



1213016101

**RCT-121C** (03-16) **PAGE 1 OF 3**  
**GROSS PREMIUMS TAX - FOREIGN CASUALTY**  
**OR FOREIGN FIRE INSURANCE COMPANIES**

Revenue ID Federal ID (FEIN) Parent Corporation (FEIN)

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Taxpayer Name

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First Line of Address

--

Second Line of Address

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City State ZIP

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Phone

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Email

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Tax Year Begin:

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Tax Year End:

12/31/20\_\_

**Due Date: April 15**

Check to Indicate a Change of Address  
Send All Correspondence to the Preparer  
Amended Report (Include REV-1175.)

First Report

Payment Made Electronically

KOZ/EIP

As Originally Registered with PA Dept. of

Insurance: Foreign Casualty = A Foreign Fire = B

Final Report (See Instructions.)

Out of Existence Date:

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**USE WHOLE DOLLARS ONLY**

- 1a. Foreign Casualty Gross Premiums Tax (Page 2, Line 15)
- 1b. Foreign Casualty Retaliatory (Page 2, Line 16)
- 1c. Foreign Fire Gross Premiums Tax (Page 2, Line 15)
- 1d. Foreign Fire Retaliatory (Page 2, Line 16)
- 1e. Total Insurance Premiums Tax Liability (Line 1a plus Line 1b plus Line 1c plus Line 1d)
2. Total Estimated Payments
3. Total Payments Carried Forward From Prior Year Return
4. Total "Restricted" Tax Credits
5. Total Credit: (Line 2 plus Line 3 plus Line 4)
6. Tax Due: (If Line 1e is more than Line 5, enter the difference here.)
7. Remittance
8. Overpayment: (If Line 5 is more than Line 1e, enter the difference here.)
9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)
10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)

1a.	
1b.	
1c.	
1d.	
1e.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



**Corporate Officer Information:**

Officer Last Name

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Officer First Name

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Title of Officer

--

Social Security  
Number of Officer

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Phone

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Email

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I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

**Signature of Officer**

**Date**

**RCT-121C** (03-16) **PAGE 2 OF 3****ATTACH A COPY OF THE PENNSYLVANIA BUSINESS PAGE AND SCHEDULE T OF  
THE ANNUAL REPORT FILED WITH THE PENNSYLVANIA INSURANCE DEPARTMENT****USE WHOLE DOLLARS ONLY****C****Casualty Insurance**

- |   |    |  |
|---|----|--|
| 1. Gross Direct Premiums Received less Cancellations and Premiums Returned      | 1. |  |
| 2. Extraordinary Medical Benefit Premiums (Include footnote, see instructions.) | 2. |  |
| 3. Dividends to Policy Holders  | 3. |  |
| 4. Other Deductions (Attach Schedule.)  | 4. |  |
| 5. Taxable Casualty Insurance Premiums (Line 1 minus Lines 2, 3 and 4)          | 5. |  |

**Fire Insurance**

- |  |    |  |
|--|----|--|
| 6. Gross Direct Premiums Received less Cancellations and Premiums Returned | 6. |  |
| 7. Dividends to Policy Holders   | 7. |  |
| 8. Other Deductions (Attach Schedule.)                                     | 8. |  |
| 9. Taxable Fire Insurance Premiums (Line 6 minus Lines 7 and 8)            | 9. |  |

**Accident and Health Insurance**

- |  |     |  |
|--|-----|--|
| 10. Gross Direct Accident and Health Premiums                                      | 10. |  |
| 11. Dividends to Policy Holders  | 11. |  |
| 12. Other Deductions (Attach Schedule.)  | 12. |  |
| 13. Taxable Accident and Health Insurance Premiums (Line 10 minus Lines 11 and 12) | 13. |  |
| 14. Total Taxable Premiums (Add Lines 5, 9 and 13)                                 | 14. |  |
| 15. Tax (Line 14 times tax rate - See Instructions.)                               | 15. |  |
| 16. Retaliatory (From Page 3, Line 12)   | 16. |  |

**If registered with the PA Department of Insurance as a Foreign Casualty Insurance Company, enter Line 15 on Page 1, Line 1a and enter Line 16 on Page 1, Line 1b. If registered with the PA Department of Insurance as a Foreign Fire Insurance Company, enter Line 15 on Page 1, Line 1c, and enter Line 16 on Page 1, Line 1d.**

- |                       |     |  |
|-----------------------|-----|--|
| 17. State of Domicile | 17. |  |
| 18. NAIC Number       | 18. |  |

**Preparer's Information:**

1213016201

Firm Name	<input type="text"/>	Individual Preparer Name	<input type="text"/>
Firm FEIN	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
City	<input type="text"/>	Social Security Number	<input type="text"/>
State	<input type="text"/>	or PTIN	<input type="text"/>
ZIP	<input type="text"/>		

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

**Signature of Preparer****Date**

**RCT-121C** (03-16) **PAGE 3 OF 3****RETALIATORY WORKSHEET - SCHEDULE OF TAXES, ASSESSMENTS,  
LICENSES AND FEES****C****USE WHOLE DOLLARS ONLY****PENNSYLVANIA****STATE OF DOMICILE****Premiums Taxes**

1. Casualty and Fire Premiums Tax	1a.		1b.	
2. Ocean Marine Gross Profit Tax	2a.		2b.	
3. Life Premiums Tax	3a.		3b.	
4. Annuities Tax	4a.		4b.	
5. Accident and Health Premiums Tax	5a.		5b.	
6. Reinsurance Assumed from Unauthorized Companies	6a.		6b.	
7. Other Taxes (Add schedule itemizing by type.)	7a.		7b.	
8. Worker's Compensation Assessments (Add schedule itemizing by type.)	8a.		8b.	
9. Other Assessments (Include copies of assessments.)	9a.		9b.	
10. Licenses and Fees (Annual basis, add schedule itemizing by type.)	10a.		10b.	
11. Totals (Add Line 1 through Line 10)	11a.		11b.	

12. Retaliatory payable to the PA Department of Revenue (11b minus 11a)	12.	
13. How many agents are licensed to represent your company in Pennsylvania during the tax year?	13.	
14. What are your total state fees for licensing agents of similar Pennsylvania insurers? Provide schedule with a detailed breakdown.	14.	
15. Are the fees in Line 14 imposed on the company (Enter "C") or the agent (Enter "A")? If "C" is entered, include Line 14 on Line 10b above. Include total agent licensing fees paid to PA during the tax year on Line 10a above.	15.	



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