

2011 Insurance Company Annual Return for Michigan Business and Retaliatory Taxes

Issued under authority of Public Act 36 of 2007.

☐ Check if this is an amended return.
Attach supporting documents.

1. Company Name				2. Federal Employer Identification Number (FEIN) or TR Number	
Address (Number, Street)			<input type="checkbox"/> Check if new address. (See instructions)	3. <input type="checkbox"/> Check if Foreign Insurer	
City	State	ZIP/Postal Code	Country Code	4. State of Incorporation (use 2 letter abbreviation)	

GROSS DIRECT PREMIUMS WRITTEN IN MICHIGAN

5. Gross direct premiums written in Michigan.....	5.		00
6. Premiums on policies not taken.....	6.		00
7. Returned premiums on canceled policies.....	7.		00
8. Receipts on sales of annuities.....	8.		00
9. Receipts on reinsurance assumed.....	9.		00
10. Add lines 6 through 9.....	10.		00
11. Direct Premiums Written in Michigan. Subtract line 10 from line 5. If less than zero, enter zero	11.		00

DISABILITY INSURANCE EXEMPTION

12. Disability insurance premiums written in Michigan, not including credit or disability income insurance, OR \$190,000,000, whichever is less	12.		00
13. Gross direct premiums from all lines of insurance carrier services received everywhere	13.		00
14. Phase out	14.	280,000,000	00
15. Subtract line 14 from line 13. If less than zero, enter zero	15.		00
16. Exemption reduction. Multiply line 15 by 2	16.		00
17. Subtract line 16 from line 12. If less than zero, enter zero	17.		00
18. Adjusted Tax Base. Subtract line 17 from line 11	18.		00
19. Michigan Business Tax Before Credits. Multiply line 18 by 1.25% (0.0125)	19.		00

CREDITS

20. Enter amounts paid from 1/1/2010 to 12/31/2010 to each of the following			
a. Michigan Workers' Compensation Placement Facility	20a.		00
b. Michigan Basic Property Insurance Association	20b.		00
c. Michigan Automobile Insurance Placement Facility	20c.		00
d. Property and Casualty Guaranty Association	20d.		00
e. Michigan Life and Health Insurance Guaranty Association	20e.		00
21. Add lines 20a through 20e.....	21.		00
22. a. Michigan Examination Fees	22a.		00
b. Credit. Multiply line 22a by 50% (0.50).....	22b.		00
23. Tax Before Miscellaneous Nonrefundable Credits. Subtract lines 21 and 22b from line 19	23.		00
24. Miscellaneous Nonrefundable Credits from Form 4596, line 30.....	24.		00
25. Michigan Business Tax After Nonrefundable Credits. Subtract line 24 from line 23. If less than zero, enter zero..	25.		00
26. Recapture of Certain Business Tax Credits and Deductions from Form 4587, line 12.....	26.		00
27. Total Michigan Business Tax. Add lines 25 and 26	27.		00

Return is due March 1, 2012.

WITHOUT PAYMENT: Mail return to:

Michigan Department of Treasury
P.O. Box 30783
Lansing, MI 48909

WITH PAYMENT: Pay amount on line 54 and mail check and return to:

Michigan Department of Treasury
P.O. Box 30113
Lansing, MI 48909

Make check payable to "State of Michigan." Print taxpayer's FEIN or TR Number, the tax year, and "MBT" on the front of the check. Do not staple the check to the return.

Foreign and alien insurers complete lines 28 through 43. Domestic insurers complete line 28, then go to line 44.

