State of Rhode Island Division of Taxation

2024 Form T-71

Insurance Companies Tax Return of Gross Premiums

24111699990101

✕ 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: XXXXXXXXXXXXXXXXXXXXXXXXX
	Address 2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Company type: stock, mutual or participating: XXXXXXXXXXXXXXXXXXXXXXXXX
✕ Amended	City, town or post office: XXXXXXXXXXXXXXXXXXXX	State: XX / ZIP code: 99999	E-mail address: XXXXXXXXXXXXXXXXXXXXXXXXX

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 - **R.I. Gen. Laws §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 19.....	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 10/01/2024

Revised 08/2024

State of Rhode Island Division of Taxation

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Insurance Companies Tax Return of Gross Premiums

24111699990102

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

	10b TAX AFTER CREDITS from line 10a		10b	9999999999 99
Payments	11a Payments made on 2024 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
Refund	18 Overpayment. Subtract lines 10b and 16 from line 14		18	9999999999 99
	19 Amount of overpayment to be applied to 2025 estimated tax		19	9999999999 99
	20 Amount to be refunded. Subtract line 19 from line 18		20	9999999999 99

DRAFT 10/01/2024

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, 2025.

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 ×