF BROKERS ON PAGE 2.

Line 1: **Gross Premium Charged:**
Column A: Add the Premium Column Total to the Additional Premium Column Total from the Return Supplement on Page 3.
Column B: Add the Premium Column Total to the Additional Premium Column Total from the Return Supplement on Page 4.

Line 2: **Amount of Returned Premiums:** **(see note on Page 3 and 4)**
Column A: Enter the amount from Return Premium Column Total from the Return Supplement on Page 3.
Column B: Enter the amount from Return Premium Column Total from the Return Supplement on Page 4.

Line 3: Net Taxable Premium - For Columns A and B, Line 1 minus Line 2.

Line 4: **Surplus Line Broker Tax Rate:** Column A 3%, Column B 4%

Line 5: **Surplus Line Broker Tax:**
Column A: Multiply Line 3a times 3% (0.0300).
Column B: Multiply Line 3b times 4% (0.0400).

Line 6: Total Surplus Line Broker Tax - Add Line 5a and Line 5b.

Line 7: Enter the Amount of Estimated Tax Paid for calendar year 2010, plus any amounts applied from calendar year 2009.

Line 8: Net Tax Due - Subtract Line 7 from Line 6.

Line 9: Interest on Tax Due - 18% per annum, 1.5% per month.

Line 10: Total Due with Return - Add Line 8 and Line 9.

Line 11: Overpayment - Subtract Line 6 from Line 7.

Line 12: Enter the amount from Line 11 that is to be applied to Calendar Year 2011 Declaration of Estimated Tax.

Line 13: Enter the amount from Line 11 to be refunded. Subtract Line 12 from Line 11.

Under penalties of perjury, I 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.

Date _____ Signature of authorized officer _____ Title _____

Date _____ Signature of preparer _____ Address of preparer _____

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES ☐ NO ☐ Phone number _____

MAILING ADDRESS: OVERPAYMENTS/REFUNDS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5811
PAYMENTS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5814

key#13

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SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT

Name _____ **Fed ID#** _____

This page should be used by agencies/companies that have individual licensees which are covered under this return.

BROKER SSN#	BROKER NAME	BROKER ADDRESS	BROKER LICENSE#

SSN/FEI Number: _____

Signature of Broker: _____

Licensee: _____

Revised 7/19/2010

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State of Rhode Island and Providence Plantations

SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT AT 3% RATE
FOR POLICIES INVOICED FROM JANUARY 1, 2010 THROUGH JUNE 30, 2010

Name ______________________________ **Fed ID#** ______________

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/FEI Number: ______________________

Signature of Broker: ______________________

Licensee: ______________________

*** RETURN PREMIUMS SHOULD BE REPORTED AT THE SAME TAX RATE THAT WAS USED WHEN THE PREMIUM WAS ORIGINALLY CHARGED.**

Revised 7/19/2010

Form T-71A
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State of Rhode Island and Providence Plantations

SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT AT 4% RATE
FOR POLICIES INVOICED FROM JULY 1, 2010 THROUGH DECEMBER 31, 2010

Name ______________________________ **Fed ID#** ______________

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/FEI Number: ______________________

Signature of Broker: ______________________

Licensee: ______________________

*** RETURN PREMIUMS SHOULD BE REPORTED AT THE SAME TAX RATE THAT WAS USED WHEN THE PREMIUM WAS ORIGINALLY CHARGED.**