State of Rhode Island and Providence Plantations

2014 Form T-71A

Surplus Line Broker Return of Gross Premiums

Name				Federa	ıl employer identii	fication numb	er/social securi	ty number	
Address 2				State or country of incorporation or organization Broker license number					
City, to	City, town or post office State ZIP code				E-mail address				
Comp	station of Toy								
Compt	utation of Tax 1 Gross premium charged			. 1					
	Returned Premiums								
	3 Net Taxable Premium. Subtract lir					3			
Tax and	4 SURPLUS LINE BROKER TAX. F								
Credits	5 Payments made on 2014 declarati				(0.04)	4			
Dalama	2 N 1 T D 2 11 11 51					6			
Balance Due	•					-			
Due	7 Interest Due: (a) Late payment8 Total Due with Return. Add lines 6	(b) Und							
Refund	9 Overpayment. Subtract lines 4 an								
	10 Amount of overpayment to be app								
	11 Amount to be refunded. Subtract line 10 from line 9					11			
ENTER 1 SOCIAL BE RENI INDIVIDU	NCE AGENCIES: ITHE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COM EWED. IF PAGE 2 IS NOT COMPLETED JALS:	ER OF THE AGENCY IPLETE PAGE 2, LIS D, LICENSE RENEWA	ONLY IN THE OF BROKER LS MAY BE D	E SPACE RS, IN OF DELAYED	PROVIDED ABO RDER FOR THE (INDIVIDUAL	BROKER LICE	ENSES TO	
ENTER 1 SOCIAL BE RENI INDIVIDU YOU MU FEDERA	NCE AGENCIES: THE FEDERAL IDENTIFICATION NUMB SECURITY NUMBER. YOU MUST COM EWED. IF PAGE 2 IS NOT COMPLETED	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE	ONLY IN THE OF BROKER LS MAY BE D	E SPACE RS, IN OF DELAYED D ABOVE E 3. Interest (a) Late (b) Und	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIRE IDUE: Expression payment interested in the Idea (Inc.)	ER THE INSI tt: 18% per ar rest - see Re	URANCE AGEI nnum, 1.5% per gulation CT12-	NCY'S	
ENTER T SOCIAL BE RENI INDIVIDU YOU MU	NCE AGENCIES: I'HE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COM EWED. IF PAGE 2 IS NOT COMPLETED JALS: ST ENTER YOUR SOCIAL SECURITY N AL IDENTIFICATION NUMBER. SKIP PA Gross Premium Charged - From the Ret page 3, add the Premium Column Total to	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE Iturn Supplement on to the Additional The Return Supplement	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDE CTLY TO PAG Line 7:	E SPACE RS, IN OF DELAYED DABOVE E 3. Interest (a) Late (b) Und Enter the	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIRE IDUE: Expression of the payment interest	ER THE INSI tt: 18% per ar rest - see Re) and (b) on I	URANCE AGEI nnum, 1.5% per gulation CT12-1 line 7.	NCY'S	
ENTER 1 SOCIAL BE RENI INDIVIDU YOU MU FEDERA Line 1:	INCE AGENCIES: ITHE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COM EWED. IF PAGE 2 IS NOT COMPLETED JALS: ST ENTER YOUR SOCIAL SECURITY N AL IDENTIFICATION NUMBER. SKIP PA Gross Premium Charged - From the Ret page 3, add the Premium Column Total t Premium Column Total. Amount of Returned Premiums - From th on page 3, enter the amount from Return	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE Iturn Supplement on to the Additional The Return Supplement The Premium Column	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDE CTLY TO PAG Line 7: Line 8: Line 9:	E SPACE RS, IN OF ELAYED D ABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTITE PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT ENTIT PROVIDED ABORDER FOR THE ID. E. DO NOT	er THE INSI It: 18% per arrest - see Re) and (b) on I add lines 6 arr	urance ageinnum, 1.5% per gulation CT12-7 line 7. 'from line 5.	NCY'S	