28. Enter amount from line 27 28. 00

TAXES

	A State of Incorporation	B Michigan
29. State of incorporation tax.....	29.	X X X X X X X X
30. Michigan Business Tax from line 28	30.	X X X X X X X X

FEES AND ASSESSMENTS

	A	B
31. Annual statement filing fee	31.	25
32. Certificate of Authority renewal fee	32.	X X X X X X X X
33. Certificate of Compliance	33.	X X X X X X X X
34. Certificate of Deposit	34.	X X X X X X X X
35. Certificate of Valuation	35.	X X X X X X X X
36. Enter total of other fees paid in the state of incorporation. Attach a detailed schedule of fees.....	36.	
37. Fire Marshall Tax	37.	X X X X X X X X
38. Second Injury Fund	38.	
39. Silicosis and Dust Disease Fund	39.	
40. Safety Education and Training Fund	40.	
41. Enter total of all other assessments. Attach a detailed schedule of assessments	41.	

TOTAL

42. Total Taxes, Fees and Assessments. Add lines 29 through 41.....	42.	
43. Retaliatory Amount. Subtract line 42, column B, from column A. If less than zero, enter zero.....	43.	00
44. Total Tax Liability. Add lines 28 and 43. Domestic insurers, enter amount from line 28	44.	00

PAYMENTS, REFUNDABLE CREDITS AND TAX DUE

45. Overpayment credited from prior MBT return	45.	00
46. Estimated tax payments	46.	00
47. Tax paid with request for extension	47.	00
48. Refundable Credits from Form 4596, line 7	48.	00
49. Total Payments. Add lines 45 through 48. (If not amending, then skip to line 51.)	49.	00

**AMENDED
RETURN
ONLY**

a. Payment made with the original return	50a.	00
b. Overpayment received on the original return	50b.	00
c. Add lines 49 and 50a and subtract line 50b from the sum		

50c.	50c.	00
51. TAX DUE. Subtract line 49 (or line 50c, if amending) from line 44. If less than zero, leave blank.....	51.	00
52. Underpaid estimate penalty and interest from Form 4582, line 38.....	52.	00
53. Annual return penalty (a) <input type="text"/> % = (b) <input type="text"/> 00 plus interest of (c) <input type="text"/> 00. Total.....	53d.	00
54. PAYMENT DUE. If line 51 is blank, go to line 55. Otherwise add lines 51, 52 and 53d.....	54.	00

OVERPAYMENT, REFUND OR CREDIT FORWARD

55. Overpayment. Subtract lines 44, 52 and 53d from line 49 (or line 50c, if amending). If less than zero, leave blank (see instructions).....	55.	00
56. CREDIT FORWARD. Amount on line 55 to be credited forward and used as an estimate for next MBT tax year	56.	00
57. REFUND. Amount on line 55 to be refunded.....	57.	00

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

Authorized Signature for Tax Matters

Authorized Signer's Name (print or type)

Date

Title

Telephone Number

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Business Name (print or type)

Preparer's Business Address and Telephone Number (print or type)

Instructions for Form 4588

Insurance Company Annual Return for Michigan Business and Retaliatory Taxes

Purpose

To calculate the tax liability and to claim credits for insurance companies for both Michigan Business and Retaliatory Taxes.

Line-by-Line Instructions

Lines not listed are explained on the form.

Do not enter data in boxes filled with Xs.

Amended Returns: To amend a current or prior year annual return, complete the Form 4588 that is applicable for that year, check the box in the upper-right corner of the return, and attach a separate sheet explaining the reason for the changes. Include an amended federal return or a signed and dated Internal Revenue Service (IRS) audit document. Include all schedules filed with the original return, even if not amending that schedule. Enter the figures on the amended return as they should be. Do not include a copy of the original return with your amended return.

Line 1: Enter the complete address and, if other than the United States, enter the two-digit abbreviation for the country code. See the list of country codes in the *Michigan Business Tax (MBT) Forms and Instructions for Insurance Companies* (Form 4592).

Correspondence about and any refund from this return will be sent to the address used here. Check the new address box if the address used on this line has changed from last filing. The taxpayer's primary address in Department of Treasury (Treasury) files, identified as the legal address and used for all purposes other than refund and correspondence on a specific MBT return, will not change unless the taxpayer files a *Notice of Change or Discontinuance* (Form 163). **Exception:** If mail sent to the legal address has been returned to Treasury by the United States Postal Service, Treasury will update the taxpayer's legal address with the address used on this line in the most recent MBT return.

