



1220012105

**RCT-122** (06-12) **PAGE 1 OF 3**  
**GROSS PREMIUMS TAX - PREMIUMS PAID TO**  
**UNAUTHORIZED FOREIGN INSURANCE COMPANIES**

Date Received (Official Use Only)

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

Taxpayer Name

First Line of Address

Second Line of Address

City State ZIP

Phone

Email

Policies Purchased or  
Renewed During  
Month and Year End: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Due Date: (See Instructions)**

Check to Indicate a Change of Address ☐  
Send All Correspondence to the Preparer ☐  
Amended Report ☐  
First Report ☐  
Payment Made Electronically ☐

Last Report ☐Out of Existence as of: **USE WHOLE DOLLARS ONLY**

1. Gross Premiums Tax on Premiums Paid to Unauthorized Companies (Page 2, Line 9)
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: (Include interest and penalty, if applicable)
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   
Officer First Name   
Title of Officer

Social Security  
Number of Officer   
Phone   
Email

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

1220012205

Revenue ID

**RCT-122** (06-12) **PAGE 2 OF 3**  
**CALCULATION OF TAX****USE WHOLE DOLLARS ONLY****Life Insurance and Annuities**

1. Total Gross Premiums on Life Insurance and Annuities (Schedule A)
2. Total of Net Premiums returned on cancelled policies of Life Insurance and Annuities
3. Taxable Gross Premiums on Life Insurance and Annuities (Line 1 minus Line 2)
4. Tax on Taxable Gross Premiums on Life Insurance and Annuities (Line 3 times tax rate – See Instructions)

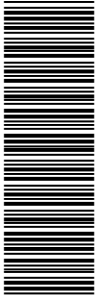
1.	
2.	
3.	
4.	

**All Other Types of Insurance (Other Than Life Insurance and Annuities)**

5. Total Gross Premiums on all other types of Insurance, (Schedule B)
6. Total of Net Premiums returned on cancelled policies of all other types of insurance
7. Taxable Gross Premiums on all other types of insurance (Line 5 minus Line 6)
8. Tax on Taxable Gross Premiums on all other types of insurance (Line 7 times tax rate – See Instructions)
9. Total Tax (Line 4 plus Line 8)

5.	
6.	
7.	
8.	
9.	

1220012205

**Preparer's Information:**

Firm Name  
Firm FEIN  
Address  
City  
State  
ZIP


Individual Preparer Name  
Phone  
Email  
Social Security Number  
or PTIN


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**

**Schedule A  
Life Insurance and Annuities**

Name of Insurance Company	Location of Risk	Policy Number	Beginning Date of Policy and Term	Type of Insurance	Amount of Insurance	Gross Premiums
<b>Total</b>						

**Schedule B  
Other Than Life Insurance and Annuities**

Name of Insurance Company	Location of Risk	Policy Number	Beginning Date of Policy and Term	Type of Insurance	Amount of Insurance	Gross Premiums
<b>Total</b>						