



1220012105

Date Received (Official Use Only)

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GROSS PREMIUMS TAX - PREMIUMS PAID TO
UNAUTHORIZED FOREIGN INSURANCE COMPANIES

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

Policies Purchased or Renewed During Month and Year End: --/---

Due Date: (See Instructions)

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

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

Table with 10 rows for tax calculations: 1. Gross Premiums Tax on Premiums Paid to Unauthorized Companies, 2. Total Estimated Payments, 3. Total Payments Carried Forward From Prior Year Return, 4. Total 'Restricted' Tax Credits, 5. Total Credit, 6. Tax Due, 7. Remittance, 8. OVERPAYMENT, 9. Refund, 10. Transfer.

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

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CALCULATION OF TAX

USE WHOLE DOLLARS ONLY

Life Insurance and Annuities

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

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

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



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
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