

Form T-71H State of Rhode Island and Providence Plantations
HEALTH HEALTH INSURANCE COMPANIES TAX RETURN OF GROSS PREMIUMS
INSURANCE for Calendar Year Ending December 31, 2010
2011 Due on or before March 1, 2011

NAME	
ADDRESS	
CITY	STATE ZIP CODE
FEDERAL IDENTIFICATION NUMBER	E-MAIL ADDRESS
STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION	COMPANY TYPE:

■ THIS FORM IS TO BE USED BY NONPROFIT HOSPITAL SERVICE CORPORATIONS, NONPROFIT DENTAL CORPORATIONS, NONPROFIT MEDICAL SERVICE CORPORATIONS AND HEALTH MAINTENANCE ORGANIZATIONS

■ NOTE: ATTACH LEGIBLE COPY OF SCHEDULE T AND SCHEDULE OF DIRECT BUSINESS IN THIS STATE FROM THE ANNUAL STATEMENT SUBMITTED TO THE INSURANCE COMMISSIONER

Tax Computation

Tax and Fee Amount	1. Direct Premiums (Gross less return premiums from Schedule T, Part 1 of Annual Statement to Insurance Commissioner)	1.	
	2. TAX - 2.0% (0.02) of Line 1.....	2.	
Credits and Payments	3. RI Credits: Form # _____ \$ _____ Form # _____ \$ _____ Form # _____ \$ _____	3.	
	4. TAX AFTER CREDITS - LINE 2 LESS LINE 3	4.	
	5. Payments made on 2010 Declaration of Estimated Tax	5.	
	6. Other Payments	6.	
	7. TOTAL PAYMENTS - Add lines 5 and 6	7.	
Balance Due	8. Net Tax Due - Line 4 minus Line 7	8.	
	9. Interest Due - 18% per annum (1.5% per month)	9.	
	10. Total due with return - Add lines 8 and 9	10.	
Refund	11. Overpayment - Line 7 minus Line 4	11.	
	12. Amount of overpayment to be applied to Estimated Tax for 2011 Calendar Year	12.	
	13. Amount to be refunded - Line 11 minus Line 12	13.	

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

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 20908-5814