



1230022105

Date Received (Official Use Only)

RCT-123 08-22 (FI) **PAGE 1 OF 3**
GROSS PREMIUMS TAX
SURPLUS LINES AGENTS

C

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

Tax Year Begin:

Tax Year End: **12/31/20__**

Due Date: January 31

Taxpayer Name
First Line of Address
Second Line of Address
City State ZIP
Phone
Email

Check to Indicate a Change of Address
Amended Report (Include REV-1175.)
First Report
Final Report (See Instructions.)
Out of Existence Date:

USE WHOLE DOLLARS ONLY

- 1. Total Tax (From Page 2, Line 2)
- 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 1 is more than Line 5, enter the difference here.)
- 7. Remittance
- 8. Overpayment: (If Line 5 is more than Line 1, 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)

| | |
|-----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |
| 3. | <input type="text"/> |
| 4. | <input type="text"/> |
| 5. | <input type="text"/> |
| 6. | <input type="text"/> |
| 7. | <input type="text"/> |
| 8. | <input type="text"/> |
| 9. | <input type="text"/> |
| 10. | <input type="text"/> |



Corporate Officer Information:

| | | | |
|--------------------|----------------------|-----------------------------------|----------------------|
| Officer Last Name | <input type="text"/> | Social Security Number of Officer | <input type="text"/> |
| Officer First Name | <input type="text"/> | Phone | <input type="text"/> |
| Title of Officer | <input type="text"/> | Email | <input type="text"/> |

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 |
| <input type="text"/> | <input type="text"/> |

1230022205

Revenue ID

RCT-123 08-22 (F1) **PAGE 2 OF 3**
CALCULATION OF TAX

PSLA 4-Digit Customer ID Number

C

USE WHOLE DOLLARS ONLY

- | | |
|---|-------------------------|
| 1. Total of Taxable Premiums (From Schedule A, below) | 1. <input type="text"/> |
| 2. Total Tax (Line 1 times tax rate - See Instructions.) Carry to Page 1, Line 1. | 2. <input type="text"/> |

Schedule A
Taxable Premiums

| | TOTAL PREMIUMS REPORTED ON MONTHLY 1620 REPORT | Revised | Multiple |
|----------------------------------|---|----------------------|----------------------|
| January | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| February | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| March | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| April | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| May | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| June | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| July | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| August | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| September | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| October | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| November | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| December | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total of Taxable Premiums | <input type="text"/> | | |

MUST CARRY TOTAL TAXABLE PREMIUMS TO LINE 1 ABOVE.

Taxpayers are required to provide copies of all monthly 1620 reports filed with the Pennsylvania Surplus Lines Association during this tax year.

If Filing for Several Branch Offices, Complete Schedule B - Page 3.



Preparer's Information:

| | | | |
|-----------|----------------------|--------------------------|----------------------|
| 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 | |
| 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 |
| <input type="text"/> | <input type="text"/> |



**GROSS PREMIUM TAX REPORT
BRANCH OFFICE SCHEDULE
SCHEDULE B**

EIN:

Taxpayer Name

| Customer ID # | Address | Total Gross Premiums | Less Total Return Premiums | Less Tax Exempt Premiums | Gross Premiums Taxable | Tax Amount at 3% of Gross Premiums |
|----------------------|---------|----------------------|----------------------------|--------------------------|------------------------|------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Grand Totals: | | | | | | |

Instructions for RCT-123

Gross Premiums Tax - Surplus Lines Agents

RCT-123 (SU) IN 10-23

GENERAL INFORMATION

- The RCT-123 can now be filed electronically at mypath.pa.gov.

REMINDER

- All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier.
- Use only whole dollars when preparing tax reports.
- Taxpayers may request a 60 day extension to file this report electronically via myPATH or by filing the REV-426.



NOTE: The automatic PA extension provided by Act 52 of 2013 to those with valid federal extensions DOES NOT apply to this tax.