ENTER 1 SOCIAL BE RENI INDIVIDU YOU MU FEDERA Line 1: Line 2:	NCE AGENCIES: ITHE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COM EWED. IF PAGE 2 IS NOT COMPLETED JALS: IST ENTER YOUR SOCIAL SECURITY N LL IDENTIFICATION NUMBER. SKIP PA Gross Premium Charged - From the Ret page 3, add the Premium Column Total t Premium Column Total. Amount of Returned Premiums - From th on page 3, enter the amount from Return Total.	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE Iturn Supplement on to the Additional The Return Supplement The Premium Column The Premium Column The Image of the Image	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDED CTLY TO PAG Line 7: Line 8: Line 9: Line 10:	E SPACE RS, IN OF PELAYED D ABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa Enter th	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTER Expression interest lerestimating interestimating interestimati	er THE INSI It: 18% per arrest - see Re) and (b) on I add lines 6 arr	urance ageinnum, 1.5% per gulation CT12-7 line 7. 'from line 5.	NCY'S	
ENTER 1 SOCIAL BE RENI INDIVIDU YOU MU FEDERA Line 1: Line 2:	INCE AGENCIES: ITHE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COMEWED. IF PAGE 2 IS NOT COMPLETED JALS: ST ENTER YOUR SOCIAL SECURITY NOT IN IDENTIFICATION NUMBER. SKIP PAGE 3, add the Premium Column Total to Premium Column Total. Amount of Returned Premiums - From the on page 3, enter the amount from Return Total. Net Taxable Premium. Subtract line 2 from the premium Column Total.	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE Iturn Supplement on to the Additional The Return Supplement The Premium Column om line 1. Itimes rate of 4% (0.04) For tax year 2014, plus	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDE CTLY TO PAG Line 7: Line 8: Line 9: Line 10:).	E SPACE RS, IN OF PELAYED D ABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa Enter th Estimate Subtrace	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTITE To Due: To payment interest experimating interestimating interestimating interest use with Return. Anyment. Subtract the amount from listed Tax. To the time 10 from linest time 10	er THE INSI It: 18% per arrest - see Recolor and (b) on I Add lines 6 arrest - and 7 Ine 9 to be apple 9. This is the	urance ageinnum, 1.5% per gulation CT12-7 line 7. If from line 5. In plied to 2015 The amount to be a service and the service a	NCY'S month. 10.	
ENTER 1 SOCIAL BE RENI INDIVIDU YOU MU FEDERA Line 1: Line 2: Line 3: Line 4:	INCE AGENCIES: ITHE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COMEWED. IF PAGE 2 IS NOT COMPLETED JALS: ST ENTER YOUR SOCIAL SECURITY NOT INTERPOLATION NUMBER. SKIP PAGE 3, add the Premium Column Total to Premium Column Total. Amount of Returned Premiums - From the on page 3, enter the amount from Return Total. Net Taxable Premium. Subtract line 2 from Surplus Line Broker Tax. Multiply line 3 Enter the amount of estimated tax paid for the second seco	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE Iturn Supplement on to the Additional The Return Supplement The Premium Column The Premium Column The Incomplete of 4% (0.04) The Itimes rate of 4% (0.04) The Itimes rate of 4% (0.04) The Itimes rate of 4% (0.04)	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDE CTLY TO PAG Line 7: Line 8: Line 9: Line 10: Line 11: Mail For	E SPACE RS, IN OF PELAYED D ABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa Enter th Estimate Subtrace m T-71A	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTITE DUE: De payment interesterestimating interesterestimating interestere sum of lines (aue with Return. Augment. Subtractine amount from listed Tax.	er THE INSI It: 18% per arrest - see Recolor and (b) on I Add lines 6 arrest - and 7 Ine 9 to be apple 9. This is the with any pa	urance ageinnum, 1.5% per gulation CT12-line 7. If from line 5. In a gulation control to be amount to be syment due to:	NCY'S month. 10.	
