



Mississippi Insurance Company Income Tax Return 2014

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA _____ Address _____ City _____ State _____ Zip +4 _____ County Code _____ NAICS Code _____	<p style="text-align: center; margin: 0;">CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> Amended Return <input type="checkbox"/> Accident and Health</p> <p><input type="checkbox"/> Final Return <input type="checkbox"/> Fire and Casualty</p> <p><input type="checkbox"/> Accrual Basis <input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Receipts and Disbursements Basis</p>
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COMPUTATION OF TAX **(ROUND TO THE NEAREST DOLLAR)**

<input type="checkbox"/> Combined income tax return (enter FEIN of reporting company) _____		
1 Mississippi net taxable income (from page 2, line 17A or Form 83-310, page 1, line 5, column C)	1	_____ .00
2 Income tax	2	_____ .00
3 Retaliatory taxes paid to other states (Mississippi corporations only; from page 4, part V, line 1)	3	_____ .00
4 Income tax credits (from Form 83-401, line 3 or Form 83-310, page 1, line 5, column B)	4	_____ .00
5 Net income tax due (line 2 minus line 3 and line 4)	5	_____ .00

PAYMENTS AND TAX DUE

6 Overpayment from prior year	6	_____ .00
7 Estimated tax payments and payment with extension	7	_____ .00
8 Total payments (line 6 plus line 7)	8	_____ .00
9 Net total income tax due (line 5 minus line 8)	9	_____ .00
10 Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	10	_____ .00
11 Late payment interest	11	_____ .00
12 Late payment penalty	12	_____ .00
13 Late filing penalty (minimum \$100)	13	_____ .00
14 Total balance due (if line 5 is larger than line 8, add lines 9 through 13)	14	_____ .00
15 Total overpayment (if line 8 is larger than line 5, subtract line 5 from line 8)	15	_____ .00
16 Total overpayment credited to next year (from line 15)	16	_____ .00
17 Total overpayment refunded (line 15 minus line 16)	17	_____ .00

See instructions for electronic payment options or attach check or money order for balance due.



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COMPUTATION OF NET INCOME	A MISSISSIPPI	B COMPANY-WIDE
1 Direct premiums (except accident and health premiums)		
Less: return premiums	.00	.00
	1A _____ .00	1B _____ .00
2 Direct accident and health premiums	2A _____ .00	2B _____ .00
3 Reinsurance assumed	3A _____ .00	3B _____ .00
4 Considerations for annuities	4A _____ .00	4B _____ .00
5 Considerations for supplementary contracts	5A _____ .00	5B _____ .00
6 Unearned premiums (December 31st, prior year)	6A _____ .00	6B _____ .00
7 Gross investment income	7A _____ .00	7B _____ .00
8 Other income	8A _____ .00	8B _____ .00
9 Total net income (add line 1 through line 8)	9A _____ .00	9B _____ .00

DEDUCTIONS		
10 Unearned premiums (December 31st, current year)	10A _____ .00	10B _____ .00
11 Reinsurance ceded	11A _____ .00	11B _____ .00
12 Dividends to policy holders	12A _____ .00	12B _____ .00
13 Total deductions (add line 10 through line 12)	13A _____ .00	13B _____ .00

MISSISSIPPI NET TAXABLE INCOME		
14 Gross income (line 9 minus line 13)	14A _____ .00	14B _____ .00
15 Total deductions allocated and apportioned (from page 4, part III, line 23)	15A _____ .00	15B _____ .00
16 Less: Mississippi net operating loss (from Form 83-155, part I, line 2)	16A _____ .00	16B _____ .00
17 Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1 or Form 83-310, page 1, line 5, column C)	17A _____ .00	17B _____ .00

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title	Date	Business Phone
Paid Preparer Signature	Date	Paid Preparer Address
Paid Preparer PTIN	Paid Preparer Phone	City State Zip Code

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

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FEIN _____

PART I: EXPENSE APPORTIONMENT RATIOS	A MISSISSIPPI	B COMPANY-WIDE	C MISSISSIPPI RATIO
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Applicable ratio(s) used on page 4, part IV, line 2

1 Loss adjustment expenses (direct losses)	1A	_____	1B	_____	1C	_____ . _____ %
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A	_____	2B	_____	2C	_____ . _____ %
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A	_____	3B	_____	3C	_____ . _____ %
4 Investment expenses (gross investment income)	4A	_____	4B	_____	4C	_____ . _____ %

PART II: DEDUCTIONS ALLOCATED	A MISSISSIPPI	B COMPANY-WIDE
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5 Losses, death benefits, accident and health benefits (less applicable recoveries)						
a Paid	5Aa	_____ .00	5Ba	_____ .00		
b Unpaid at December 31st, current year	5Ab	_____ .00	5Bb	_____ .00		
c Unpaid at December 31st, prior year	5Ac	_____ .00	5Bc	_____ .00		
6 Loss adjustment expenses allocated	6A	_____ .00	6B	_____ .00		
7 Matured endowments	7A	_____ .00	7B	_____ .00		
8 Annuity benefits	8A	_____ .00	8B	_____ .00		
9 Disability benefits	9A	_____ .00	9B	_____ .00		
10 Surrender benefits	10A	_____ .00	10B	_____ .00		
11 Payments on supplementary contracts	11A	_____ .00	11B	_____ .00		
12 Net additions to reserve funds (required by law for liquidating policies at maturity)	12A	_____ .00	12B	_____ .00		
13 Commissions	13A	_____ .00	13B	_____ .00		
14 Gross premium privilege tax	14A	_____ .00	14B	_____ .00		
15 Other allocable taxes	15A	_____ .00	15B	_____ .00		
16 Rent, allocated	16A	_____ .00	16B	_____ .00		
17 Agency expense (attach schedule)	17A	_____ .00	17B	_____ .00		
18 Medical and inspection fees, allocated	18A	_____ .00	18B	_____ .00		
19 Other allocable deductions (attach schedule)	19A	_____ .00	19B	_____ .00		
20 Total allocable deductions	20A	_____ .00	20B	_____ .00		



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PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI	B COMPANY-WIDE
21 Non-allocable loss adjustment expenses	21A	_____ .00	21B _____ .00
22 Total apportioned expenses (from page 4, part IV, line 3)	22A	_____ .00	22B _____ .00
23 Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	_____ .00	23B _____ .00

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)
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Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Page	Line	Description	A Column (X9)	B Less Allocable Expenses	C Balance Apportionable

- 1 Totals (total column A minus total column B) _____
- 2 Applicable expense apportionment ratio (from page 3, part I) _____ %
- 3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 21) _____

PART V: 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 (total amounts from column B; enter amount on page 1, line 3)			