

State of Rhode Island and Providence Plantations 2016 Form T-71A

Surplus Line Broker Return of Gross Premiums

Name			Federal employer identification number/social security number
Address			State or country of incorporation or organization
Address 2			Broker license number
City, town or post office	State	ZIP code	E-mail address

Computation of Tax

	1	Gross premium charged	1			
	2	Returned Premiums	2			
	3	Net Taxable Premium. Subtract line 2 from line 1	3			
Tax and	4	SURPLUS LINE BROKER TAX. Rate: 4%. Multiply line 3 by the tax rat	4			
Credits	5	Payments made on 2016 declaration of estimated tax				
Balance Due	6	Net Tax Due. Subtract line 5 from line 4	6			
	7	Interest Due: (a) Late payment (b) Underestimating				
	8	Total Due with Return. Add lines 6 and 7	8			
Refund	9	Overpayment. Subtract lines 4 and 7 from line 5	9			
	10	Amount of overpayment to be applied to 2017 estimated tax	10	1		
	11	Amount to be refunded. Subtract line 10 from line 9	11			

INSURANCE AGENCIES:

ENTER THE FEDERAL IDENTIFICATION NUMBER OF THE AGENCY ONLY IN THE SPACE PROVIDED ABOVE. DO NOT ENTER A BROKER'S SOCIAL SECURITY NUMBER. YOU MUST COMPLETE PAGE 2, LIST OF BROKERS, IN ORDER FOR THE INDIVIDUAL BROKER LICENSES TO BE RENEWED. IF PAGE 2 IS NOT COMPLETED, LICENSE RENEWALS MAY BE DELAYED.

INDIVIDUALS:

YOU MUST ENTER YOUR SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED ABOVE. DO NOT ENTER THE INSURANCE AGENCY'S FEDERAL IDENTIFICATION NUMBER. SKIP PAGE 2, AND GO DIRECTLY TO PAGE 3.

Line 1:	Gross Premium Charged - From the Return Supplement on page 3, add the Premium Column Total to the Additional Premium Column Total.	Line 7:	Interest Due: (a) Late payment interest: 18% per annum, 1.5% per month. (b) Underestimating interest - see Regulation CT12-10. Enter the sum of lines (a) and (b) on line 7.		
Line 2:	Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total.	Line 8:	Total Due with Return. Add lines 6 and 7.		
Line 3:	Net Taxable Premium. Subtract line 2 from line 1.	Line 9:	Overpayment. Subtract lines 4 and 7 from line 5.		
LINC 0.		Line 10:	Enter the amount from line 9 to be applied to 2017		
Line 4:	Surplus Line Broker Tax. Multiply line 3 times rate of 4% (0.04).		Estimated Tax.		
Line 5:	Enter the amount of estimated tax paid for tax year 2016, plus any amounts applied from tax year 2015.	Line 11:	Subtract line 10 from line 9. This is the amount to be refunded		
		Mail Form T-71A by April 1, 2017 with any payment due to:			

Line 6: Net Tax Due. Subtract line 5 from line 4.

Mail Form T-71A by April 1, 2017 with any payment due to: RI Division of Taxation - One Capitol Hill - Providence, RI 02908

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Authorized officer signature	Print name		Date	Telephone number				
	- Internation		Duto					
Paid preparer signature	Print name		Date	Telephone number				
Paid preparer address	City, town or post office	State	ZIP code	PTIN				



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Name		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.								
_		First		Last				
Broker #1	SSN	name	MI	name				
Brok	License number	Address						
Broker #2	SSN	First name	МІ	Last name				
Brok	License number	Address						
ir #3	SSN	First name	MI	Last name				
Broker #3	License number	Address						
ir #4	SSN	First name	МІ	Last name				
Broker #4	License number	Address	Address					
Broker #5	SSN	First name	MI	Last name				
	License number	Address						
er #6	SSN	First name	MI	Last name				
Broker #6	License number	Address						
er #7	SSN	First name	MI	Last name				
Broker #7	License number	Address						
Broker #8	SSN	First name	МІ	Last name				
Brok	License number	Address						
er #9	SSN	First name	MI	Last name				
Broker #9	License number	Address						
Broker #10	SSN	First name	МІ	Last name				
Broke	License number	Address						
	SSN/FEIN:							
	Signature of broker:							

Licensee:



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For policies invoiced from January 1, 2016 through December 31, 2016

NAIC#	Carrier Name	Company carrying the risk, not the Wholesale Broker	Name of Insured	Risk Location	Invoice Date	Premium	Return Premium	Additional Premium	
Premium totals >									
SSN/FEIN:									
Signature of broker:									
Licensee:									