ENTER 1 SOCIAL BE RENI INDIVIDUA YOU MU FEDERA Line 1: Line 2: Line 3: Line 4: Line 5: Line 6:	THE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COMEWED. IF PAGE 2 IS NOT COMPLETED STATEMENT OF THE PAGE 2 IS NOT COMPLETED STATEMENT OF THE PAGE 3. AND	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE IT Supplement on to the Additional The Return Supplement on Premium Column om line 1. Itimes rate of 4% (0.04) For tax year 2014, plus 2. amined this return and	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDED CTLY TO PAG Line 7: Line 8: Line 9: Line 10: Line 11: Mail For RI Division	E SPACE RS, IN OF DELAYED DABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa Enter th Estimat Subtrace TT-71A Ton of Ta	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTITE DUE: Expression provides a payment interesting interest	t: 18% per arrest - see Red) and (b) on I add lines 6 arrest - se per lines 4 and 7 are 9 to be apper 9. This is the with any particular of which press.	urance Ageinnum, 1.5% pergulation CT12-dine 7. Ind 7. If from line 5. Included to 2015 Included to	e refunded. 2908 wledge and nowledge.	
ENTER 1 SOCIAL BE RENI INDIVIDUA YOU MU FEDERA Line 1: Line 2: Line 3: Line 4: Line 5: Line 6: Under pubelief, if Authorize	NCE AGENCIES: THE FEDERAL IDENTIFICATION NUMBISECURITY NUMBER. YOU MUST COMEWED. IF PAGE 2 IS NOT COMPLETED JALS: ST ENTER YOUR SOCIAL SECURITY NOT IDENTIFICATION NUMBER. SKIP PAGE 3, add the Premium Column Total to Premium Column Total. Amount of Returned Premiums - From the notal page 3, enter the amount from Return Total. Net Taxable Premium. Subtract line 2 from Surplus Line Broker Tax. Multiply line 3 Enter the amount of estimated tax paid from a mounts applied from tax year 2012. Net Tax Due. Subtract line 5 from line 4. enalties of perjury, I declare that I have exact is true, accurate and complete. Declaration decomposition of the second complete.	ER OF THE AGENCY IPLETE PAGE 2, LIST D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE Iturn Supplement on to the Additional The Return Supplement on Premium Column To the Additional The Return Supplement on Premium Column To the Additional The Return Supplement on Premium Column The Return Supplement on Premiu	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDED CTLY TO PAG Line 7: Line 8: Line 9: Line 10: Line 11: Mail For RI Division	E SPACE RS, IN OF DELAYED DABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa Enter th Estimat Subtrace TT-71A Ton of Ta	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTER To payment interest derestimating interest derestimating interest derestimating interest derestimating interest derestimating interest derestimating interest derestimation. Authority of the amount from litted Tax. The time 10 from line det Tax. The det Tax det line 10 from line det Tax. The det Tax det line 10 from line det Tax. The det Tax det line 10 from line det Tax. The det Tax det line 10 from line det Tax det line 10 from line det Tax. The det Tax det line 10 from line det line det line det Tax det line det lin	t: 18% per arrest - see Re. and (b) on I add lines 6 ar lines 4 and 7 ane 9 to be ap a 9. This is the with any pa pitol Hill - Pr as, and to the of which pre	urance ageinnum, 1.5% pergulation CT12-dine 7. Ind 7. If from line 5. In amount to be amount to be amount to be covidence, RI 0 best of my know parer has any kephone number	e refunded. 2908 wledge and nowledge.	
ENTER 1 SOCIAL BE RENI INDIVIDUA YOU MU FEDERA Line 1: Line 2: Line 3: Line 4: Line 5: Line 6: Under pubelief, if Authorize	THE FEDERAL IDENTIFICATION NUMBI SECURITY NUMBER. YOU MUST COMEWED. IF PAGE 2 IS NOT COMPLETED JALS: ST ENTER YOUR SOCIAL SECURITY NUMBER. SKIP PAGE 3, add the Premium Column Total to Premium Column Total. Amount of Returned Premiums - From the on page 3, enter the amount from Return Total. Net Taxable Premium. Subtract line 2 from Surplus Line Broker Tax. Multiply line 3 Enter the amount of estimated tax paid from any amounts applied from tax year 2012 Net Tax Due. Subtract line 5 from line 4. enalties of perjury, I declare that I have exit is true, accurate and complete. Declaration.	