

Mississippi Insurance Company Income Tax Return 2011

Tax Year Beginning
m m d d y y y y

Tax Year Ending
m m d d y y y y

Amended Return Final Return

FEIN		<input type="checkbox"/> Accrual Basis		<input type="checkbox"/> Receipts & Disbursements Basis	
<input type="checkbox"/> Life Insurance		<input type="checkbox"/> Accident and Health		<input type="checkbox"/> Fire and Casualty	
Business Name and DBA				MS SOS ID	
Address				NAICS Code	
City	State	Zip + 4	County Code		

COMPUTATION OF TAX

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

PAYMENTS AND TAX DUE

6. Overpayment from Prior Year	6.	_____
7. Estimated Tax Payments and Payment with Extension	7.	_____
8. Total Payments <small>(Line 6 Plus Line 7)</small>	8.	_____
9. Net Total Income Tax Due <small>(Line 5 Minus Line 8; Line 5 is Larger than Line 8)</small>	9.	_____
10. Late Payment Interest	10.	_____
11. Late Payment Penalty	11.	_____
12. Late Filing Penalty <small>(Minimum \$100)</small>	12.	_____
13. Total BALANCE DUE <small>(If Line 5 is Larger than Line 8, Add Line 9 Plus Line 10 Through Line 12) Attach Payment Voucher, Form 83-300, with Check or Money Order for Balance Due, or See Instructions for Electronic Payment Options.</small>	13.	_____
14. Total OVERPAYMENT <small>(Line 5 Minus Line 8; Line 8 is Larger than Line 5)</small>	14.	_____
15. Total Overpayment CREDITED to Next Year <small>(From Line 14)</small>	15.	_____
16. Total Overpayment REFUNDED <small>(Line 14 Minus Line 15)</small>	16.	_____

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 Firm Identification Number	Paid Preparer PTIN	Preparer Phone

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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 Apportioned (From Page 3, Line 22)		
16. Less: Mississippi Net Operating Loss (Attach Schedule)		
17. Net Income / Loss		

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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 <small>(Direct Losses)</small>			_____ %
2. Accident and Health Expenses <small>(Direct Premiums and Reinsurance Assumed)</small>			_____ %
3. Other Underwriting Expenses <small>(Direct Premiums (Less Return Premiums), Annuity Considerations and Reinsurance Assumed)</small>			_____ %
4. Investment Expenses <small>(Gross Investment Income)</small>			_____ %

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 <small>(Required By Law for Liquidating Policies at Maturity)</small>		
13. Commissions		
14. Gross Premium Privilege Tax		
15. Other Allocable Taxes		
16. Rent, Allocated		
17. Agency Expense <small>(Attach Schedule)</small>		
18. Medical and Inspection Fees, Allocated		
19. Other Allocable Deductions <small>(Attach Schedule)</small>		

PART III: DEDUCTIONS APPORTIONED

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

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PART I: DEDUCTIONS APPORTIONED (From Annual Statement)

Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Page	Line	Description	A. Column ()	B. Less Allocable Expenses	C. Balance Apportionable
			\$	\$	\$
		1. Totals <small>(Total Column A Minus Total Column B)</small>	\$	\$	\$
		2. Applicable Expense Apportionment Ratio <small>(From Page 3, Part I)</small>			_____ %
		3. Total Apportioned to Mississippi <small>(Multiply Line 1, Column C By Line 2, Column C. Enter Result Here and on Page 3, Part III, Line 21)</small>			\$

PART II: RETALIATORY TAXES PAID (Mississippi Corporations Only)

Itemize retaliatory taxes paid by state and attach copies of returns documenting amounts. Attach supplementary schedules as needed.

A. Taxing Authority	B. Amount	A. Taxing Authority	B. Amount
	\$		\$
	\$		\$
		1. Total Amounts <small>(Total Amounts from Column B. Enter Here and on Page 1, Line 3.)</small>	\$