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

1213012105

pennsylvania
DEPARTMENT OF REVENUE

OFFICIAL USE ONLY

RCT-121C (06-12) PAGE 1 OF 3
GROSS PREMIUMS TAX - FOREIGN CASUALTY OR FOREIGN FIRE 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:
  Foreign Casualty = A Foreign Fire = B
- Last Report
- Out of Existence as of:

1213012105

USE WHOLE DOLLARS ONLY

1a.	Foreign Casualty Gross Premiums Tax (Page 2, Line 15)	1a.
1b.	Foreign Casualty Retaliatory (Page 2, Line 16)	1b.
1c.	Foreign Fire Gross Premiums Tax (Page 2, Line 15)	1c.
1d.	Foreign Fire Retaliatory (Page 2, Line 16)	1d.
1e.	Total Insurance Premiums Tax Liability (Line 1a plus Line 1b plus Line 1c plus Line 1d)	1e.
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 1e 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 1e, 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

NEXT PAGE

PRINT FORM

1213012205

Revenue ID

RCT-121C (06-12) PAGE 2 OF 3

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

1213012205

Casualty 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 Casualty Insurance Premiums (Line 1 minus Lines 2, 3 and 4)	5.

Fire Insurance

6.	Gross Direct Premiums Received less Cancellations and Premiums Returned	6.
7.	Dividends to Policy Holders	7.
8.	Other Deductions (Attach Schedule)	8.
9.	Taxable Fire Insurance 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 Insurance 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.
16.	Retaliatory (from Page 3, Line 12)	16.

If registered with the PA Department of Insurance as a Foreign Casualty Insurance Company, enter Line 15 on Page 1, Line 1a and enter Line 16 on Page 1, Line 1b. If registered with the PA Department of Insurance as a Foreign Fire Insurance Company, enter Line 15 on Page 1, Line 1c, and enter Line 16 on Page 1, Line 1d.

17.	State of Domicile	17.
18.	NAIC Number	18.

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

NEXT PAGE

PRINT FORM

Revenue ID

RCT-121C (06-12) PAGE 3 OF 3

RETALIATORY WORKSHEET - SCHEDULE OF TAXES, ASSESSMENTS, LICENSES AND FEES

USE WHOLE DOLLARS ONLY

Premiums Taxes

		PENNSYLVANIA		STATE OF DOMICILE
1. Casualty and Fire Premiums Tax	1a.		1b.	
2. Ocean Marine Gross Profit Tax	2a.		2b.	
3. Life Premiums Tax	3a.		3b.	
4. Annuities Tax	4a.		4b.	
5. Accident and Health Premiums Tax	5a.		5b.	
6. Reinsurance Assumed from Unauthorized Companies	6a.		6b.	
7. Other Taxes (Add schedule itemizing by type)	7a.		7b.	
8. Worker's Compensation Assessments (Add schedule itemizing by type)	8a.		8b.	
9. Other Assessments (Add schedule itemizing by type)	9a.		9b.	
10. Licenses and Fees (Annual basis, add schedule itemizing by type)	10a.		10b.	
11. Totals (Add Line 1 through Line 10)	11a.		11b.	

12. Retaliatory payable to the PA Department of Revenue (11b minus 11a) 12.

13. How many agents are licensed to represent your company in Pennsylvania during the tax year? 13.

14. What are your state fees for licensing agents of similar Pennsylvania insurers? 14.

15. Are the fees in Line 14 imposed on the company (enter "A") or the agent (enter "B")? 15.

Reset Entire Form

RETURN TO PAGE 1

PRINT FORM