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Date Received (Official Use Only)

RCT-121C (06-12) PAGE 1 OF 3
GROSS PREMIUMS TAX - FOREIGN CASUALTY OR FOREIGN FIRE INSURANCE COMPANIES

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

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

Tax Year Begin:

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, First Report, Payment Made Electronically, KOZ/EIP, Registered with PA Dept. of Insurance as: Foreign Casualty = A Foreign Fire = B, Last Report, Out of Existence as of:



USE WHOLE DOLLARS ONLY

Table with 10 rows and 2 columns: Description of tax items and corresponding input fields.

Corporate Officer Information:

Officer Last Name, Officer First Name, Title of Officer, Social Security Number of Officer, Phone, Email

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.

Signature of Officer, Date

RCT-121C (06-12) **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

Casualty Insurance

- 1. Gross Direct Premiums Received less Cancellations and Premiums Returned 1.
- 2. Extraordinary Medical Benefit Premiums 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:

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 or PTIN	<input type="text"/>
State	<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
<input type="text"/>	<input type="text"/>

RCT-121C (06-12) **PAGE 3 OF 3**

**RETALIATORY WORKSHEET - SCHEDULE OF TAXES, ASSESSMENTS,
LICENSES AND FEES**

USE WHOLE DOLLARS ONLY

PENNSYLVANIA

STATE OF DOMICILE

Premiums Taxes

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

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 state fees for licensing agents of similar Pennsylvania insurers? 14.

15. Are the fees in Line 14 imposed on the company (enter "A") or the agent (enter "B")? 15.

