Enter the required information on lines a, b and c 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 and c from the Premium Column and enter here.

Line 2: Self Procurement Tax - Multiply Line 1 times 3% (0.03).

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

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

**CARRIER NAME**
(Company carrying the risk, not the wholesale broker.)
Broker (if applicable)
Type of Coverage
Policy Effective Date
Policy#
Premium

**Computation of Tax**

1. Gross premium charged - Enter total of amounts in the Premium Column Above
2. SELF PROCUREMENT TAX - line 1 times 3% (0.03)
3. Interest - 18% per annum, 1.5% per month
4. Total Due with Return - Add Lines 2 and 3

**GENERAL INSTRUCTIONS**
Enter the required information on lines a, b and c 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 and c from the Premium Column and enter here.

Line 2: Self Procurement Tax - Multiply Line 1 times 3% (0.03).

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

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

**CERTIFICATION:** This certification must be executed or the return must be sworn before some person authorized to administer oaths.

Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date Signature of authorized officer Title

Date Signature of preparer Address of preparer

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES [ ] NO [ ] Phone number