

State of Rhode Island Division of Taxation  
**2022 Form T-71A**  
 Surplus Line Broker Return of Gross Premiums

|                           |       |          |   |  |  |
|---------------------------|-------|----------|---|--|--|
| Name                      |       |          | Federal employer identification number            |  |  |
| Address                   |       |          | State or country of incorporation or organization |  |  |
| Address 2                 |       |          | National producer number                          |  |  |
| City, town or post office | State | ZIP code | E-mail address                                    |  |  |

**Computation of Tax**

|                         |    |  |    |  |  |
|-------------------------|----|--|----|--|--|
|                         | 1  | Gross premium charged.....   | 1  |  |  |
|                         | 2  | Returned Premiums.....   | 2  |  |  |
|                         | 3  | Net Taxable Premium. Subtract line 2 from line 1.....                                | 3  |  |  |
| <b>Tax and Payments</b> | 4  | SURPLUS LINE BROKER TAX. Rate: 4%. Multiply line 3 by the tax rate of 4% (0.04)..... | 4  |  |  |
|                         | 5  | Payments made on 2022 declaration of estimated tax.....                              | 5  |  |  |
| <b>Balance Due</b>      | 6  | Net Tax Due. Subtract line 5 from line 4.....  | 6  |  |  |
|                         | 7  | Interest Due: (a) Late payment (b) Underestimating.....                              | 7  |  |  |
|                         | 8  | Total Due with Return. Add lines 6 and 7.....  | 8  |  |  |
| <b>Refund</b>           | 9  | Overpayment. Subtract lines 4 and 7 from line 5.....                                 | 9  |  |  |
|                         | 10 | Amount of overpayment to be applied to 2023 estimated tax.....                       | 10 |  |  |
|                         | 11 | Amount to be refunded. Subtract line 10 from line 9.....                             | 11 |  |  |

**INSURANCE AGENCIES:**

Enter the Federal Identification Number of the Agency ONLY in the space provided above. Do NOT enter a broker's social security number. You MUST complete page 2, LIST OF BROKERS, in order for the individual broker licenses to be renewed. If page 2 is not completed, license renewals may be delayed. You may submit as many copies of page 2 as needed.

**INDIVIDUALS:**

Enter your National Producer Number in the space provided above. Do NOT enter the insurance agency's federal identification number. Skip page 2 and go directly to page 3.

- |  |   |
|--|---|
| Line 1: Gross Premium Charged - From the Return Supplement on page 3, add the Premium Column Total to the Additional Premium Column Total. | Line 7: Interest Due:<br>(a) Late payment interest: 18% per annum, 1.5% per month.<br>(b) Underestimating interest - see Regulation 280-RICR-20-25-5. Enter the sum of lines (a) and (b) on line 7. |
| Line 2: Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total.             | Line 8: Total Due with Return. Add lines 6 and 7.   |
| Line 3: Net Taxable Premium. Subtract line 2 from line 1.  | Line 9: Overpayment. Subtract lines 4 and 7 from line 5.  |
| Line 4: Surplus Line Broker Tax. Multiply line 3 times rate of 4% (0.04).  | Line 10: Enter the amount from line 9 to be applied to 2023 Estimated Tax.  |
| Line 5: Enter the amount of estimated tax paid for tax year 2022, plus any amounts applied from tax year 2021.                             | Line 11: Subtract line 10 from line 9. This is the amount to be refunded.   |
| Line 6: Net Tax Due. Subtract line 5 from line 4.  |   |

**Mail Form T-71A by April 1, 2023 with any payment due to:  
 RI Division of Taxation - One Capitol Hill - Providence, RI 02908**

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 |
| Paid preparer signature      | Print name                | Date  | Telephone number |
| Paid preparer address        | City, town or post office | State | ZIP code PTIN    |

May the Division of Taxation contact your preparer? YES

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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.

|                      |                          |            |    |           |
|----------------------|--------------------------|------------|----|-----------|
| Broker #1            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #2            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #3            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #4            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #5            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #6            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #7            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #8            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #9            | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| Broker #10           | SSN                      | First name | MI | Last name |
|                      | National producer number | Address    |    |           |
| SSN/FEIN:            |                          |            |    |           |
| Signature of broker: |                          |            |    |           |
| Licensee:            |                          |            |    |           |

