pennsylvania
DEPARTMENT OF REVENUE
Bureau of Corporation Taxes
PO BOX 280407
Harrisburg PA 17128-0407

GROSS PREMIUM TAX
SURPLUS LINES AGENTS
2011 REPORT

CORP TAX ACCOUNT ID

___ ___ ___ ___ – ___ ___ ___

(Department Use Only)
Date Received

FEDERAL ID (EIN)

___ ___ – ___ ___ ___ ___ ___ ___ ___

☐ **Check to indicate a change of address**

NAME

ADDRESS

CITY STATE ZIP CODE

☐ Check to send all correspondence to preparer.

PSLA 4-digit Customer ID# _____

☐ First Report ☐ Amended Report (See instructions.) ☐ Last Report (See instructions.)

ANNUAL PAYMENTS

TAX YEAR ENDING **12/31/11**

DUE DATE **01/31/12**

Fill in corresponding self-assessed tax, prepayments, restricted credit, remittance amount and grand totals.

TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
	TYPE CODE	BUDGET CODE				
GROSS PREMIUMS - Surplus Lines	**60**	**125166**				
GRAND TOTALS						

☐ PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID ELECTRONICALLY.

OVERPAYMENT INSTRUCTIONS (Choose only Option A or Option B and write the appropriate letter in the box provided.)

☐ A = Automatically transfer overpayments to other underpaid taxes for the current tax period, then to the next tax period.

B = Refund overpayment(s) of the current tax period after paying any other underpaid taxes for the current tax period.

By checking the "Amended Report" box on this form, the taxpayer 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. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer	Title	Date	Telephone Number ( )

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.

PRINT Individual Preparer or Firm's Name			**Signature** of Preparer	Fax Number ( )
PRINT Individual or Firm's Street Address			Title	Telephone Number ( )
City	State	ZIP Code	E-mail Address	

1230011201

A. SEE INSTRUCTIONS – BRANCH OFFICES

B. REVISED SCHEDULE

Month	Amount reported on Monthly 1620 Report	Revised	Multiple
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

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

For each month, enter the total premiums reported on the Monthly 1620 Report filed for that month. If the Monthly 1620 Report for a month has been revised, enter the total premiums from the revised report and place an "X" in the "Revised" column for that month.

In cases where the premiums for a month represent a combination of multiple filings with the Pennsylvania Surplus Lines Association, place an "X" in the "Multiple" column for that month.

Enter the total premiums for this year on the "Total" line and on Line 1 below.

1. Total of Gross Premiums . . . . . $ _____

2. Less: Total of Net Premiums returned on cancelled policies (Attach schedule; see instructions.) . . . . . $ _____

3. Less: Tax exempt premiums (Attach schedule; see instructions.) . . . . . $ _____

4. Gross Premiums Taxable (Line 1 less Line 2 less Line 3) . . . . . $ _____

5. Tax at Rate of 3 percent of Gross Premiums Taxable (Line 4 X 0.03); enter this amount on Page 1, ... ➧ $ _____
Column A. (whole dollars only)

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GROSS PREMIUM TAX REPORT - BRANCH OFFICE SCHEDULE

Name:_____ EIN:_____ PA Corp Tax Account ID:_____ Tax Period Ending:_____

Cust 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						