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Date Received (Official Use Only)

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GROSS PREMIUMS TAX - FOREIGN LIFE
OR FOREIGN TITLE INSURANCE COMPANIES

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

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

Tax Year Begin, Tax Year End: 12/31/20, Due Date: April 15

Check to Indicate a Change of Address, Send All Correspondence to the Preparer, Amended Report, First Report, Payment Made Electronically, KOZ/EIP, Registered with PA Dept. of Insurance as: Foreign Life = A Foreign Title = B, Last Report, Out of Existence as of:

USE WHOLE DOLLARS ONLY

- 1a. Foreign Life Gross Premiums Tax (Page 2, Line 15)
1b. Foreign Life Retaliatory (Page 2, Line 16)
1c. Foreign Title Gross Premiums Tax (Page 2, Line 15)
1d. Foreign Title Retaliatory (Page 2, Line 16)
1e. Total Insurance Premiums Tax Liability (Line 1a plus Line 1b plus Line 1c plus Line 1d)
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 1e 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 1e, 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)

1a.
1b.
1c.
1d.
1e.
2.
3.
4.
5.
6.
7.
8.
9.
10.



Corporate Officer Information:

Officer Last Name, Officer First Name, Title of Officer, Social Security Number of Officer, Phone, 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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ATTACH A COPY OF THE PENNSYLVANIA BUSINESS PAGE AND SCHEDULE T OF THE ANNUAL REPORT FILED WITH THE PENNSYLVANIA INSURANCE DEPARTMENT

USE WHOLE DOLLARS ONLY

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**Title Insurance**

- 1. Gross Direct Title Premiums Received less Cancellations and Premiums Returned 1.
- 2. Approved Attorney Fees (See Instructions) 2.
- 3. Dividends to Policy Holders 3.
- 4. Other Deductions (Attach Schedule) 4.
- 5. Taxable Title Insurance Premiums (Line 1 or Line 2 minus Lines 3 and 4) 5.

**Life Insurance**

- 6. Gross Life Premiums (Direct Written Basis) 6.
- 7. Dividends to Policy Holders 7.
- 8. Other Deductions (Attach Schedule) 8.
- 9. Taxable Life Insurance Premiums (Line 6 minus Lines 7 and 8) 9.

**Accident and Health Insurance**

- 10. Gross Direct Accident and Health Premiums 10.
- 11. Dividends to Policy Holders 11.
- 12. Other Deductions (Attach Schedule) 12.
- 13. Taxable Accident and Health Insurance Premiums (Line 10 minus Lines 11 and 12) 13.
- 14. Total Taxable Premiums (Add Lines 5, 9 and 13) 14.
- 15. Tax (Line 14 times tax rate - See Instructions) 15.
- 16. Retaliatory (from Page 3, Line 12) 16.

If registered with the PA Department of Insurance as a Foreign Life Insurance Company, enter Line 15 on Page 1, Line 1a and enter Line 16 on Page 1, Line 1b. If registered with the PA Department of Insurance as a Foreign Title Insurance Company, enter Line 15 on Page 1, Line 1c, and enter Line 16 on Page 1, Line 1d.

- 17. State of Domicile 17.
- 18. NAIC Number 18.



**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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**RETALIATORY WORKSHEET - SCHEDULE OF TAXES, ASSESSMENTS,  
LICENSES AND FEES**

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**USE WHOLE DOLLARS ONLY**

**PENNSYLVANIA**

**STATE OF DOMICILE**

**Premiums Taxes**

1. Fire, Casualty and Title Premiums Tax	1a.	<input type="text"/>	1b.	<input type="text"/>
2. Ocean Marine Gross Profit Tax	2a.	<input type="text"/>	2b.	<input type="text"/>
3. Life Premiums Tax	3a.	<input type="text"/>	3b.	<input type="text"/>
4. Annuities Tax	4a.	<input type="text"/>	4b.	<input type="text"/>
5. Accident and Health Premiums Tax	5a.	<input type="text"/>	5b.	<input type="text"/>
6. Reinsurance Assumed from Unauthorized Companies	6a.	<input type="text"/>	6b.	<input type="text"/>
7. Other Taxes (Add schedule itemizing by type)	7a.	<input type="text"/>	7b.	<input type="text"/>
8. Worker's Compensation Assessments (Add schedule itemizing by type)	8a.	<input type="text"/>	8b.	<input type="text"/>
9. Other Assessments (Add schedule itemizing by type)	9a.	<input type="text"/>	9b.	<input type="text"/>
10. Licenses and Fees (Annual basis, add schedule itemizing by type)	10a.	<input type="text"/>	10b.	<input type="text"/>
11. Totals (Add Line 1 through Line 10)	11a.	<input type="text"/>	11b.	<input type="text"/>

12. Retaliatory payable to the PA Department of Revenue (11b minus 11a) 12.

13. How many agents are licensed to represent your company in Pennsylvania during the tax year? 13.

14. What are your state fees for licensing agents of similar Pennsylvania insurers? 14.

15. Are the fees in Line 14 imposed on the company (enter "A") or the agent (enter "B")? 15.

