# pennsylvania DEPARTMENT OF REVENUE

**GROSS PREMIUMS TAX** 

### RCT-123 (06-12) PAGE 1 OF 3

Date	Received	(Official	Use	Only)

	SURPLUS LINES AGENTS	
Revenue ID	Federal ID (FEIN) Parent Corporation (FEIN)	Tax Year Begin:
Revenue 15	rederal 15 (LEIN)	Tax Year End: 12/31/20
		Due Date: January 31
Taxpayer Name		000
First Line of Addres		Check to Indicate a Change of Address
FIRST LINE OF Address	SS	Send All Correspondence to the Preparer  Amended Report
Second Line of Add	dress	First Report
		Payment Made Electronically
City	State ZIP	Last Report
Phone		Last Report
		Out of Existence as of:
Email		
	BIII 88181   1818   1881   1811 8818 8111   1881	USE WHOLE DOLLARS ONLY
	niums Tax Surplus Lines (Page 2, Line 2) ated Payments	1. 2.
	ents Carried Forward From Prior Year Return	3.
	ricted" Tax Credits	4.
	t: (Line 2 plus Line 3 plus Line 4)	5.
	If Line 1 is more than Line 5, enter the difference here.)	6.
	: (Include interest and penalty, if applicable)	7.
	ENT: (If Line 5 is more than Line 1, enter the difference	here.) 8.
	mount of Line 8 to be refunded after offsetting all unpaid	
10. Transfer: (A	Amount of Line 8 to be credited to the next tax year afte	
all unpaid li	iabilities)	
<b>Corporate Offi</b>	icer Information:	
066:		Social Security
Officer Last Name		Number of Officer
Officer First Name Title of Officer		Phone Email
Title of Officer		Liliali

1530015102

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.

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Signature of Officer	Date

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levenue ID	
CVCHUC ID	

## RCT-123 (06-12) PAGE 2 OF 3 CALCULATION OF TAX

PSLA 4-Digit Customer ID Num	ber			USE WHOLE D	OOLLARS ONLY	
	s (from Schedule A, below) ax rate - See Instructions)		1. 2.			3 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Schedule A Taxable Premiums				202T
		Amount Reported on Monthly 1620 Report	Revised	Multiple		
If Filing for Several Brand Taxpayers are required to Pennsylvania Surplus Lin	provide copies of all n	nonthly 1620 reports file	ed with t	he		
Preparer's Information:						
irm Name		Individual Preparer N	Name			
irm FEIN address City State		Phone Email Social Security Numl or PTIN	per			
I affirm under penalties prescrib knowledge and belief is a true, co	ed by law this report, including rrect and complete report.	any accompanying schedules	and stateme	ents, has been prep	pared by me and to	the best of my
Signature of Preparer					Date	

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Revenue ID	

# **GROSS PREMIUM TAX REPORT**

			ICE SCHEDULE DULE B	EIN:		
Taxpayer Name				PA PUC - A #:		
Customer ID #	Address	Total Gross Premiums	Less Total Return Premiums	Less Tax Exempt Premiums	Gross Premiums Taxable	Tax

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:					