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

pennsylvania
DEPARTMENT OF REVENUE

1211012105

OFFICIAL USE ONLY

RCT-121A (06-12) PAGE 1 OF 2

GROSS PREMIUMS TAX - DOMESTIC CASUALTY, FIRE OR LIFE 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

Tax Year Begin:

Tax Year End: 12/31/20__

Due Date: April 15

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

KOZ/EIP

Registered with PA Dept. of Insurance as:

Domestic Casualty = A Domestic Fire = B

Domestic Life = C

Last Report

Out of Existence as of:

1211012105

USE WHOLE DOLLARS ONLY

1a.	Domestic Casualty Gross Premiums Tax (Page 2, Line 15)	1a.
1b.	Domestic Fire Gross Premiums Tax (Page 2, Line 15)	1b.
1c.	Domestic Life Gross Premiums Tax (Page 2, Line 15)	1c.
1d.	Total Insurance Premiums Tax Liability (Line 1a plus Line 1b plus Line 1c)	1d.
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 1d 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 1d, 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

Signature of Officer – Please sign after printing

Date

Reset Entire Form

NEXT PAGE

PRINT FORM

1211012205

Revenue ID

RCT-121A (06-12) PAGE 2 OF 2

ATTACH A COPY OF THE PENNSYLVANIA BUSINESS PAGE AND SCHEDULE T OF THE ANNUAL REPORT FILED WITH THE PENNSYLVANIA INSURANCE DEPARTMENT

USE WHOLE DOLLARS ONLY

1211012205

Casualty and Fire Insurance

1.	Gross Direct Premiums Received less Cancellations and Premiums Returned	1.
2.	Extraordinary Medical Benefit Premiums	2.
3.	Dividends to Policy Holders	3.
4.	Other Deductions (Attach Schedule)	4.
5.	Taxable Fire and Casualty Premiums (Line 1 minus Lines 2, 3 and 4)	5.

Life Insurance

6.	Gross Life Premiums (Direct Written Basis)	6.
7.	Dividends to Policy Holders	7.
8.	Other Deductions (Attach Schedule)	8.
9.	Taxable Life Premiums (Line 6 minus Lines 7 and 8)	9.

Accident and Health Insurance

10.	Gross Direct Accident and Health Premiums	10.
11.	Dividends to Policy Holders	11.
12.	Other Deductions (Attach Schedule)	12.
13.	Taxable Accident and Health Premiums (Line 10 minus Lines 11 and 12)	13.
14.	Total Taxable Premiums (Add Lines 5, 9 and 13)	14.
15.	Tax (Line 14 times tax rate - See Instructions)	15.

If registered with the PA Department of Insurance as a Casualty Insurance Company, enter Line 15 on Page 1, Line 1a. If registered with the PA Department of Insurance as a Fire Insurance Company, enter Line 15 on Page 1, Line 1b. If registered with the PA Department of Insurance as a Life Insurance Company, enter Line 15 on Page 1, Line 1c.

16.	State of Domicile	16.
17.	NAIC Number	17.

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	

Reset Entire Form

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