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Date Received (Official Use Only)

**RCT-122** 08-22 (FI) **PAGE 1 OF 3**  
**GROSS PREMIUMS TAX - PREMIUMS PAID TO UNAUTHORIZED FOREIGN INSURANCE COMPANIES**

C

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

Policies Purchased or Renewed During ONE Month and Year End: \_\_\_/\_\_\_

**REPORT ONE MONTH ONLY.**  
**Due Date: (See Instructions)**

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

Check to Indicate a Change of Address   
Amended Report (Include REV-1175.)   
First Report   
Final Report (See Instructions.)   
Out of Existence Date:

**USE WHOLE DOLLARS ONLY**

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

<b>Signature of Officer</b>	<b>Date</b>
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**RCT-122** 08-22 (FI) **PAGE 2 OF 3**  
**CALCULATION OF TAX**

**USE WHOLE DOLLARS ONLY**

**C**

**Life Insurance and Annuities**

- 1. Total Gross Premiums on Life Insurance and Annuities (Schedule A) 1.
- 2. Total of Premiums returned on cancelled policies of Life Insurance and Annuities 2.
- 3. Taxable Gross Premiums on Life Insurance and Annuities (Line 1 minus Line 2) 3.
- 4. Tax on Taxable Gross Premiums on Life Insurance and Annuities (Line 3 times tax rate - See Instructions.) 4.

**All Other Types of Insurance (Other Than Life Insurance and Annuities)**

- 5. Total Gross Premiums on all other types of Insurance, (Schedule B) 5.
- 6. Total of Premiums returned on cancelled policies of all other types of insurance 6.
- 7. Taxable Gross Premiums on all other types of insurance (Line 5 minus Line 6) 7.
- 8. Tax on Taxable Gross Premiums on all other types of insurance (Line 7 times tax rate - See Instructions.) 8.
- 9. Total Tax (Line 4 plus Line 8) 9.

**Preparer's Information:**



Firm Name

Firm FEIN

Address

City

State

ZIP

Individual Preparer Name

Phone

Email

Social Security Number or PTIN

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.

<b>Signature of Preparer</b>	<b>Date</b>
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**Schedule A  
Life Insurance and Annuities**

Name of Insurance Company	Location of Risk	Policy Number	Beginning Date of Policy and Term	Type of Insurance	Amount of Insurance	Gross Premiums
Policies Purchased or Renewed						
<b>Carry to Page 2, Line 1</b>					<b>Total</b>	
Policies Cancelled						
<b>Carry to Page 2, Line 2</b>					<b>Total</b>	

**Schedule B  
Other Than Life Insurance and Annuities**

Name of Insurance Company	Location of Risk	Policy Number	Beginning Date of Policy and Term	Type of Insurance	Amount of Insurance	Gross Premiums
Policies Purchased or Renewed						
<b>Carry to Page 2, Line 5</b>					<b>Total</b>	
Policies Cancelled						
<b>Carry to Page 2, Line 6</b>					<b>Total</b>	



# Instructions for RCT-122

RCT-122 (SU) IN 10-23

## Gross Premiums Tax - Premiums Paid to Unauthorized Foreign Insurance Companies

### GENERAL INFORMATION

- The RCT-122 can now be filed electronically at [mypath.pa.gov](http://mypath.pa.gov).

#### REMINDER

- **THE RCT-122 REPORT CANNOT INCLUDE MORE THAN ONE MONTH**
- All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier.
- Use only whole dollars when preparing tax reports.
- Taxpayers may request a 60 day extension to file this report electronically via myPATH or by filing the REV-426.



**NOTE:** The automatic PA extension provided by Act 52 of 2013 to those with valid federal extensions DOES NOT apply to this tax.

- The penalty imposed for failure to file timely reports is a minimum of \$500, regardless of the determined tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.
- Use **ONLY** the most current, non-year-specific tax form and instructions for filing ALL tax periods. **If an amended report must be filed, taxpayers must use the most current, non-year-specific tax form, completing all sections of the form. REV-1175, Schedule AR (explanation for amending), must be included when filing an amended report.**
- A signed copy of the RCT-122 tax report must be sent to the Pennsylvania Surplus Lines Association on behalf of the Pennsylvania Insurance Department, to 180 Sheree Blvd., Ste. 3100, Exton, PA 19341.
- The tax liability reported on RCT-122 cannot be less than zero; instead the taxpayer must file a petition for refund.

