State of Rhode Island Division of Taxation

2025 Form T-71A

Surplus Line Broker Return of Gross Premiums

25111799990101

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

☐ Initial Return ☐ Final Return ☐ Amended Return

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 Payments	4	SURPLUS LINE BROKER TAX. Rate: 4%. Multiply line 3 by the tax rate of 4% (0.04)		4	
	5	Payments made on 2025 declaration of estimated tax	5		
Balance Due	6	Net Tax Due. Subtract line 5 from line 4		6	
	7	Interest Due: (a) Late payment _____ (b) Underestimating _____		7	
	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 2026 estimated tax		10	
	11	Amount to be refunded. Subtract line 10 from line 9		11	

INSURANCE AGENCIES:
Enter the Federal Employer Identification Number of the Agency ONLY in the field provided above. Do NOT enter a broker's social security number in this field. In addition, leave the National Producer Number field blank. 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. You may submit as many copies of page 2 as needed.

INDIVIDUALS:
Enter your nine (9) digit Social Security Number and your National Producer Number in the appropriate fields provided above. Do NOT enter the insurance agency's federal employer identification number. Skip page 2 and go directly to page 3. If your National Producer Number is less than nine (9) digits, you must enter leading zeros. For example: an individual's NPN of 12345 should be entered as **000012345**.

Line 1: Gross Premium Charged - From the Return Supplement on page 3, add the Premium Column Total to the Additional Premium Column Total.

Line 2: Amount of Returned Premiums - From the Return Supplement on page 3, enter the amount from Return Premium Column Total.

Line 3: Net Taxable Premium. Subtract line 2 from line 1.

Line 4: Surplus Line Broker Tax. Multiply line 3 times rate of 4% (0.04).

Line 5: Enter the amount of estimated tax paid for tax year 2025, plus any amounts applied from tax year 2024.

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

Line 7: Interest Due:
(a) Late payment interest: 12% per annum, 1.0% per month.
(b) Underestimating interest - see Regulation 280-RICR-20-25-5.
Enter the sum of lines (a) and (b) on line 7.

Line 8: Total Due with Return. Add lines 6 and 7.

Line 9: Overpayment. Subtract lines 4 and 7 from line 5.

Line 10: Enter the amount from line 9 to be applied to 2026 Estimated Tax.

Line 11: Subtract line 10 from line 9. This is the amount to be refunded.

Submit Form T-71A and remit any payment due by April 1, 2026.

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

May the Division of Taxation contact your preparer? YES ☐

Rhode Island has an Electronic Mandate for filing a return and remitting a payment.
See the Business Forms General Instructions for more information on the requirements and how to file and pay.

Revised 09/2025

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25111799990102

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. If a NPN is less than nine (9) digits, you must enter leading zeros. For example: a NPN of 12345 should be entered as **000012345**.

Broker #1	SSN	First name	MI	Last name
	National producer number	Address		
Broker #2	SSN	First name	MI	Last name
	National producer number	Address		
Broker #3	SSN	First name	MI	Last name
	National producer number	Address		
Broker #4	SSN	First name	MI	Last name
	National producer number	Address		
Broker #5	SSN	First name	MI	Last name
	National producer number	Address		
Broker #6	SSN	First name	MI	Last name
	National producer number	Address		
Broker #7	SSN	First name	MI	Last name
	National producer number	Address		
Broker #8	SSN	First name	MI	Last name
	National producer number	Address		
Broker #9	SSN	First name	MI	Last name
	National producer number	Address		
Broker #10	SSN	First name	MI	Last name
	National producer number	Address		

SSN/FEIN:

Signature of broker:

Licensee:

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IMAGEONLY

Name	Federal employer identification number/social security number

For policies invoiced from January 1, 2025 through December 31, 2025

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: