1230012101

pennsylvania
DEPARTMENT OF REVENUE

RCT-123 (06-12) **PAGE 1 OF 3**
GROSS PREMIUMS TAX
SURPLUS LINES AGENTS

Date Received (Official Use Only)

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: January 31

1230012101

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 Surplus Lines (Page 2, Line 2)	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**

1230012201

Revenue ID

RCT-123 (06-12) **PAGE 2 OF 3**

CALCULATION OF TAX

PSLA 4-Digit Customer ID Number

USE WHOLE DOLLARS ONLY

1230012201

1.	Total of Taxable Premiums (from Schedule A, below)	1.
2.	Total Tax (Line 1 times tax rate - See Instructions)	2.

Schedule A
Taxable Premiums

	Amount Reported on Monthly 1620 Report	Revised	Multiple
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

If Filing for Several Branch Offices Complete Schedule B - Page 3

Taxpayers are required to provide copies of all monthly 1620 reports filed with the Pennsylvania Surplus Lines Association during this tax year.

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**

Revenue ID [ ]

GROSS PREMIUM TAX REPORT
BRANCH OFFICE SCHEDULE
SCHEDULE B

EIN: [ ]

Taxpayer Name [ ]

PA PUC - A #: [ ]

Customer ID #	Address	Total Gross Premiums	Less Total Return Premiums	Less Tax Exempt Premiums	Gross Premiums Taxable	Tax Amount at 3% of Gross Premiums
	Grand Totals:					