Line 2: Use the taxpayer's Federal Employer Identification Number (FEIN) or the Michigan Treasury (TR) assigned number. Be sure to use the same account number on all forms.

If the taxpayer does not have an FEIN or TR number, the taxpayer **MUST** register before filing this form. They are encouraged to register online at www.michigan.gov/businessstaxes. The Web site provides information on obtaining an FEIN, which is required to submit taxes through e-file. Taxpayers usually can obtain an FEIN from the IRS within 48 hours. Taxpayers registering with the State online usually receive an account number within seven days.

Returns received without a registered account number will not be processed until such time as a number is provided.

Line 3: Check this box if the company is a foreign insurer. Alien insurers are considered foreign insurers, unless their port of entry is Michigan, in which case the company is considered domestic for the filing of this return.

Line 4: Alien insurers, enter the two-letter postal code for the U.S. state that is your port of entry.

Line 5: Enter all gross direct premiums written on property or risk located or residing in Michigan.

Line 6: Enter premiums on policies not taken to the extent these premiums were included in line 5.

Line 7: Enter returned premiums on canceled policies to the extent these premiums were included in line 5.

Line 8: Enter receipts on sales of annuities to the extent these receipts were included in line 5.

Line 9: Enter receipts on reinsurance premiums assumed to the extent these receipts were included in line 5, and only if tax was paid on the original premiums.

CREDITS

Line 20: Enter the amounts paid to the listed facilities or associations from January 1, 2010, to December 31, 2010, the year immediately preceding the 2011 tax year, including special assessments. Net the amounts paid and refunds received during the 2010 tax year for the same facility or association. If refunds received exceed the amount paid in the year for the same facility or association, enter zero.

Line 22a: Enter the amount of Michigan Examination Fees paid in 2011 (under Michigan Compiled Law 500.224).

Line 24: Enter the Miscellaneous Nonrefundable Credits from *Michigan Business Tax Miscellaneous Credits for Insurance Companies* (Form 4596), line 30.

Retaliatory Instructions

For foreign and alien insurers only; domestic insurers skip lines 29 through 43.

Do not mail this return with the Michigan Annual Financial Statement, and do not send the annual statement filing fee with this return. The taxpayer will be billed separately for the annual statement filing fee by the Michigan Insurance Bureau.

Foreign insurers must pay to Michigan the same type of obligation a similar Michigan insurer is required to pay in the company's state of domicile. Enter all items that are required of a Michigan insurance company. Some taxes and obligations imposed in other states may have no corresponding requirement in Michigan; however, this does not relieve the foreign insurer from the obligation of computing and paying the tax.

Do not include the following Michigan assessments, or comparable assessments in the company's state of incorporation, in the retaliatory calculation:

- Michigan Workers' Compensation Placement Facility
- Michigan Basic Property Insurance Association
- Michigan Automobile Insurance Placement Facility
- Property and Casualty Guaranty Association
- Michigan Life and Health Insurance Guaranty Association
- Catastrophic Claims Association.

California insurers must include Bureau of Fraudulent Claims assessments. New York domiciled companies must file and pay

a tentative retaliatory tax to Michigan by the annual due date, March 1, 2012. An amended Form 4588 must be filed after the actual CT33 is filed with New York. Transfer the CT33 numbers onto the amended Form 4588 and attach a copy of the CT33 to substantiate the taxpayer's claim.

Line 29: Enter the tax a Michigan company would pay in the state of incorporation for the company's Michigan business. Attach a copy of the state's tax form on which Michigan premiums were reported.

Lines 30 through 41: In column A, "State of Incorporation," enter the payments that would have been payable by a similar Michigan company doing business in the company's home state. In column B, "Michigan," enter actual payments made to Michigan.

Lines 38 through 41: Attach proof of payment for any items listed in the "Michigan" column. Itemize any other assessments not listed. Attach a separate list if necessary.

