State of Rhode Island Division of Taxation

2021 Form T-71

Insurance Companies Tax Return of Gross Premiums

21111699990101

✕ Insurance Company	Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Federal employer identification number: 99-9999999
✕ Nonprofit Hospital Service Corp, Nonprofit Dental Corp, Nonprofit Medical Service Corp and HMO	Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		State or country of incorporation or organization: XXXXXXXXXXXXXXXXXXXXXXXX
	Address 2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Company type: stock, mutual or participating: XXXXXXXXXXXXXXXXXXXXXXXX
✕ Amended	City, town or post office: XXXXXXXXXXXXXXXXXXXX	State: XX / ZIP code: 99999	E-mail address: XXXXXXXXXXXXXXXXXXXXXXXX

Schedule A - Computation of Tax

ATTACH LEGIBLE COPY OF SCHEDULE T AND SCHEDULE OF DIRECT BUSINESS IN THIS STATE FROM THE ANNUAL STATEMENT SUBMITTED TO THE INSURANCE COMMISSIONER

1a	Direct premiums (Gross premiums less return premiums from Sch. T, Part 1 of Annual Statement to Insurance Commissioner)	1a	9999999999 99		
b	Reinsurance assumed from companies not authorized to do business in Rhode Island (covering property and risks in RI)	1b	9999999999 99		
2	TOTAL PREMIUMS. Add lines 1a and 1b			2	9999999999 99
3a	Dividends paid or credited to policyholders - Direct (Mutual & Mutual Plan Companies Only)	3a	9999999999 99		
b	Federally exempt premiums. See instructions. (Gross premiums less return premiums)	3b	9999999999 99		
c	Capital investments deduction	3c	9999999999 99		
d	Tax Incentives for Employers deduction - **RIGL §44-55.** Attach Form RI-107	3d	9999999999 99		
4	TOTAL DEDUCTIONS. Add lines 3a, 3b, 3c and 3d			4	9999999999 99
5	Net taxable premium. Subtract line 4 from line 2			5	9999999999 99
6a	Rhode Island tax. Multiply line 5 by the tax rate of 2% (0.02)	6a	9999999999 99		
b	Tax that would be imposed by taxpayer's state or country	6b	9999999999 99		
7	TOTAL TAX DUE. Line 6a or 6b, whichever is greater			7	9999999999 99
8a	RI Credits from Schedule B-CR, Business Entity Credit Schedule, line 21	8a	9999999999 99		
b	Life and Health Guaranty Fee	8b	9999999999 99		
9	TOTAL CREDITS. Add lines 8a and 8b			9	9999999999 99
10a	TAX AFTER CREDITS. Subtract line 9 from line 7. If zero or less, enter zero			10a	9999999999 99

Deductions

Tax and Fee Amount

DRAFT 09/20/2021

Revised 08/2021

State of Rhode Island Division of Taxation

2021 Form T-71

Insurance Companies Tax Return of Gross Premiums

21111699990102

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

	10b	TAX AFTER CREDITS from line 10a		10b	9999999999 99
Payments	11a	Payments made on 2021 BUS-EST, Business Tax Estimated Payment	11a	9999999999 99	
	b	Other payments	11b	9999999999 99	
	12	TOTAL PAYMENTS. Add lines 11a and 11b		12	9999999999 99
	13	Previously issued overpayments (if filing an amended return)		13	9999999999 99
	14	Net Payments. Subtract line 13 from line 12		14	9999999999 99
Balance Due	15	Net tax due. Subtract line 14 from line 10b		15	9999999999 99
	16	Interest due: (a) Late payment interest _____ (b) Underestimating interest _____ Total (a) + (b)		16	9999999999 99
	17	TOTAL DUE WITH RETURN. Add lines 15 and 16		17	9999999999 99
	18	Overpayment. Subtract lines 10b and 16 from line 14		18	9999999999 99
Refund	19	Amount of overpayment to be applied to 2022 estimated tax		19	9999999999 99
	20	Amount to be refunded. Subtract line 19 from line 18		20	9999999999 99

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IMPORTANT INFORMATION

Mail Form T-71 with any payment due to: RI Division of Taxation - One Capitol Hill - Providence, RI 02908

Form T-71 is due on or before April 15, 2022.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	09/28/2020	(999) 999-9999

Paid preparer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	09/28/2020	(999) 999-9999

Paid preparer address	City, town or post office	State	ZIP code	PTIN
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XX	99999	P99999999

May the Division of Taxation contact your preparer? YES ×