#### REPORT CHECKLIST

Make sure you include the following to file your report properly and completely:

- Negative amounts must be written using a minus sign preceding the number. Do not use parentheses.
- Complete RCT-122, Gross Premiums Tax Report, for premiums paid to unauthorized foreign insurance companies, associations, exchanges, etc.

- Complete Schedule A and Schedule B (Include any cancelled policies)
- Corporate officer's/insured's signature on Page 1 and preparer's signature and PTIN on Page 2, if applicable
- A signed copy of the RCT-122 tax report must be sent to the Pennsylvania Surplus Lines Association on behalf of the Pennsylvania Insurance Department, to 180 Sheree Blvd., Ste. 3100, Exton, PA 19341

#### IMPOSITION, BASE, AND RATE

Gross premiums tax for premiums paid to unauthorized foreign or alien insurance companies is imposed on the insured rather than on the insurance carrier. Anyone who enters into a contract of insurance or reinsurance with a foreign or alien insurer not licensed to do business in Pennsylvania is subject to the tax on insurance premiums. The tax is imposed at 2 percent of life insurance and annuity gross premiums and 3 percent on premiums for all other types of insurance. The tax must be remitted to the Pennsylvania Department of Revenue when the insured enters into the insurance contract and makes a periodic payment. Insurance companies authorized to do business in Pennsylvania are subject to a tax on gross premiums of reinsurance when the reinsurance is with companies not authorized to do business in Pennsylvania. For more information, see Act of July 6, 1917, P.L. 723, as amended by the Act of Jan. 24, 1966.

#### LOCATION OF RISK

If the policy involves risk located in multiple states including Pennsylvania, the taxable premium shall be levied as follows: If Pennsylvania is the home state of the insured, the gross premium shall be taxable to Pennsylvania. For more information see 40 P.S. § 991.1602, 40 P.S. § 991.1621 and 40 P.S. § 991.1622.

#### REVENUE ID, FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN), PARENT CORPORATION FEIN, NAME, AND ADDRESS

The Revenue ID number, FEIN, name, and complete mailing address must be provided. If the taxpayer is a subsidiary of a corporation, the parent corporation's FEIN must be provided. Also provide the telephone number and email of the taxpayer.

#### TAX PERIOD

Enter month and year (MMYYYY) for tax period end.

## REPORT DUE DATE

The report is due within 30 days after the last day of the month in which the insurance was procured. If multiple purchases of such insurance are expected to occur more than once during a particular month, only one tax report should be prepared summarizing each day's transaction and submitted upon closing of the month. The beginning date of all policies must be the same as the file month indicated. The penalty imposed for failure to file timely reports is now a minimum of \$500, regardless of the determined tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.

## ADDRESS CHANGE

Enter "Y" in the block on Page 1 if the address of the corporation has changed from prior tax periods. The current mailing address should be reflected on the report.

## AMENDED REPORT

Enter "Y" in the block on Page 1 if you are filing an amended report to add, delete, or adjust information. Provide documentation to support all changes being made. An amended report should only be filed if an original report was filed previously for the same period.


The taxpayer has three (3) years after the due date of the original report to file an amended report. If the original report was properly extended, then the taxpayer has three (3) years after the extended due date to file an amended report. The department may adjust the tax originally reported based on information from the amended report. The taxpayer must consent to extend the assessment period. If the amended report is timely filed and the taxpayer consented to extend the assessment period, the time period in which to assess tax will be the greater of three years from the filed date of the original report or one year from the filed date of the amended report.

Regardless of the tax year being amended, taxpayers must use the most current non-year-specific tax form, completing all sections of the report. This includes those sections originally filed and those sections being amended. All tax liabilities should be recorded on Page 1. Taxpayers must check the Amended Report check box on Page 1 and include Schedule AR, REV-1175, with the report.

## FIRST REPORT

Enter "Y" in the block on Page 1 if this is the taxpayer's first PA gross premiums tax filing.

## FINAL REPORT

 **NOTE:** If you wish to remain active, do not mark the report as final.

- If this report will be the final report filed with the department, enter Y in the block on Page 1 and indicate the effective date of the event as MMDDYYYY.
- Include a letter with the tax report verifying no policy or policies were placed or renewed and no other insurance policy was obtained from a company not authorized or admitted by the Pennsylvania Insurance Department.
- Include a copy of the regulatory authority's approval of the merger, dissolution, plan of reorganization, and/or articles of merger, if applicable.