ER OF THE AGENCY IPLETE PAGE 2, LIS' D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE IUM Supplement on to the Additional The Return Supplement on to the Additional The Return Column Tom line 1. Itimes rate of 4% (0.04) For tax year 2014, plus 2. Imagined this return and to of preparer (other in the start of the start	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDED CTLY TO PAG Line 7: Line 8: Line 9: Line 10: Line 11: Mail For RI Division	E SPACE RS, IN OF DELAYED DABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa Enter th Estimat Subtrace TT-71A Ton of Ta	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTITE DOWN E. DO NOT ENTITE DOWN E. DO NOT ENTITE E. DO NO	t: 18% per arrest - see Re. and (b) on I add lines 6 ar lines 4 and 7 ane 9 to be ap a 9. This is the with any pa pitol Hill - Pr as, and to the of which pre	urance Ageinnum, 1.5% pergulation CT12-dine 7. Ind 7. If from line 5. Included to 2015 Included to 2015 Included to 2015 Included to 2016 Included to	e refunded. 2908 wledge and nowledge.	
ENTER 1 SOCIAL BE RENI INDIVIDUA YOU MU FEDERA Line 1: Line 2: Line 3: Line 4: Line 5: Line 6: Under period belief, if Authoriza	NCE AGENCIES: THE FEDERAL IDENTIFICATION NUMBISECURITY NUMBER. YOU MUST COMEWED. IF PAGE 2 IS NOT COMPLETED JALS: ST ENTER YOUR SOCIAL SECURITY NOT IDENTIFICATION NUMBER. SKIP PAGE 3, add the Premium Column Total to Premium Column Total. Amount of Returned Premiums - From the notal page 3, enter the amount from Return Total. Net Taxable Premium. Subtract line 2 from Surplus Line Broker Tax. Multiply line 3 Enter the amount of estimated tax paid from a mounts applied from tax year 2012. Net Tax Due. Subtract line 5 from line 4. enalties of perjury, I declare that I have exact is true, accurate and complete. Declaration decomposition of the second complete.	ER OF THE AGENCY IPLETE PAGE 2, LIST D, LICENSE RENEWA IUMBER IN THE SPA IGE 2, AND GO DIRE Iturn Supplement on to the Additional The Return Supplement on Premium Column To the Additional The Return Supplement on Premium Column To the Additional The Return Supplement on Premium Column The Return Supplement on Premiu	ONLY IN THE OF BROKER LS MAY BE D CE PROVIDED CTLY TO PAG Line 7: Line 8: Line 9: Line 10: Mail For RI Division an taxpayer)	E SPACE RS, IN OF PELAYED D ABOVE E 3. Interest (a) Late (b) Und Enter th Total D Overpa Enter th Estimat Subtrace The T-71A Interest Interes	PROVIDED ABORDER FOR THE ID. E. DO NOT ENTER To payment interest derestimating interest derestimating interest derestimating interest derestimating interest derestimating interest derestimating interest derestimation. Authority of the amount from litted Tax. The time 10 from line det Tax. The det Tax det line 10 from line det Tax. The det Tax det line 10 from line det Tax. The det Tax det line 10 from line det Tax. The det Tax det line 10 from line det Tax det line 10 from line det Tax. The det Tax det line 10 from line det line det line det Tax det line det lin	t: 18% per arrest - see Re. and (b) on I add lines 6 ar lines 4 and 7 ane 9 to be ap a 9. This is the with any pa pitol Hill - Pr as, and to the of which pre	urance ageinnum, 1.5% pergulation CT12-dine 7. Ind 7. If from line 5. In amount to be amount to be amount to be covidence, RI 0 best of my know parer has any kephone number	e refunded. 2908 wledge and nowledge.	



State of Rhode Island and Providence Plantations

2014 Form T-71A

Surplus Line Broker Return of Gross Premiums

Name		Federal employer identific	Federal employer identification number				
This page must be completed by agencies/companies with individual licensees covered under this return to prevent a delay in renewing the licenses of those individuals.							
Broker SSN	Broker Name	Broker Address	Broker License Numbe				
SSN/FEIN:							
Signature of broker:							
Licensee:							



Licensee:

State of Rhode Island and Providence Plantations

2014 Form T-71A

Surplus Line Broker Return of Gross Premiums

Name				Fe	deral employer	r identification n	umber/social se	ecurity numbe
		For policies invoiced	from Januarv	1, 2014 throu	ıgh Decemb	er 31, 2014		
NAIC#	Carrier		Name of	Risk	Invoice	Premium	Return	Additiona
Ινλιοπ	Name	not the Wholesale Broker	Insured	Location	Date	1 Termani	Premium	Premium
		'		Premium to	otals >			
SSN/FE	INI:							