No dashes (-) or slashes (/) to be used in any fields, this includes Date, FEIN, Phone and ZIP

pennsylvania
DEPARTMENT OF REVENUE

1220012105

OFFICIAL USE ONLY

RCT-122 (06-12) PAGE 1 OF 3

GROSS PREMIUMS TAX - PREMIUMS PAID TO UNAUTHORIZED FOREIGN INSURANCE COMPANIES

START

Revenue ID

Federal ID (FEIN)

Parent Corporation (FEIN)

Taxpayer Name

First Line of Address

Second Line of Address

City

State

ZIP

Phone

Email

Policies Purchased or Renewed During Month and Year End: __/____

Due Date: (See Instructions)

1220012105

Please select correct letter in drop down

- 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.
2.	Total Estimated Payments	2.
3.	Total Payments Carried Forward From Prior Year Return	3.
4.	Total "Restricted" Tax Credits	4.
5.	Total Credit: (Line 2 plus Line 3 plus Line 4)	5.
6.	Tax Due: (If Line 1 is more than Line 5, enter the difference here.)	6.
7.	Remittance: (Include interest and penalty, if applicable)	7.
8.	OVERPAYMENT: (If Line 5 is more than Line 1, enter the difference here.)	8.
9.	Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)	9.
10.	Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)	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**
Signature of Officer – Please sign after printing	

Reset Entire Form

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1220012205

Revenue ID

RCT-122 (06-12) **PAGE 2 OF 3**

CALCULATION OF TAX

USE WHOLE DOLLARS ONLY

1220012205

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		Individual Preparer Name	
Firm FEIN		Phone	
Address		Email	
City		Social Security Number or PTIN	
State			
ZIP			

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**
Signature of Preparer – Please sign after printing	

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Revenue ID

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		

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