



GROSS PREMIUM TAX SURPLUS LINES AGENTS 2009 REPORT

(Department Use Only) DLN ACCOUNT ID (CORPORATE BOX NUMBER) (Department Use Only) Date Received FEDERAL ID (EIN) Check to indicate a change of address

NAME ADDRESS CITY STATE ZIP CODE

Check to send all correspondence to preparer. PSLA 4-digit Customer ID#

First Report Amended Report (See instructions.) Last Report (See instructions.)

ANNUAL PAYMENTS TAX PERIOD ENDING 12/31/09 DUE DATE 02/01/10

Fill in corresponding self-assessed tax, remittance amount and grand totals.

Table with columns: T/C 01-15 TAX TYPE, REVENUE USE ONLY (TYPE CODE, BUDGET CODE), A. Tax Liability from Tax Report, B. Estimated Payments & Credits on Deposit, C. Restricted Credit, Remittance A minus B minus C. Includes row for GROSS PREMIUMS- Surplus Lines.

PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID BY ELECTRONIC FUNDS TRANSFER (EFT).

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

- A = Automatically transfer overpayments to other current-tax-period underpaid taxes, then to the next tax period. B = Refund overpayment(s) of the current-tax-period after paying any other current-tax-period underpaid taxes.

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.

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.

Signature of Officer of Company Title Date Telephone Number 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

1230009201

**A. SEE INSTRUCTIONS – BRANCH OFFICES**

**B. REVISED SCHEDULE**

Month	Amount reported on Monthly 1620 Report	Revised	Multiple
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
<b>Total</b>			

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

For each month, enter the total premiums reported on the Monthly 1620 Report filed for that month. If the Monthly 1620 Report for a month has been revised, enter the total premiums from the revised report and place an "X" in the "Revised" column for that month.

In cases where the premiums for a month represent a combination of multiple filings with the Pennsylvania Surplus Lines Association, place an "X" in the "Multiple" column for that month.

Enter the total premiums for this year on the "Total" line and on Line 1 below.

- 1. Total of Gross Premiums . . . . . \$ \_\_\_\_\_
- 2. Less: Total of Net Premiums returned on cancelled policies (Attach schedule; see instructions.) . . . . . \$ \_\_\_\_\_
- 3. Less: Tax exempt premiums (Attach schedule; see instructions.) . . . . . \$ \_\_\_\_\_
- 4. Gross Premiums Taxable (Line 1 less Line 2 less Line 3) . . . . . \$ \_\_\_\_\_
- 5. Tax at Rate of 3 percent of Gross Premiums Taxable (Line 4 X 0.03; enter this amount on Page 1, . . . . . \$ \_\_\_\_\_  
     Column A) (whole dollars only)

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**GROSS PREMIUM TAX REPORT - BRANCH OFFICE SCHEDULE**

Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Tax Period Ending: \_\_\_\_\_

Cust ID#	Address	Total Gross Premiums	Less Total Return Premiums	Less Tax Exempt Premiums	Gross Premiums Taxable	Tax Amount at 3% of Gross Premiums
<b>GRAND TOTALS</b>						