

State of Rhode Island and Providence Plantations

2016 Form T-71A

Surplus Line Broker Return of Gross Premiums

Name					Fede	ral employer identifi	cation numb	er/social security number		
Addres	SS				State	or country of incorp	oration or o	ganization		
Address 2				Broker license number						
City, to	own or post office	State	ZIP code		E-ma	il address				
Compu	utation of Tax									
	1 Gross premium charged			1						
	2 Returned Premiums	2 Returned Premiums								
		3 Net Taxable Premium. Subtract line 2 from line 1								
Tax and	4 SURPLUS LINE BROKER TA	AX. Rate: 4%. Mul	tiply line 3 by	the tax rat	e of 4	% (0.04)	4			
Credits	5 Payments made on 2016 dec	claration of estimate	ed tax		5					
Balance	6 Net Tax Due. Subtract line 5						6			
Due	7 Interest Due: (a) Late payme		(b) Underesti							
	8 Total Due with Return. Add I									
Refund		, ,								
		10 Amount of overpayment to be applied to 2017 estimated tax								
	11 Amount to be refunded. Sub	tract line 10 from lir	ne 9				11			
YOU MU	JST ENTER YOUR SOCIAL SECUR AL IDENTIFICATION NUMBER. SK Gross Premium Charged - From th	SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED ABOVE. DO NOT ENTER THE INSURANCE AGENCY'S N NUMBER. SKIP PAGE 2, AND GO DIRECTLY TO PAGE 3. Charged - From the Return Supplement on Premium Column Total to the Additional Total. Line 7: Interest Due: (a) Late payment interest: 18% per annum, 1.5% per month. (b) Underestimating interest - see Regulation CT12-10.								
Line 2:		Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total.			Total Due with Return. Add lines 6 and 7.					
Line 3:	Net Taxable Premium. Subtract lin	e 2 from line 1.								
Line 4:	Surplus Line Broker Tax. Multiply I	rplus Line Broker Tax. Multiply line 3 times rate of 4% (0.04).				Estimated Tax.				
Line 5:			16, plus	Line 11:	Subtra	act line 10 from line	9. This is th	e amount to be refunded.		
Line 6:	Mail Form T-71A by April 1, 2017 with any payment due to: Net Tax Due. Subtract line 5 from line 4. RI Division of Taxation - One Capitol Hill - Providence, RI 02908									
belief, it	it is true, accurate and complete. Dec	claration of prepare	other than ta	. , ,			of which prep	parer has any knowledge.		
Paid pre	eparer signature	Prir	nt name			Date	Tele	ephone number		
	RANCE AGENCIES: RR THE FEDERAL IDENTIFICATION NUMBER OF THE AGENCY ONLY IN THE SPACE PROVIDED ABOVE. DO NOT ENTER A BROKER'S AL SECURITY NUMBER. YOU MUST COMPLETE PAGE 2, LIST OF BROKERS, IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENEWED. IF PAGE 2 IS NOT COMPLETED, LICENSE RENEWALS MAY BE DELAYED. **IDIDUALS:** MUST ENTER YOUR SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED ABOVE. DO NOT ENTER THE INSURANCE AGENCY'S RAL IDENTIFICATION NUMBER. SKIP PAGE 2, AND GO DIRECTLY TO PAGE 3. **IC Gross Premium Charged - From the Return Supplement on page 3, add the Premium Column Total to the Additional Premium Column Total. **IC Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total. **IC Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total. **IC Amount of Returned Premium. Subtract line 2 from line 1. **IC Surplus Line Broker Tax. Multiply line 3 times rate of 4% (0.04). **IC Enter the amount of estimated tax paid for tax year 2016, plus any amounts applied from tax year 2015. **IC IN IN INTER THE INDIVIDUAL BROKER LICENSES TO PROVIDED ABOVE. DO NOT ENTER THE INDIVIDUAL BROKER LICENSES TO ENCHANCE. **IC IN INTER THE INDIVIDUAL BROKER LICENSES TO ENCKERS, IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS. **ID IN INDIVIDUAL SETTING THE INDIVIDUAL BROKER LICENSES TO ENCKERS. IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO ENCKERS.									
Paid pre	eparer address	City, town or p	y, town or post office State			ZIP code		PTIN		

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Name	Federal employer identification number

This page must be completed by agencies/companies with individual licensees covered under this return to prevent a delay in renewing the licenses of those individuals.

	return to pr	event a delay in renewing the lic	censes o			
Broker #1	SSN	First name	MI	Last		
Brok	License number	Address				
Broker #2	SSN	First name	МІ	Last name		
	License number	Address				
r #3	SSN	First name	MI	Last name		
Broker #3	License	Address				
Broker #4	SSN	First name	MI	Last		
Broke	License number	Address				
Broker #5	SSN	First name	MI	Last name		
Broke	License number	Address				
Broker #6	SSN	First name	МІ	Last name		
Brok	License number	Address				
Broker #7	SSN	First name	MI	Last name		
Brok	License number	Address				
Broker #8	SSN	First name	MI	Last		
Brok	License number	Address				
Broker #9	SSN	First name	MI	Last name		
Brok	License number	Address				
Broker #10	SSN	First name	MI	Last name		
	License number	Address				
(SSN/FEIN:					
,	Signature of broker:					
ı	_icensee:					

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Surplus Line Broker Return of Gross Premiums

Name	Federal employer identification number/social security number

For policies invoiced from January 1, 2016 through December 31, 2016

NAIC#	Carrier Name	Company carrying the risk, not the Wholesale Broker	Name of Insured	Risk Location	Invoice Date	Premium	Return Premium	Additional Premium
				Premium to	otals >			
SSN/FE	IN:					1	l	1
Signatu	e of broke	er:						
License	ə:							