

# Certificate of the Tax Administrator of Tax Payment by Surplus Line Broker

This is to certify that \_\_\_\_\_  
(Individual or Business Entity's Full Name and RI Surplus Line Broker License #)

\_\_\_\_\_  
(Address) (Telephone Number)

has paid the three percent (3%) Tax on Gross Premiums for the three (3) most  
recent calendar years, as applicable, Calendar Year(s) 2 \_\_\_\_ through 2\_\_\_\_\_.

SIGNED: \_\_\_\_\_  
Tax Administrator  
State of Rhode Island

Dated: \_\_\_\_\_, 20\_\_\_\_

*Pursuant to R.I. Gen. Laws § 27-3-38 this form must be filed with the  
Division of Taxation no later than April 1<sup>st</sup> of the year in which your license  
is renewed. Filings are required by all licensed Surplus Line Brokers.*

**Complete the red section of the certificate and mail the form to:**

***Division of Taxation  
One Capitol Hill  
Providence, Rhode Island 02908***

**\*\*ONCE THIS FORM HAS BEEN COMPLETED IT MUST BE MAILED TO THE DIVISION OF TAXATION.**

**\*\*THE DIVISION OF TAXATION WILL FORWARD THE CERTIFIED TAX CERTIFICATE BACK TO THE RHODE ISLAND INSURANCE DIVISION UPON COMPLETION.**

**\*\*THE CERTIFIED FORM IS REQUIRED FOR THE SUPRLUS LINE BROKER LICENSE RENEWAL PROCESS TO BE COMPLETED.**