Line 43: Subtract line 42, column B, from line 42, column A. If less than zero, enter zero. If line 42, column B, is a negative number, add column A to the negative number in column B. This will increase the retaliatory amount reported.

PAYMENTS, REFUNDABLE CREDITS, AND TAX DUE

Line 46: Enter the total tax paid with the quarterly estimated tax returns.

Line 47: Enter any tentative payment of estimated tax made with a request for an extension of time to file the return.

Line 48: If claiming a credit, enter the amount from Form 4596, line 7.

Amended Returns Only:

Line 50a: Enter payment made with the original return.

Line 50b: Enter overpayment received (refund received plus credit forward created) on the original return.

Line 50c: Add lines 49 and 50a and subtract line 50b from the sum.

Line 52: If penalty and interest are owed for not filing estimated returns or for underestimating tax, complete the *MBT Penalty and Interest Computation for Underpaid Estimated Tax* (Form 4582) to compute penalty and interest due. If a taxpayer chooses not to file Form 4582, Treasury will compute penalty and interest and bill for payment. (Form 4582 is available on the Web at www.michigan.gov/taxes.)

Line 53: Enter the annual return penalty rate in line 53a. Add the overdue tax penalty in line 53b to the overdue tax interest in line 53c. Enter total in line 53d.

Refer to the "Computing Penalty and Interest" section in Form 4592 to determine the annual return penalty rate and use the following Overdue Tax Penalty and Overdue Tax Interest worksheets.

WORKSHEET – OVERDUE TAX PENALTY

A. Tax due from Form 4588, line 51		00
B. Late/extension or insufficient payment penalty percentage		%
C. Multiply line A by line B.....		00

Carry amount from line C to Form 4588, line 53b.

WORKSHEET – OVERDUE TAX INTEREST

A. Tax due from Form 4588, line 51		00
B. Applicable daily interest percentage ..		%
C. Number of days return was past due ...		
D. Multiply line B by line C		
E. Multiply line A by line D		00

Carry amount from line E to Form 4588, line 53c.

Line 53c: NOTE: If the late period spans more than one interest rate period, divide the late period into the number of days in each of the interest rate periods identified under the "Computing Penalty and Interest" section in Form 4592 and apply the calculations in the Overdue Tax Interest worksheet separately to each portion of the late period. Combine these interest subtotals and carry the total to Form 4588, line 53c.

Line 55: If the amount of the overpayment, less any penalty and interest due on lines 52 and 53d, is less than zero, enter the difference (as a positive number) on line 54. If the amount is greater than zero, enter on line 55.

NOTE: If an overpayment exists, a taxpayer must elect a refund of all or a portion of the amount and/or designate all or a portion of the overpayment to be used as an estimate for the next MBT tax year. Complete lines 56 and 57 as applicable.

Line 56: If the taxpayer anticipates an MBT liability in the filing period subsequent to this return, some or all of any overpayment from line 55 may be credited forward to the next tax year as an estimated payment. Enter the desired amount to use as an estimate for the next MBT tax year.

Reminder: Taxpayers must sign and date returns. Tax preparers must provide a Preparer Taxpayer Identification Number (PTIN), FEIN or Social Security number (SSN), a business name, and a business address and phone number.

Other Supporting Forms and Schedules

The following forms and their requested attachments should be included as part of this return, as applicable:

- *Michigan Historic Preservation Tax Credit* (Form 3581)
- *MBT Single Business Tax (SBT) Credit Carryforwards* (Form 4569)
- *MBT Penalty and Interest Computation for Underpaid Estimated Tax* (Form 4582)
- *MBT Election of Refund or Carryforward Credits* (Form 4584)
- *MBT Schedule of Recapture of Certain Business Tax Credits and Deductions* (Form 4587)
- *MBT Renaissance Zone Credit Schedule* (Form 4595)
- *MBT Miscellaneous Credits for Insurance Companies* (Form 4596).
- Proof of payment for any items listed in the "Michigan" column for lines 38 through 41.