



1230016105

Date Received (Official Use Only)

RCT-123 (03-16) (FI) **PAGE 1 OF 3**
GROSS PREMIUMS TAX
SURPLUS LINES AGENTS

C

Revenue ID Federal ID (FEIN) Parent Corporation (FEIN)

Tax Year Begin:

Tax Year End: **12/31/20__**

Due Date: January 31

Taxpayer Name
First Line of Address
Second Line of Address
City State ZIP
Phone
Email

Check to Indicate a Change of Address
Send All Correspondence to the Preparer
Amended Report (Include REV-1175.)
First Report
Payment Made Electronically
Final Report (See Instructions.)
Out of Existence Date:

USE WHOLE DOLLARS ONLY

- 1. Total Tax (From Page 2, Line 2)
- 2. Total Estimated Payments
- 3. Total Payments Carried Forward From Prior Year Return
- 4. Total "Restricted" Tax Credits
- 5. Total Credit: (Line 2 plus Line 3 plus Line 4)
- 6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)
- 7. Remittance
- 8. Overpayment: (If Line 5 is more than Line 1, enter the difference here.)
- 9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)
- 10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>



Corporate Officer Information:

Officer Last Name Social Security Number of Officer
Officer First Name Phone
Title of Officer Email

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Signature of Officer	Date
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1230016205

Revenue ID

RCT-123 (03-16) (FI) **PAGE 2 OF 3**
CALCULATION OF TAX

PSLA 4-Digit Customer ID Number

USE WHOLE DOLLARS ONLY

- | | |
|---|-------------------------|
| 1. Total of Taxable Premiums (From Schedule A, below) | 1. <input type="text"/> |
| 2. Total Tax (Line 1 times tax rate - See Instructions.) Carry to Page 1, Line 1. | 2. <input type="text"/> |

Schedule A
Taxable Premiums

	TOTAL PREMIUMS REPORTED ON MONTHLY 1620 REPORT	Revised	Multiple
January	<input type="text"/>	<input type="text"/>	<input type="text"/>
February	<input type="text"/>	<input type="text"/>	<input type="text"/>
March	<input type="text"/>	<input type="text"/>	<input type="text"/>
April	<input type="text"/>	<input type="text"/>	<input type="text"/>
May	<input type="text"/>	<input type="text"/>	<input type="text"/>
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	<input type="text"/>
August	<input type="text"/>	<input type="text"/>	<input type="text"/>
September	<input type="text"/>	<input type="text"/>	<input type="text"/>
October	<input type="text"/>	<input type="text"/>	<input type="text"/>
November	<input type="text"/>	<input type="text"/>	<input type="text"/>
December	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total of Taxable Premiums	<input type="text"/>		

MUST CARRY TOTAL TAXABLE PREMIUMS TO LINE 1 ABOVE.

Taxpayers are required to provide copies of all monthly 1620 reports filed with the Pennsylvania Surplus Lines Association during this tax year.

If Filing for Several Branch Offices, Complete Schedule B - Page 3.



Preparer's Information:

Firm Name	<input type="text"/>	Individual Preparer Name	<input type="text"/>
Firm FEIN	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
City	<input type="text"/>	Social Security Number or PTIN	<input type="text"/>
State	<input type="text"/>		
ZIP	<input type="text"/>		

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature of Preparer	Date
<input type="text"/>	<input type="text"/>