- The penalty imposed for failure to file timely reports is a minimum of \$500, regardless of the determined tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.
- Use **ONLY** the most current, non-year-specific tax form and instructions for filing ALL tax years. **If an amended report must be filed, taxpayers must use the most current, non-year-specific tax form, completing all sections of the form. REV-1175, Schedule AR (explanation for amending), must be included when filing an amended report.**
- One RCT-123 must be filed for each agency and report for all branch offices and/or all individual agents filing under the same FEIN.
- The tax liability on RCT-123 cannot be less than zero; instead the taxpayer must file a petition for refund.

ANNUAL REPORT CHECKLIST

Make sure you include the following to file your annual report properly and completely:

- Negative amounts must be written using a minus sign preceding the number. Do not use parentheses.
- Complete RCT-123, Gross Premiums Tax Report for Surplus Lines Agents
- Attach copies of the monthly 1620 reports as filed with the Pennsylvania Surplus Lines Association on behalf of the Pennsylvania Insurance Department.
- Corporate officer's signature on Page 1 and preparer's signature and PTIN on Page 2, if applicable
- A signed copy of all three pages of the RCT-123 tax report and the monthly 1620 reports must be filed electronically with the Pennsylvania Surplus Lines Association in the Electronic Filing System (EFS).

IMPOSITION, BASE AND RATE

The gross premiums tax is imposed under the Act of May 17, 1921, P.L. 682, No. 284 at the rate of 3 percent on gross premiums of insurance procured with eligible surplus lines insurers and other non-admitted insurers through duly licensed surplus lines producers. The tax is in addition to the premium charged by the insurer. The tax is levied on the insured that procured the insurance with eligible surplus lines insurers or other non-admitted insurers and is collected and remitted by the surplus lines producer. The tax on any unearned portion of the premium must be returned to the insured by the agency or agent. Political subdivisions are exempt from this tax.

LOCATION OF RISK

If the policy involves risk located in multiple states including Pennsylvania, then the taxable premiums shall be levied as follows:

If Pennsylvania is the home state of the insured, the gross premiums shall be taxable to Pennsylvania. For more information, see 40 P.S. § 991.1602, 40 P.S. § 991.1621 and 40 P.S. § 991.1622.

REVENUE ID, FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN), PARENT CORPORATION FEIN, NAME AND ADDRESS

The Revenue ID number, FEIN, name, and complete mailing address must be provided. If the taxpayer is a subsidiary of a corporation, the parent corporation's FEIN must be provided. Also provide the telephone number and email address of the taxpayer.

TAX YEAR

Enter month, day, and year (MMDDYYYY) for the tax year beginning and year (YY) for the tax year end.

REPORT DUE DATE

This report is due on Jan. 31 for the preceding year ended Dec. 31. If Jan. 31 falls on a Saturday, Sunday, or holiday, the report is due the next business day. The penalty imposed for failure to file timely reports is now a minimum of \$500, regardless of the determined tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.

ADDRESS CHANGE

Enter "Y" in the block on Page 1 if the address of the corporation has changed from prior tax periods. The current mailing address should be reflected on the report.

AMENDED REPORT

Enter "Y" in the block if you are filing an amended report to add, delete or adjust information. Provide documentation to support all changes being made. An amended report should only be filed if an original report was filed previously for the same period.

The taxpayer has three (3) years after the due date of the original report to file an amended report. If the original report was properly extended, then the taxpayer has three (3) years after the extended due date to file an amended report. The department may adjust the tax originally reported based on information from the amended report. The taxpayer must consent to extend the assessment period. If the amended report is timely filed and the taxpayer consented to extend the assessment period, the time period in which to assess tax will be the greater of three years from the filed date of the original report or one year from the filed date of the amended report.

Regardless of the tax year being amended, taxpayers must use the most current non-year-specific tax form, completing all sections of the report. This includes those sections originally filed and those sections being amended. All tax liabilities should be recorded on Page 1. Taxpayers must check the Amended Report check box on Page 1 and include Schedule AR, REV-1175, with the report.

FIRST REPORT

Enter "Y" in the block on Page 1 if this is the taxpayer's first PA gross premiums tax filing.

