

MS

Mississippi Insurance Company Income Tax Return

Page 1

2012

Tax Year Beginning

m m d d y y y y

Tax Year Ending

m m d d y y y y

FEIN

☐

Amended Return

☐

Final Return

Check One		<input type="checkbox"/> Accrual Basis	<input type="checkbox"/> Receipts & Disbursements Basis
Check One	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Accident and Health	<input type="checkbox"/> Fire and Casualty
Business Name and DBA		MS Secretary of State ID	
Address		NAICS Code	
City	State	Zip + 4	County Code
COMPUTATION OF TAX			

1. Mississippi Net Taxable Income (From Page 2, Line 17, Column 1)	1.	___ / ___ / ___
2. Income Tax	2.	___ / ___ / ___
3. Retaliatory Taxes Paid to Other States (MS Corporations Only; From Page 4, Part II, Line 1)	3.	___ / ___ / ___
4. Income Tax Credits (From Form 83-401, Line 3)	4.	___ / ___ / ___
5. Net Income Tax Due (Line 2 Minus Line 3 and Line 4)	5.	___ / ___ / ___

PAYMENTS AND TAX DUE

6. Overpayment from Prior Year	6.	___ / ___ / ___
7. Estimated Tax Payments and Payment with Extension	7.	___ / ___ / ___
8. Total Payments (Line 6 Plus Line 7)	8.	___ / ___ / ___
9. Net Total Income Tax Due (Line 5 Minus Line 8; Line 5 is Larger than Line 8)	9.	___ / ___ / ___
10. Interest and Penalty on Underestimated Income Tax Payments (From Form 83-305, Line 19)	10.	___ / ___ / ___
11. Late Payment Interest	11.	___ / ___ / ___
12. Late Payment Penalty	12.	___ / ___ / ___
13. Late Filing Penalty (Minimum \$100)	13.	___ / ___ / ___
14. Total BALANCE DUE (If Line 5 is Larger than Line 8, Add Line 9 Plus Line 10 Through Line 13)	14.	___ / ___ / ___
15. Total OVERPAYMENT (Line 5 Minus Line 8; Line 8 is Larger than Line 5)	15.	___ / ___ / ___
16. Total Overpayment CREDITED to Next Year (From Line 15)	16.	___ / ___ / ___
17. Total Overpayment REFUNDED (Line 15 Minus Line 16)	17.	___ / ___ / ___

☐ **Check Box if Return May Be Discussed with Preparer**

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return.

Officer Signature and Title

Date

Business Phone

Paid Preparer Signature

Date

Paid Preparer Address

Paid Preparer PTIN

Paid Preparer Phone

City

State

Zip Code

See instructions for electronic payment options or attach Check or Money Order for balance due.

Mississippi

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2012

Page 2

FEIN _ _ _ - _ _ _ _ _

COMPUTATION OF NET INCOME		Mississippi	Company-Wide
1.	Direct Premiums (Except Accident and Health Premiums) _ _ , _ _ _ _ _ , _ _ _ _ _ , _ _ _ _ _		
	Less: Return Premiums (_ _ , _ _ _ _ _ , _ _ _ _ _ , _ _ _ _ _)		
2.	Direct Accident and Health Premiums		
3.	Reinsurance Assumed		
4.	Considerations for Annuities		
5.	Considerations for Supplementary Contracts		
6.	Unearned Premiums (December 31st, Prior Year)		
7.	Gross Investment Income		
8.	Other Income		
9.	Total Net Income (Add Line 1 Through Line 8)		
DEDUCTIONS			
10.	Unearned Premiums (December 31st, Current Year)		
11.	Reinsurance Ceded		
12.	Dividends to Policy Holders		
13.	Total Deductions (Add Line 10 Through Line 12)		
MISSISSIPPI NET TAXABLE INCOME			
14.	Gross Income (Line 9 Minus Line 13)		
15.	Total Deductions Allocated and Apportioned (From Page 3, Line 22)		
16.	Less: Mississippi Net Operating Loss (From Form 83-155, Part I, Line 2)		
17.	Net Income (Loss)		

Mississippi

MS Insurance Company Income Tax Return

2012

Page 3

FEIN _ _ _ - _ _ _ _ _ _ _ _

PART I: EXPENSE APPORTIONMENT RATIOS

	A. Mississippi	B. Company-Wide	C. Mississippi Ratio
Applicable Ratio(s) Used on Page 4, Line 3			
1. Loss Adjustment Expenses (Direct Losses)			____ _ . ____ _ %
2. Accident and Health Expenses (Direct Premiums and Reinsurance Assumed)			____ _ . ____ _ %
3. Other Underwriting Expenses (Direct Premiums (Less Return Premiums), Annuity Considerations and Reinsurance Assumed)			____ _ . ____ _ %
4. Investment Expenses (Gross Investment Income)			____ _ . ____ _ %

PART II: DEDUCTIONS ALLOCATED

	Mississippi	Company-Wide
5. Losses, Death Benefits, Accident and Health Benefits (Less Applicable Recoveries)		
a. Paid		
b. Unpaid at December 31st, Current Year		
c. Unpaid at December 31st, Prior Year		
6. Loss Adjustment Expenses Allocated		
7. Matured Endowments		
8. Annuity Benefits		
9. Disability Benefits		
10. Surrender Benefits		
11. Payments on Supplementary Contracts		
12. Net Additions to Reserve Funds (Required By Law for Liquidating Policies at Maturity)		
13. Commissions		
14. Gross Premium Privilege Tax		
15. Other Allocable Taxes		
16. Rent, Allocated		
17. Agency Expense (Attach Schedule)		
18. Medical and Inspection Fees, Allocated		
19. Other Allocable Deductions (Attach Schedule)		

PART III: DEDUCTIONS APPORTIONED

20. Non-Allocable Loss Adjustment Expenses		
21. Total Apportioned Expenses (From Page 4, Part 1, Line 3)		
22. Total Allocated and Apportioned Deductions (Line 20 Plus Line 21; Enter on Page 2, Line 15)		

