State of Rhode Island Division of Taxation

Form T-71SP

Self Procurement Insurance Premiums Return

13111899990101

Name	Federal employer identification number/social security number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999
Address	**For the period ending:**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12/31/2021

Address 2

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City, town or post office	State	ZIP code	E-mail address
XXXXXXXXXXXXXXXXXXXXXX	XX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXX

	CARRIER NAME (Company carrying the risk, not the wholesale broker)	BROKER (If applicable)	TYPE OF COVERAGE	POLICY EFFECTIVE DATE	POLICY #	PREMIUM
a	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99999999999
b	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99999999999
c	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99999999999
d	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99999999999
e	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99999999999

Computation of Tax

1	Gross premium charged. Enter the total of amounts in the 'Premium' column above	1	999999999	99
2	SELF PROCUREMENT TAX. Multiply line 1 by the tax rate of 4% (0.04)	2	999999999	99
3	Interest. Rate: 18% per annum, 1.5% per month	3	999999999	99
4	Total due with return. Add lines 2 and 3	4	999999999	99

GENERAL INSTRUCTIONS

Return is due within thirty (30) days after procurement. Enter the required information on lines a, b, c, d and e in the table above. Enter only the Rhode Island portion of the premium.

If more lines are needed, attach a separate sheet listing the required information.

Line 1: Gross Premium Charged. Add the amounts from lines a, b, c, d and e from the Premium Column and enter here.

Line 2: Self Procurement Tax. Multiply line 1 by the tax rate of 4% (0.04).

Line 3: Interest on Tax Due. 18% per annum, 1.5% per month.

Line 4: Total Due with Return. Add lines 2 and 3.

IMPORTANT:

Attach a copy of policy, covernote or other documentation supporting the amount(s) of coverage, effective date(s) and premium(s) for this policy. If the premium stated is an allocation premium, the basis for allocation must be provided.

Attach additional schedules as needed.

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	12/31/2020	(999) 999-9999
Paid preparer signature	**Print name**	**Date**	**Telephone number**
	XXXXXXXXXXXXXXXXXXXX	12/31/2020	(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 ☒

DRAFT 09/20/2021