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Date Received (Official Use Only)

**RCT-124** (09-14) **PAGE 1 OF 4**  
**UNDERWRITING PROFITS TAX - DOMESTIC AND FOREIGN MARINE INSURANCE**

C

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

Tax Year Begin:

Tax Year End: **12/31/20\_\_**

**Due Date: June 1**

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   
Domestic or Foreign Marine (Required):  
Domestic = D Foreign = F   
Last Report   
Out of Existence as of:

**USE WHOLE DOLLARS ONLY**

1. Marine Insurance Underwriting Profits Tax (Page 2, Line 14)
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: (Include interest and penalty, if applicable)
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	<input type="text"/>	Social Security Number of Officer	<input type="text"/>
Officer First Name	<input type="text"/>	Phone	<input type="text"/>
Title of Officer	<input type="text"/>	Email	<input type="text"/>

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>
<input type="text"/>	<input type="text"/>

Revenue ID

**RCT-124** (09-14) **PAGE 2 OF 4**  
**TOTAL UNDERWRITING PROFIT ON MARINE BUSINESS**  
**TRANSACTIONED WITHIN PENNSYLVANIA**

**USE WHOLE DOLLARS ONLY**

**C**

- |  |     |                      |
|--|-----|----------------------|
| 1. Net Marine Insurance Premiums, less Net Reinsurance Premiums, written within the U.S. (Schedule A, Column 6, Item d)              | 1.  | <input type="text"/> |
| 2. Plus: Net Unearned Marine Premiums on U.S. business at beginning of four-year period (Schedule D, Column 7, Item a)               | 2.  | <input type="text"/> |
| 3. Total (Line 1 plus Line 2)  | 3.  | <input type="text"/> |
| 4. Less: Net Unearned Marine Premiums on U.S. business at end of four-year period (Schedule D, Column 7, Item d)                     | 4.  | <input type="text"/> |
| 5. Net Marine Premiums Earned (Line 3 minus Line 4)  | 5.  | <input type="text"/> |
| 6. Net Marine Losses incurred on business written within the U.S. (Schedule E, Column 6, Item d)                                     | 6.  | <input type="text"/> |
| 7. Specific Marine Expenses incurred (Schedule F, Column 8, Item d)  | 7.  | <input type="text"/> |
| 8. Portion of general expenses chargeable to U.S. Marine Premiums (Schedule G, Item e multiplied by Schedule G, Column 8, Item d)    | 8.  | <input type="text"/> |
| 9. Total Deduction (Line 6 plus Line 7 plus Line 8)  | 9.  | <input type="text"/> |
| 10. Net Marine Underwriting Profit on business written within the U.S. (Line 5 minus Line 9)   | 10. | <input type="text"/> |
| 11. Apportionment (from Schedule G, Item f)  | 11. | <input type="text"/> |
| 12. Net Marine Underwriting Profit on business written within Pennsylvania for three years (Line 10 multiplied by Line 11)           | 12. | <input type="text"/> |
| 13. Average Net Marine Underwriting Profit on business within Pennsylvania for one year (Line 12 times one-third - See Instructions) | 13. | <input type="text"/> |
| 14. Tax (Line 13 times tax rate - See Instructions)  | 14. | <input type="text"/> |

**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**

**SCHEDULE A  
MARINE PREMIUMS WRITTEN WITHIN THE U.S.**

(Excluding premiums on business falling within the provisions of 72 P.S. § 2281 (c) imposing a state tax on marine insurance underwriting profits.)

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS PREMIUMS	3 RETURN PREMIUMS	4 NET PREMIUMS	5 NET REINSURANCE	6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS
a	Year					
b	Year					
c	Year					
d	Totals					

**SCHEDULE B  
MARINE PREMIUMS WRITTEN WITHIN THE COMMONWEALTH OF PENNSYLVANIA**

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS PREMIUMS	3 RETURN PREMIUMS	4 NET PREMIUMS	5 NET REINSURANCE	6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS
a	Year					
b	Year					
c	Year					
d	Totals					

**SCHEDULE C  
PREMIUMS WRITTEN – ALL CLASSES OF BUSINESS – FOR THE LAST THREE CALENDAR YEARS  
WITHIN THE U.S.**

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS PREMIUMS	3 RETURN PREMIUMS	4 NET PREMIUMS	5 NET REINSURANCE	6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS
a	Year					
b	Year					
c	Year					
d	Totals					

**SCHEDULE D  
UNEARNED PREMIUMS ON OUTSTANDING MARINE INSURANCE CONTRACTS (WRITTEN WITHIN THE U.S.)  
AT CLOSE OF BUSINESS DEC. 31 FOR LAST FOUR CALENDAR YEARS.**

ITEMS	1 LAST FOUR CALENDAR YEARS	TRIP (Or Voyage) CONTRACTS		TERM CONTRACTS		ADVANCE PREMIUMS	7 TOTAL NET UNEARNED PREMIUMS
		2 PREMIUMS IN FORCE LESS REINSURANCE	3 NET UNEARNED PREMIUMS 100%	4 PREMIUMS IN FORCE LESS REINSURANCE	5 NET UNEARNED PREMIUMS 50%	6 NET UNEARNED PREMIUMS 100%	
a	Year						
b	Year						
c	Year						
d	Year						

**SCHEDULE E  
MARINE LOSSES INCURRED ON BUSINESS WRITTEN WITHIN THE U.S.  
FOR LAST THREE CALENDAR YEARS**

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS LOSSES	3 REINSURANCE	4 SALVAGE	5 TOTAL (Columns 3 and 4)	6 NET (Column 2 minus Column 5)
a	Year					
b	Year					
c	Year					
d	Totals					

**SCHEDULE F  
SPECIFIC MARINE EXPENSES INCURRED ON BUSINESS TRANSACTED WITHIN THE U.S.**

ITEMS	1 LAST THREE CALENDAR YEARS	2 AGENCY COMMISSIONS INCLUDING BROKERAGE	3 AGENCY EXPENSES	4 FEDERAL TAXES	5 STATE & CITY TAXES & FEES	6 LOSS ADJUSTMENT EXPENSE	7 ALL OTHER EXPENSES	8 TOTAL COLUMNS 2 THROUGH 7
a	Year							
b	Year							
c	Year							
d	Totals							

**SCHEDULE G  
GENERAL EXPENSES NOT CHARGEABLE SPECIFICALLY TO ANY PARTICULAR CLASS OF BUSINESS**

ITEMS	1 LAST THREE CALENDAR YEARS	2 SALARIES OF OFFICERS & EMPLOYEES	3 ADVERTISING & SUBSCRIP- TIONS	4 FEDERAL TAXES	5 RENTS	6 PRINTING & STATIONERY	7 ALL OTHER EXPENSES	8 TOTAL COLUMNS 2 THROUGH 7
a	Year							
b	Year							
c	Year							
d	Totals							

e. Three-year ratio of U.S. marine premiums (Schedule A, Column 4, Item d) to total net premiums for all classes of business within the U.S. (Schedule C, Column 4, Item d). Calculate to six decimal places . . . . . \_\_\_\_\_

f. Three-year ratio of net marine premiums written within Pennsylvania (Schedule B, Column 4, Item d) to total net marine premiums written within the U.S. (Schedule A, Column 4, Item d). Calculate to six decimal places . . . \_\_\_\_\_

**Attach Copy of Pennsylvania Business Page of the Annual Report filed with the Pennsylvania Insurance Department.**

**NOTE:** If the company is licensed to write ocean marine premiums in Pennsylvania, this report must be filed whether or not ocean marine premiums were written.