R **pennsylvania**
DEPARTMENT OF REVENUE

1220012105

**GROSS PREMIUMS TAX - PREMIUMS PAID TO
UNAUTHORIZED FOREIGN INSURANCE COMPANIES**

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

Policies Purchased or
Renewed During
Month and Year End: _ _ / _ _ _ _
Due Date: (See Instructions)

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**

Revenue ID [   ]

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CALCULATION OF TAX

USE WHOLE DOLLARS ONLY

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**

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		