- Provide the Revenue ID and FEIN of the surviving entity, if applicable.

## CORPORATE OFFICER INFORMATION

A corporate officer/insured must sign and date the tax report. The signature must be original; photocopies or faxes will not be accepted. Print the first and last name, title, Social Security number, telephone number, and email of the corporate officer/insured.

## PREPARER'S INFORMATION

Paid preparers must sign and date the tax report. If the preparer works for a firm, provide the name, FEIN, and address of the firm along with the name, telephone number, email, and PTIN/SSN of the individual preparing the report. If the preparer is an individual without any association to a firm, provide the name, address, telephone number, email, and PTIN/SSN of the individual preparing the report.

## EXTENSION REQUEST DUE DATE

To request a due date extension of up to 60 days to file the report, you must file an extension request by the original report due date. You can request an extension on [mypath.pa.gov](http://mypath.pa.gov) or by sending the REV-426. However, an extension of time to file does not extend the deadline for payment of tax, and an extension request must be accompanied by payment of taxes owed for the taxable year for which the extension is requested.

Mail the extension coupon separately from all other forms. A taxpayer using an electronic method to make a payment with an extension request should not submit the extension coupon. Do not use the extension coupon to remit other unpaid liabilities within the account.

## PAYMENT AND MAILING INFORMATION

All payments of \$1,000 or more must be made electronically or by certified or cashier's check mailed to:

**PA DEPARTMENT OF REVENUE  
PO BOX 280404  
HARRISBURG PA 17128-0404**

Tax returns and certified or cashier's check may be remitted in person or by express mail courier. Mail payments and returns to the following address:

**PA DEPARTMENT OF REVENUE  
1854 BROOKWOOD ST  
HARRISBURG PA 17104**

Payments under \$1,000 may be remitted by mail, made payable to the PA Department of Revenue. Mail payments, extension requests and returns to the following address:

**PA DEPARTMENT OF REVENUE  
PO BOX 280427  
HARRISBURG PA 17128-0427**

Failure to make a payment by an approved method will result in the imposition of a 3 percent penalty of the tax due, up to \$500. For more information on electronic filing options, visit [mypath.pa.gov](http://mypath.pa.gov).

## CURRENT PERIOD OVERPAYMENT


If an overpayment exists on Page 1 of the RCT-122, the taxpayer must instruct the department to refund or transfer overpayment as indicated below.

## REFUND

Identify the amount to refund from the current tax period overpayment. Prior to any refund, the department will offset current period liabilities and other unpaid liabilities within the account.

## TRANSFER

Identify the amount to transfer from the current tax period overpayment to the next tax period. Prior to any transfer, the department will offset current period liabilities and other unpaid liabilities within the account.

 **NOTE:** If no option is selected, the department will automatically transfer any overpayment to the next tax period after offsetting current period liabilities and other unpaid liabilities within the account.

## REQUESTS FOR REFUND OR TRANSFER OF AVAILABLE CREDIT

Requests for refund or transfer of available credit from prior periods can be requested on company letterhead, signed by an authorized representative, and emailed to **RA-CORP\_ACC\_FAX@PA.GOV**.

Please do not duplicate requests for refund and/or transfer by submitting both RCT-122 and written correspondence.

## CONTACT INFORMATION

- For additional information regarding electronic payments visit the departments Online Customer Service Center at **revenue.pa.gov**.
- Questions regarding payments or refunds, email **RA-CORP\_ACC\_FAX@PA.GOV**.
- General business tax questions, visit the department's Online Customer Service Center at **revenue.pa.gov**.
- Business taxpayers and tax practitioners have the ability to receive and view department issued electronic statement of accounts and correspondence electronically by visiting **mypath.pa.gov**.
- If you have questions regarding filing a copy of this report to the Pennsylvania Surplus Lines Association, call the Pennsylvania Surplus Lines Association at 610-594-1340 or visit their website at [www.pasla.org](http://www.pasla.org).

## LINE INSTRUCTIONS

**RCT-122 should be completed in the following order:** (Page instructions start with Page 3 below.)

### STEP 1

Complete the taxpayer information section and any applicable questions at the top of Page 1.

### STEP 2

Enter the Revenue ID and other taxpayer information in the designated fields at the top of each page.

### STEP 3

Complete Page 3, Schedule A and/or Schedule B.

### STEP 4

Complete Page 2, Calculation of Tax.

