

Tax and Fee Amount

State of Rhode Island Division of Taxation **2023 Form T-71**

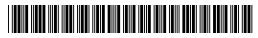


23111699990101

Insurance Companies Tax Return of Gross Premiums

Insurance Company	Name			Federal emplo	yer ide	entification number		
Nonprofit Hos-	Address State or				ountry of incorporation or organization			
pital Service Corp, Non-						·		
profit Dental Corp, Non-	Address 2			Company type	e: stock	x, mutual or participating		
profit Medical Service Corp								
and HMO Amended	City, town or post office	State	ZIP code	E-mail addres	S			
Amended								
	ATTACH LEGI	BLE CO	PY OF SCHEDUL	E T AND SCHEE	ULFO	OF DIRECT BUSINESS IN	THIS	
Schedule A -	Complitation of lay					INSURANCE COMMISSION		
	ums (Gross premiums less return premiums from I of Annual Statement to Insurance Commissione	r) 1a						
	assumed from companies not authorized to do Rhode Island (covering property and risks in RI)	1b						
2 TOTAL PREM	MIUMS. Add lines 1a and 1b				2			
•	d or credited to policyholders - Direct (Mutual & Companies Only)	3a						
	empt premiums. See instructions. (Gross premiur remiums)							
^c Capital inves	tments deduction	3c						
	s for Employers deduction - R.I. Gen. Laws §44- -							
4 TOTAL DEDUCTIONS. Add lines 3a, 3b, 3c and 3d					4			
5 Net taxable premium. Subtract line 4 from line 2					5			
6a Rhode Island	I tax. Multiply line 5 by the tax rate of 2% (0.02)	6a						
b Tax that wou	ld be imposed by taxpayer's state or country	6b						
7 TOTAL TAX DUE. Line 6a or 6b, whichever is greater					7			
	m Schedule B-CR, Business Entity Credit Schedu	. 80						
b Life and Hea	Ith Guaranty Fee	8b						
9 TOTAL CREDITS. Add lines 8a and 8b					9			

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23111699990102

Insurance Companies Tax Return of Gross Premiums

	Na	ame Federal employer ide		ntification number		
	10b	TAX AFTER CREDITS from line 10a	10b			
	11a	Payments made on 2023 BUS-EST, Business Tax Estimated Payment	11a			'
nents	b	Other payments	11b			
Payments	12	TOTAL PAYMENTS. Add lines 11a and 11b	12			
	13	Previously issued overpayments (if filing an amended return)	13			
	14	Net Payments. Subtract line 13 from line 12				
an ₍	15	Net tax due. Subtract line 14 from line 10b	15			
Balance Due	16	6 Interest due: (a) Late payment interest (b) Underestimating interest Total (a) + (b)				
	17	TOTAL DUE WITH RETURN. Add lines 15 and 16	17			
	18	18 Overpayment. Subtract lines 10b and 16 from line 14				
Refund	19	Amount of overpayment to be applied to 2024 estimated tax	19			
	20	Amount to be refunded. Subtract line 19 from line 18			20	

IMPORTANT INFORMATION

See Form Instructions for requirements on how to file your return and remit payments.

Form T-71 is due on or before April 15, 2024.

belief, it is true, accurate and complete. De		, , ,		,
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