

Tax and Fee Amount

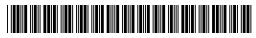
# State of Rhode Island Division of Taxation **2020 Form T-71**

#### 20111699990101

### Insurance Companies Tax Return of Gross Premiums

Insurance Company	Name			Federal emplo	yer id	entification number		
Nonprofit Hos-					atry of incorporation or organization			
pital Service Corp, Non-								
profit Dental Corp, Non-	profit Dental Corp, Non- Address 2 Company ty			Company type	e: stock, mutual or participating			
profit Medical Service Corp								
and HMO	City, town or post office	State	ZIP code	E-mail addres	S			
Amended								
Schedule A -	L.AMNIITATIAN AT 12V					OF DIRECT BUSINESS IN T EINSURANCE COMMISSIO		
	ms (Gross premiums less return premiums from of Annual Statement to Insurance Commission	10						
	assumed from companies not authorized to do hode Island (covering property and risks in RI)	1b						
2 TOTAL PREM	AIUMS. Add lines 1a and 1b				2			
	d or credited to policyholders - Direct (Mutual & Companies Only)	3a						
	empt premiums. See instructions. (Gross premiums)			1				
<sup>c</sup> Capital invest	ments deduction	3с						
	s for Employers deduction - RIGL §44-55. RI-107	3d						
4 TOTAL DEDUCTIONS. Add lines 3a, 3b, 3c and 3d								
5 Net taxable premium. Subtract line 4 from line 2								
6a Rhode Island	tax. Multiply line 5 by the tax rate of 2% (0.02).	6a						
b Tax that would	d be imposed by taxpayer's state or country	6b						
7 TOTAL TAX DUE. Line 6a or 6b, whichever is greater								
	m Schedule B-CR, Business Entity Credit Sched	′ 0						
b Life and Heal	th Guaranty Fee	8b						
9 TOTAL CREE	DITS. Add lines 8a and 8b				۵			

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20111699990102

### Insurance Companies Tax Return of Gross Premiums

	Na	ame Federal employer ident		identif	tification number				
	10b TAX AFTER CREDITS from line 10a						10b		
	11a	Payments made on 2020 BUS-EST, Business Tax Estimated Payment	11a						
- ayments	b	Other payments	11b						
Payr	12 TOTAL PAYMENTS. Add lines 11a and 11b					12			
	13 Previously issued overpayments (if filing an amended return)				13				
	14 Net Payments. Subtract line 13 from line 12					14			
Dne	15					15			
Balance D	16				b)	16			
Ba	17 TOTAL DUE WITH RETURN. Add lines 15 and 16				17				
	18 Overpayment. Subtract lines 10b and 16 from line 14				18				
Refund	19	Amount of overpayment to be applied to 2021 estimated tax					19		
	20	Amount to be refunded. Subtract line 19 from line 18					20		

#### **IMPORTANT INFORMATION**

Mail Form T-71 with any payment due to: RI Division of Taxation - One Capitol Hill - Providence, RI 02908 Form T-71 is due on or before April 15, 2021.

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					
Ü			·					
Paid preparer signature	Print name	Date	Telephone number					
			·					

Paid preparer signature	Print name		Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code	PTIN