### STEP 5

Complete Page 1, Lines 1 through 10.

### STEP 6

Complete the corporate officer information section, sign, and date at the bottom of Page 1.

### STEP 7

Complete the preparer information section, sign, and date at the bottom of Page 2, if applicable.

### STEP 8

Mail the completed report and any supporting schedules to the PA Department of Revenue.

### STEP 9

Send a signed copy of the RCT-122 to the Pennsylvania Surplus Lines Association on behalf of the Pennsylvania Insurance Department, to 180 Sheree Blvd., Ste. 3100, Exton, PA 19341.

## PAGE 3

### SCHEDULE A AND/OR SCHEDULE B


Complete Schedule A for life insurance and annuities and Schedule B for all other types of insurance.

### NAME OF INSURANCE COMPANY

Enter the name of the unauthorized foreign or alien insurance company used to procure the policy.

### LOCATION OF RISK

Enter the location(s) the risk will cover.

 **NOTE:** If the policy involves risk located in multiple states including Pennsylvania, the taxable premium shall be levied as follows:

If Pennsylvania is the home state of the insured, the gross premium shall be taxable to Pennsylvania. For more information see 40 P.S. § 991.1602, 40 P.S. § 991.1621 and 40 P.S. § 991.1622.

### POLICY NUMBER

Enter the policy number.

### BEGINNING DATE OF POLICY AND TERM

Enter the beginning date and term of the policy. The beginning date of all policies must be the same as the file month indicated on Page 1 of RCT-122.

### TYPE OF INSURANCE

Enter the type of insurance being procured, life or annuity, in Schedule A only, and all others in Schedule B.

### AMOUNT OF INSURANCE

Enter the amount of the insurance policy.

### GROSS PREMIUMS

Enter the amount of gross premiums on the policy.

**TOTAL**

Enter the total amount of insurance and gross premiums for each schedule.

Include cancelled policies in the Policies Cancelled section of Schedule A and/or Schedule B.

**PAGE 2**

**CALCULATION OF TAX****LIFE INSURANCE AND ANNUITIES****LINE 1****TOTAL GROSS PREMIUMS ON LIFE INSURANCE AND ANNUITIES (SCHEDULE A)**

Enter the total gross premiums on life insurance and annuities reported on Page 3, Schedule A.

**LINE 2****TOTAL OF PREMIUMS RETURNED ON CANCELLED POLICIES OF LIFE INSURANCE AND ANNUITIES**

Enter the total premiums returned on cancelled policies of life insurance and annuities. A schedule identifying the name of the insurance company, location of risk, policy number, beginning date of policy, date of cancellation, type of insurance, and amount of cancellation for each cancelled policy of life insurance and annuities must be provided. Adjustment for cancelled policies cannot reduce taxable gross premiums to less than zero.

**LINE 3****TAXABLE GROSS PREMIUMS ON LIFE INSURANCE AND ANNUITIES**

Subtract Line 2 from Line 1.

**LINE 4****TAX ON TAXABLE GROSS PREMIUMS ON LIFE INSURANCE AND ANNUITIES**

Multiply Line 3 by 0.02.

**ALL OTHER TYPES OF INSURANCE (OTHER THAN LIFE INSURANCE AND ANNUITIES)****LINE 5****TOTAL GROSS PREMIUMS ON ALL OTHER TYPES OF INSURANCE (SCHEDULE B)**

Enter the total gross premiums on all other types of insurance reported on Page 3, Schedule B.

**LINE 6****TOTAL OF PREMIUMS RETURNED ON CANCELLED POLICIES OF ALL OTHER TYPES OF INSURANCE**

Enter the total premiums returned on cancelled policies of all other types of insurance. A schedule identifying the name of the insurance company, location of risk, policy number, beginning date of policy, date of cancellation, type of insurance, and amount of cancellation for each cancelled policy of all other types of insurance must be provided. Adjustment for cancelled policies cannot reduce taxable gross premiums to less than zero.

**LINE 7****TAXABLE GROSS PREMIUMS ON ALL OTHER TYPES OF INSURANCE**

Subtract Line 6 from Line 5.

**LINE 8****TAX ON TAXABLE GROSS PREMIUMS ON ALL OTHER TYPES OF INSURANCE**

Multiply Line 7 by 0.03.

**LINE 9****TOTAL TAX**

Enter the sum of Lines 4 and 8. Carry to RCT-122, Page 1, Line 1.

Tax liability cannot be less than zero.