Form T-71A **SURPLUS LINE**

State of Rhode Island and Providence Plantations

SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS for Calendar Year Ending December 31, 2008 Due on or before April 1, 2009

NAME	JUS Buc on or belove A											
INAME												
ADDRES	S											
CITY	STATE	Z	IP CODE									
FEDERAL	DENTIFICATION NUMBER/SOCIAL SECURITY NUMBER											
STATE OF	R COUNTRY OF INCORPORATION OR ORGANIZATION BROKER LICE	NSE NI IMB	FR									
STATE OF	TOOMING OF INCOME OF A CHARLESTION BROKEN EIGE	INOL NOMB	LIK									
insu blan cies	suant to RIGL 27-3-38, every person, firm or corporation rance commissioner, at the time of the insurance produk furnished by the insurance commissioner, certifying to procured by said licensee pursuant to such license, dute the gross premiums charged the insured by the insurers	cer licen that the li iring the	se renewal, a ce censee has paid next preceding o	rtific I to t caler	cate on the Tandar y	of the Tax Adm year, a	ax Adr inistra tax, co	mini itor, omp	strator, on for all poli- uted at 3%			
mputat	tion of Tax											
	Gross premium charged			1.								
	Returned Premiums			-			\dashv					
	Net Taxable Premium (Line 1 minus Line 2)						-	3.				
and	<u></u>							\dashv				
ments	4. SURPLUS LINE BROKER TAX - line 3 times 3% (0.03)							4.				
ance Due	Payments made on 2008 Declaration of Surplus Line Brokers							5.				
ince Due	6. Net Tax Due - Line 4 minus Line 5							6.				
	7. Interest							7.				
	8. Total Due with Return - Add Lines 6 and 7							8.				
und	9. Overpayment - Line 5 minus Line 4											
	10. Amount to be Applied to Estimated Tax for Tax Year 2009							10.				
	11. Amount to be Refunded - Line 9 minus Line 10							11.				
	GENERAL IN:						I					
Line 1:	FE: IF THIS RETURN IS COMPLETED ON A COMPANY B Gross Premium Charged - From the Return Supplement on page 3, add the Premium Column Total to the Additional		Net Tax Due - Sub					ON	PAGE 2.			
	Premium Column Total.	Line 7:	Interest on Tax Du	ıe - 1	8% pe	er annum	ո, 1.5%	per i	month.			
	Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total.	Line 8:	Total Due with Re	turn -	Add I	₋ine 6 ar	nd Line	7.				
Line 3:	Net Taxable Premium - Line 1 minus Line 2.	Line 9:	Overpayment - Su	ıbtrac	t Line	4 from L	_ine 5.					
	Surplus Line Broker Tax - Multiply Line 3 times 3% (0.03).	Line 10:	Enter the amount Declaration of Est				to be ap	plied	d to 2009			
	e 5: Enter the Amount of Estimated Tax Paid for tax year 2008, plus Line 11: Enter the amount from Line 9 to be refunded any amounts applied from tax year 2007.											
	TFICATION: This certification must be executed or the return i	must be s	worn before some	pers	on au	thorized	d to adr	minis	ster oaths.			
	es of perjury, I hereby certify that I have personal knowledge of the state to the best of my knowledge and belief.	ements and	other information co	nstitu	ting th	is return,	that the	sam	e are true, co			
	Signature of authorized officer		Title									

Address of preparer

Phone number

NO

Signature of preparer

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES

Form T-71A SURPLUS LINE 2009

Fed ID# SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT State of Rhode Island and Providence Plantations

Name

This page should be used by agencies/companies that have individual licensees which are covered under this return.

	 	 _		 	 	 		 	 	 	 	
BROKER LICENSE#												
BROKER ADDRESS												
BROKER NAME												
BROKER SSN#												

	Revised 1/28/2009
SSN/FEI Number: ——Signature of Broker: ——Licensee: ——	
Sign	

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Revised 1/20/2009

Form T-71A SURPLUS LINE 2009

State of Rhode Island and Providence Plantations SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT Fed ID#

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ADDITIONAL PREMIUM RETURN PREMIUM **PREMIUM EFFECTIVE POLICY** DATE Premium Totals----> **RISK LOCA-**NOIL NAME OF INSURED SSN/FEI Number: _ Signature of Broker: -(Company carrying the risk, not the Wholesale Broker.) Licensee: *CARRIER NAME NAIC#