FINAL REPORT

- Enter "Y" in the block on Page 1 if this report will be the final report filed with the department. Indicate the effective date of the event as MMDDYYYY.
- Include information from the Pennsylvania Insurance Department verifying the taxpayer's insurance license expired, was cancelled or not renewed.
- Include a copy of the regulatory authority's approval of the merger, dissolution, plan of reorganization, and/or articles of merger.
- Provide the Revenue ID and FEIN of the surviving entity, if applicable.

CORPORATE OFFICER INFORMATION

A corporate officer must sign and date the tax report. The signature must be original; photocopies or faxes will not be accepted. Print the first and last name, title, Social Security number, telephone number, and email of the corporate officer.

PREPARER'S INFORMATION

Paid preparers must sign and date the tax report. If the preparer works for a firm, provide the name, FEIN, and address of the firm along with the name, telephone number, email, and PTIN/SSN of the individual preparing the report. If the preparer is an individual without any association to a firm, provide the name, address, telephone number, email, and PTIN/SSN of the individual preparing the report.

EXTENSION REQUEST DUE DATE

To request a due date extension of up to 60 days to file the annual report, you must file an extension request by the original report due date. You can request an extension on mypath.pa.gov or by sending the REV-426. However, an extension of time to file does not extend the deadline for payment of tax, and an extension request must be accompanied by payment of taxes owed for the taxable year for which the extension is requested.

Mail the extension coupon separately from all other forms. A taxpayer using an electronic method to make a payment

with an extension request should not submit the extension coupon. Do not use the extension coupon to remit other unpaid liabilities within the account.

PAYMENT AND MAILING INFORMATION

All payments of \$1,000 or more must be made electronically or by certified or cashier's check mailed to:

**PA DEPARTMENT OF REVENUE
PO BOX 280404
HARRISBURG PA 17128-0404**

Tax returns and certified or cashier's check may be remitted in person or by express mail courier. Mail payments and returns to the following address:

**PA DEPARTMENT OF REVENUE
1854 BROOKWOOD ST
HARRISBURG PA 17104**

Payments under \$1,000 may be remitted by mail, made payable to the PA Department of Revenue. Mail payments, extension requests and returns to the following address:

**PA DEPARTMENT OF REVENUE
PO BOX 280427
HARRISBURG PA 17128-0427**

Failure to make a payment by an approved method will result in the imposition of a 3 percent penalty of the tax due, up to \$500. For more information on electronic filing options, visit mypath.pa.gov.

CURRENT PERIOD OVERPAYMENT


If an overpayment exists on Page 1 of the RCT-123, the taxpayer must instruct the department to refund or transfer overpayment as indicated below.

REFUND

Identify the amount to refund from the current tax period overpayment. Prior to any refund, the department will offset current period liabilities and other unpaid liabilities within the account.

TRANSFER

Identify the amount to transfer from the current tax period overpayment to the next tax period. Prior to any transfer, the department will offset current period liabilities and other unpaid liabilities within the account.

 **NOTE:** If no option is selected, the department will automatically transfer any overpayment to the next tax year after offsetting current period liabilities and other unpaid liabilities within the account.

REQUESTS FOR REFUND OR TRANSFER OF AVAILABLE CREDIT

Requests for refund or transfer of available credit from prior periods can be requested on company letterhead, signed by an authorized representative, and emailed to RA-CORP_ACC_FAX@PA.GOV.

Please do not duplicate requests for refund and/or transfer by submitting both RCT-123 and written correspondence.

CONTACT INFORMATION

- For additional information regarding electronic payments visit the departments Online Customer Service Center at revenue.pa.gov.
- Questions regarding payments or refunds, email RA-CORP_ACC_FAX@PA.GOV.
- General business tax questions, visit the department's Online Customer Service Center at revenue.pa.gov.
- Business taxpayers and tax practitioners have the ability to receive and view department issued electronic statement of accounts and correspondence electronically by visiting mypath.pa.gov.
- If you have questions regarding filing a copy of this return electronically with the Pennsylvania Surplus Lines Association, call the Pennsylvania Surplus Lines Association at 610-594-1340 or visit their website at www.pasla.org.

