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Date Received (Official Use Only)

RCT-122 (09-14) **PAGE 1 OF 3**
GROSS PREMIUMS TAX - PREMIUMS PAID TO
UNAUTHORIZED FOREIGN INSURANCE COMPANIES

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

Policies Purchased or Renewed During Month and Year End: ___/___/___

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
Send All Correspondence to the Preparer
Amended Report
First Report
Payment Made Electronically
Last Report
Out of Existence as of:

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: (Include interest and penalty, if applicable)	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.

Signature of Officer **Date**

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CALCULATION OF TAX

USE WHOLE DOLLARS ONLY

Life Insurance and Annuities

- 1. Total Gross Premiums on Life Insurance and Annuities (Schedule A) 1.
- 2. Total of Net 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 Net 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.

Signature of Preparer	Date
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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
					\$	\$
Total						

**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
					\$	\$
Total						