**Form T-71A**  
**SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS**  
**for Calendar Year Ending December 31, 2011**  
**Due on or before April 1, 2012**

### Computation of Tax

1. Gross Premium Charged

2. Returned Premiums on policies written on or after July 1, 2010

3. Net Taxable Premium (Line 1 minus Line 2)

4. SURPLUS LINE BROKER TAX - line 3 times 4% (0.04)

5. Returned Premiums on policies written prior to July 1, 2010 - attach schedule

6. Credit to 2011 Surplus Line Broker Tax - line 5 times 3% (0.03)

7. Payments made on 2011 Declaration of Surplus Line Brokers Estimated Tax

### Balance Due

8. Total Payments and Credits Against Tax - Add lines 6 and 7

9. Net Tax Due - Line 4 minus Line 8

10. Interest Due: (a) Late payment: 18% per annum (1.5% per month)

### Refund

11. Total Due with Return - Add Lines 9 and 10

12. Overpayment - Line 8 minus Lines 4 and 10

13. Amount to be Applied to Estimated Tax for Calendar Year 2012

14. Amount to be Refunded - Line 12 minus Line 13

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**GENERAL INSTRUCTIONS**

**NOTE: IF THIS RETURN IS COMPLETED ON A COMPANY BASIS, PLEASE INCLUDE A LIST OF BROKERS ON PAGE 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.

**Signature of authorized officer**

**Title**

**Date**

**Signature of preparer**

**Address of preparer**

**Phone number**

**MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN?**

**YES** **NO**

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**MAILING ADDRESS:** OVERPAYMENTS/REFUNDS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5811  
PAYMENTS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5814

Revised 11/2011

Key #13
# Form T-71A

SURPLUS LINE 2011TY

State of Rhode Island and Providence Plantations
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT AT 4% RATE
FOR POLICIES INVOICED FROM JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Name ___________________________ Fed ID# ___________________________

<table>
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<tr>
<th>NAIC#</th>
<th>*CARRIER NAME (Company carrying the risk, not the Wholesale Broker.)</th>
<th>NAME OF INSURED</th>
<th>RISK LOCATION</th>
<th>INVOICE DATE</th>
<th>PREMIUM</th>
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Premium Totals---->  

SSN/FEI Number: ___________________________
Signature of Broker: ___________________________
Licensee: ___________________________

Page 2 of 3
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<thead>
<tr>
<th>Name</th>
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<th>BROKER NAME</th>
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This page should be used by agencies/companies that have individual licensees which are covered under this return.

SSN/FEI Number:  
Signature of Broker:  
Licensee:  

Form T-71A  
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT  
State of Rhode Island and Providence Plantations  
2011TY