LINE INSTRUCTIONS

RCT-123 should be completed in the following order:
(Page instructions start with Page 3 below.)

STEP 1

Complete the taxpayer information section and any applicable questions at the top of Page 1.

STEP 2

Enter the Revenue ID and other taxpayer information in the designated fields at the top of each page.

STEP 3

Complete Page 3, Schedule B, Branch Offices.

STEP 4

Complete Page 2, Schedule A, Taxable Premiums.

STEP 5

Complete the Calculation of Tax at the top of Page 2.

STEP 6

Complete Page 1, Lines 1 through 10.

STEP 7

Complete the corporate officer information section, sign, and date at the bottom of Page 1.

STEP 8

Complete the preparer information section, sign, and date at the bottom of Page 2, if applicable.

STEP 9

Mail the completed report and any supporting schedules to the PA Department of Revenue.

STEP 10

File a signed copy of all three pages of the RCT-123 tax report and the monthly 1620 reports electronically with the PA Surplus Lines Association in the Electronic Filing System (EFS).

PAGE 3

SCHEDULE B

BRANCH OFFICE

Complete Schedule B if the producer has multiple branch offices filing under the same FEIN.



NOTE: You are required to file a copy of each monthly 1620 report for each branch office that is reported on this schedule.

CUSTOMER NUMBER

Enter the number assigned by the Pennsylvania Surplus Lines Association for each branch.

ADDRESS

Enter the address of each branch office.

TOTAL GROSS PREMIUMS

Enter the total yearly gross premiums for each branch. This total **MUST** include returned and/or exempt premiums; these adjustments are made in the next two columns.

LESS TOTAL RETURNED PREMIUMS

Enter the total returned premiums for each branch.

LESS TAX EXEMPT PREMIUMS

Enter the total exempt premiums for each branch.

GROSS PREMIUMS TAXABLE

Enter the difference of total gross premiums less returned premiums less tax exempt premiums for each branch. Taxable gross premiums cannot be less than zero.

GRAND TOTALS

Enter the sum of all gross premiums taxable. This figure must reconcile to the total as reported on Page 2, Schedule A.

TAX AMOUNT

Multiply the gross premiums taxable column by 0.03.

GRAND TOTALS

Enter the sum of all tax amounts. This figure must reconcile to the total as reported on Page 2, Line 2.

LOCATION OF RISK

Enter the location(s) the risk will cover.



NOTE: If the policy involves risk located in multiple states including Pennsylvania, the taxable premium shall be levied as follows:

If Pennsylvania is the home state of the insured, the gross premiums shall be taxable to Pennsylvania. For more information see 40 P.S. § 991.1602, 40 P.S. § 991.1621 and 40 P.S. § 991.1622.

CALCULATION OF TAXABLE GROSS PREMIUMS

SCHEDULE A


TAXABLE PREMIUMS

MONTHLY PREMIUMS

Enter the taxable premiums as reported on the monthly 1620 reports for each of the 12 months. If there are multiple branches, this will be the sum of all monthly 1620 reports for the respective month.

REVISED

Check the appropriate box if a revised monthly 1620 report is included for any month.

 **NOTE:** If the revised monthly 1620 report was submitted to the PSLA prior to filing the original RCT-123, provide the latest documents and figures. If the original RCT-123 has been submitted prior to the revised monthly 1620 report, an amended RCT-123 must be filed indicating what month(s) have been revised. The revised monthly 1620 report must be provided.

MULTIPLE

Check the appropriate box if the producer has multiple branches in which multiple monthly 1620 reports are being filed for any month.

TOTAL OF TAXABLE PREMIUMS

Enter the sum of the taxable premiums for January through December. This must reconcile to the total of the monthly 1620s included with this report.

LINE 1

TAXABLE PREMIUMS

Enter the total of taxable premiums from Schedule A.

LINE 2

TOTAL TAX

Multiply Line 1 by 0.03. Carry the tax to RCT-123 Page, 1 Line 1.

Tax liability cannot be less than zero.