Form T-71A
SURPLUS LINE
2011TY

State of Rhode Island and Providence Plantations
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS
for Calendar Year Ending December 31, 2011
Due on or before April 1, 2012

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

Computation of Tax

	1. Gross premium charged	1.			
	2. Returned Premiums on policies written on or after July 1, 2010	2.			
	3. Net Taxable Premium (Line 1 minus Line 2)			3.	
Tax and Payments	4. SURPLUS LINE BROKER TAX - line 3 times 4% (0.04)			4.	
	5. Returned Premiums on policies written prior to July 1, 2010 - attach schedule	5.			
	6. Credit to 2011 Surplus Line Broker Tax - line 5 times 3% (0.03)	6.			
	7. Payments made on 2011 Declaration of Surplus Line Brokers Estimated Tax	7.			
Balance Due	8. Total Payments and Credits Against Tax - Add lines 6 and 7			8.	
	9. Net Tax Due - Line 4 minus Line 8			9.	
	10. Interest Due: (a) Late payment:18% per annum (1.5% per month)_____ (b) Underestimating:_____			10.	
Refund	11. Total Due with Return - Add Lines 9 and 10			11.	
	12. Overpayment - Line 8 minus Lines 4 and 10			12.	
	13. Amount to be Applied to Estimated Tax for Calendar Year 2012			13.	
	14. Amount to be Refunded - Line 12 minus Line 13			14.	

GENERAL INSTRUCTIONS

NOTE: IF THIS RETURN IS COMPLETED ON A COMPANY BASIS, PLEASE INCLUDE A LIST OF BROKERS ON PAGE 3.

Line 1: Gross Premium Charged - From the Return Supplement on page 2, add the Premium Column Total to the Additional Premium Column Total.

Line 2: Amount of Returned Premiums - From the Return Supplement on page 2, enter the amount from Return Premium Column Total.

Line 3: Net Taxable Premium - Line 1 minus Line 2.

Line 4: Surplus Line Broker Tax - Multiply Line 3 times 4% (0.04).

Line 5: Amount of Returned Premiums on policies written prior to July 1, 2010. Attach a schedule detailing the policy information.

Line 6: Credit to 2011 Surplus Line Broker Tax - Multiply Line 5 times 3% (0.03).

Line 7: Enter the Amount of Estimated Tax Paid for tax year 2011, plus any amounts applied from tax year 2010.

Line 8: Total Payments and Credits Against Tax - Add Lines 6 and 7.

Line 9: Net Tax Due - Subtract Line 8 from Line 4.

Line 10: Interest Due:
(a) Late payment interest: 18% per annum, 1.5% per month.
(b) Underestimating interest - see Regulation CT01-10.
Enter the sum of lines (a) and (b) on line 10.

Line 11: Total Due with Return - Add Lines 9 and 10.

Line 12: Overpayment - Subtract Lines 4 and 10 from Line 8.

Line 13: Enter the amount from Line 12 that is to be applied to 2012 Declaration of Estimated Tax.

Line 14: Enter the amount from Line 12 to be refunded. Line 12 minus Line 13.

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

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

Revised 11/2011

Key #13

Form T-71A
SURPLUS LINE
2011TY

State of Rhode Island and Providence Plantations
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT AT 4% RATE
FOR POLICIES INVOICED FROM JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

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: ______________________

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State of Rhode Island and Providence Plantations
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: _____