pennsylvania
DEPARTMENT OF REVENUE
Bureau of Corporation Taxes
PO BOX 280407
Harrisburg PA 17128-0407

# GROSS PREMIUM TAX

**FOR PREMIUMS PAID TO UNAUTHORIZED FOREIGN INSURANCE COMPANIES, ASSOCIATIONS, EXCHANGES, ETC.**

NAME

ADDRESS

CITY STATE ZIP CODE

☐ Check to send all correspondence to preparer.

**CORP TAX ACCOUNT ID**

___ ___ ___ ___ _ ___ ___ ___

**(Department Use Only)**
**Date Received**

**FEDERAL ID (EIN)**

___ ___ _ ___ ___ ___ ___ ___ ___ ___

☐ **Check to indicate a change of address**

☐ First Report ☐ Amended Report (See instructions.) ☐ Last Report (Out-of-Existence as of _____.)

## ANNUAL PAYMENTS

POLICIES PURCHASED OR RENEWED DURING
MONTH _____ YEAR _____

DUE DATE *

**Fill in corresponding self-assessed tax, prepayments, restricted credit, remittance amount and grand totals.** * SEE INSTRUCTIONS

| TAX TYPE | REVENUE USE ONLY | | A. Tax Liability from Tax Report | B. Estimated Payments & Credits on Deposit | C. Restricted Credit | Remittance A minus B minus C |
|---|---|---|---|---|---|---|
| | TYPE CODE | BUDGET CODE | | | | |
| **GROSS PREMIUMS -** Unauthorized | **60** | **125162** | | | | |
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| GRAND TOTALS | | | | | | |

☐ PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID ELECTRONICALLY.

## OVERPAYMENT INSTRUCTIONS

(Choose only Option A or Option B and write the appropriate letter in the box provided.)

☐ A = Automatically transfer overpayments to other underpaid taxes for the current tax period, then to the next tax period.

B = Refund overpayment(s) of the current tax period after paying any other underpaid taxes for the current tax period.

**By checking the "Amended Report" box on this form, the taxpayer 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. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.**

**I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.**

| Signature of Officer | Title | Date | Telephone Number ( ) |
|---|---|---|---|

**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.**

| **PRINT** Individual Preparer or Firm's Name | **Signature** of Preparer | Fax Number ( ) |
|---|---|---|
| **PRINT** Individual or Firm's Street Address | Title | Telephone Number ( ) |
| City State ZIP Code | E-mail Address | |

1220010201

| Name of Insurance Company | Location of Risk | Policy Number | Beginning Date of Policy and Term | Type of Insurance | Amount of Insurance | Gross Premiums |
|---|---|---|---|---|---|---|
| | | | | | $ | $ |
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(Attach additional schedules if necessary)

1. Total Gross Premiums on Life Insurance and Annuities . . . . . $ _____
2. Less: Total of Net Premiums returned on cancelled policies of Life Insurance and Annuities . . . . . $ _____
3. Gross Premiums Taxable on Life Insurance and Annuities (Line 1 less Line 2) . . . . . $ _____
4. Total Gross Premiums on all other types of Insurance reported above . . . . . $ _____
5. Less: Total of Net Premiums returned on cancelled policies of all other types of Insurance reported above . . . . . $ _____
6. Gross Premiums Taxable on all other types of Insurance reported above (Line 4 less Line 5) . . . . . $ _____
7. Tax at Rate of 2 percent of Gross Premiums Taxable on Life Insurance and Annuities (Line 3 x 0.02) . . . . . $ _____
8. Tax at Rate of 3 percent of Gross Premiums Taxable on all other types of Insurance reported above (Line 6 x 0.03) . . . $ _____
9. Total Tax (Line 7 plus Line 8; enter this amount on Page 1, Column A in whole dollars only) . . . . . ➡ $ _____