

# State of Rhode Island Division of Taxation **2024 Form T-71A**



24111799990101

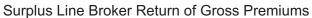
### Surplus Line Broker Return of Gross Premiums

Name						Fede	eral employe	r identification	numb	er		
Addres	S					State	e or country o	f incorporation	or orga	nization		
Address 2					National producer number							
City, town or post office			State	ate ZIP code		E-mail address						
Compu	ıtatio	n of Toy					Initial Return	Final Retu		Amended Return		
Compt		n of Tax				4		-				
		Gross premium charged				1			-			
		Returned Premiums				2						
		Net Taxable Premium. Subtract I										
Tax and		SURPLUS LINE BROKER TAX.					4% (0.04)		. 4			
Payment	<b>s</b> 5	Payments made on 2024 declara	ation of estimate	ed tax		5						
Balance	6	Net Tax Due. Subtract line 5 from	m line 4						6			
Due	7	Interest Due: (a) Late payment		(b) Underest	imating							
	8	Total Due with Return. Add lines	6 and 7						. 8			
Refund	9	Overpayment. Subtract lines 4 a	nd 7 from line	5					9			
Reluliu		Amount of overpayment to be app							10	1		
		Amount to be refunded. Subtract							11			
	11	Amount to be returned. Subtract	tille to homil	ne 9		• • • • • • • • • • • • • • • • • • • •			11			
	Gross page Prem	onal Producer Number in the spaced go directly to page 3.  s Premium Charged - From the Re 3, add the Premium Column Total ium Column Total.	eturn Suppleme	ent on nal	enter the i	Inte (a) L (b) l	rest Due: _ate paymen Jnderestima	t interest: 12%	per a	nnum, 1.0% per month.		
Line 2:	on pa	Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Line 8: Total.				Total Due with Return. Add lines 6 and 7.						
Line 3:	Net T	axable Premium. Subtract line 2 t	from line 1.		Line 9:			Subtract lines 4				
Line 4:	Surpl	Line 10: Enter the amount from line 9 to be applied to 2025 Estimated Tax.  Line 10: Enter the amount from line 9 to be applied to 2025 Estimated Tax.  Line 11: Subtract line 10 from line 9. This is the amount to be applied to 2025 Estimated Tax.  Line 11: Subtract line 10 from line 9. This is the amount to be applied to 2025 Estimated Tax.  Line 11: Subtract line 10 from line 9. This is the amount to be applied to 2025 Estimated Tax.  Line 11: Subtract line 10 from line 9. This is the amount to be applied to 2025 Estimated Tax.  Line 11: Subtract line 10 from line 9 to be applied to 2025 Estimated Tax.  Line 11: Subtract line 10 from line 9 to be applied to 2025 Estimated Tax.  Line 11: Subtract line 10 from line 9 to be applied to 2025 Estimated Tax.				oned to 2023						
Line 5:												
Line 6:	Net T	ax Due. Subtract line 5 from line	4.		Submit I	orm	T-71A and i	emit any pay	ment (	due by April 1, 2025.		
belief, it	is true	s of perjury, I declare that I have e. e, accurate and complete. Declara cer signature	ation of prepare						ch prep			
Paid pre	Paid preparer signature			Print name			Date			Telephone number		
Paid pre	parer a	address	City, town or	post office	State		ZIP cod	le		PTIN		
					-							

Name

### State of Rhode Island Division of Taxation

### 2024 Form T-71A





24111799990102

Federal employer identification number

		ted by agencies/companies with vent a delay in renewing the lice		ual licensees covered under this f those individuals.			
er #1	SSN	First name	MI	Last name			
Broker #1	National producer number	Address					
Broker #2	SSN	First name	МІ	Last name			
Broke	National producer number	Address					
Broker #3	SSN	First name	МІ	Last name			
Broke	National producer number	Address					
Broker #4	SSN	First name	MI	Last name			
Brok	National producer number	oducer Address					
Broker #5	SSN	First name	MI	Last name			
Brok	National producer Address number						
Broker #6	SSN	First name	MI	Last name			
Brok	National producer number	Address					
Broker #7	SSN	First name	MI	Last			
Brok	National producer number	Address					
Broker #8	SSN	First name	MI	Last name			
Brok	National producer number						
er #3	SSN	First name	MI	Last name			
Broker	lational roducer Address umber						
Broker #10	SSN	First name	MI	Last name			
Broke	National producer number	roducer Address					
	SSN/FEIN:						
	Signature of broker:						
	Licensee:						

## State of Rhode Island Division of Taxation 2024 Form T-71A

# **2024 Form T-71A**Surplus Line Broker Return of Gross Premiums



IMAGEONLY

Name	Federal employer identification number/social security number

### For policies invoiced from January 1, 2024 through December 31, 2024

NAIC#	Carrier Company carrying the risk, Name not the Wholesale Broker	Name of Insured	Risk Location	Invoice Date	Premium	Return Premium	Additional Premiur
			Premium to	otals >			
SSN/FE	IN:						
Signatu	re of broker:						
License	0.						