Form T-71A SURPLUS LINE 2010

State of Rhode Island and Providence Plantations
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS for Calendar Year Ending December 31, 2009

Due on or before April 1, 2010

| NAME |  |
| :--- | :--- |
| ADDRESS | ZIP CODE |
| CITY |  |
| FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER |  |
| STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION | BROKER LICENSE NUMBER |

Pursuant to RIGL 27-3-38, every person, firm or corporation licensed in accordance with this section shall file with the insurance commissioner, at the time of the insurance producer license renewal, a certificate of the Tax Administrator, on a blank furnished by the insurance commissioner, certifying that the licensee has paid to the Tax Administrator, for all policies procured by said licensee pursuant to such license, during the next preceding calendar year, a tax, computed at 3\% on the gross premiums charged the insured by the insurers, less the amount of such premiums returned to the insured.

## Computation of Tax



## GENERAL INSTRUCTIONS

NOTE: IF THIS RETURN IS COMPLETED ON A COMPANY BASIS, PLEASE INCLUDE A LIST OF BROKERS ON PAGE 2.
Line 1: Gross Premium Charged - From the Return Supplement on page 3, add the Premium Column Total to the Additional Premium Column Total.

Line 2: Amount of Returned Premiums - From the Return Supplement
on page 3, enter the amount from Return Premium Column Total.
Line 3: Net Taxable Premium - Line 1 minus Line 2.
Line 4: Surplus Line Broker Tax - Multiply Line 3 times 3\% (0.03).
Line 6: Net Tax Due - Subtract Line 5 from Line 4.
Line 7: Interest on Tax Due - 18\% per annum, 1.5\% per month.
Line 8: Total Due with Return - Add Line 6 and Line 7.
Line 9: Overpayment - Subtract Line 4 from Line 5.
Line 10: Enter the amount from Line 9 that is to be applied to 2010
Declaration of Estimated Tax.
Line 5: Enter the Amount of Estimated Tax Paid for tax year 2009, plus any amounts applied from tax year 2008.

Line 11: Enter the amount from Line 9 to be refunded.
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 | CONTACT YOUR PREPARER ABOUT THIS RETURN? YES | Phone number |

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SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT
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