

# 2014 Insurance Company Annual Return for Corporate Income and Retaliatory Taxes

Issued under authority of Public Act 38 of 2011.

1. Taxpayer Name				2. Federal Employer Identification Number (FEIN)	
Address (Number, Street)				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.....					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 (see instructions).....	9.				00
10. Add lines 6, 7, 8 and 9.....	10.				00
11. <b>Direct Premiums Written in Michigan.</b> 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 premiums, OR \$190,000,000, whichever is less .....					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. <b>Tax before credits.</b> Multiply line 18 by 1.25% (0.0125).....	19.				00

## CREDITS

20. Enter amounts paid from 1/1/2013 to 12/31/2013 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 liability before recapture. Subtract lines 21 and 22b from line 19. If less than or equal to \$100, enter zero ...	23.				00
24. Recapture. Enter amount from Form 4902, line 20 .....	24.				00
25. <b>Total Michigan Tax.</b> Add lines 23 and 24 .....	25.				00

**Return is due March 1, 2015.**

**WITHOUT PAYMENT:** Mail return to:  
Michigan Department of Treasury  
PO Box 30803  
Lansing MI 48909

**WITH PAYMENT:** Pay amount on line 52 and mail check and return to:  
Michigan Department of Treasury  
PO Box 30804  
Lansing MI 48909

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

Foreign and alien insurers complete lines 26 through 40. Domestic insurers, skip to line 41.

		A State of Incorporation		B Michigan	
<b>TAXES</b>					
26.	State of incorporation tax.....		26.	X X X X X X X X	
27.	Michigan Tax from line 25.....	X X X X X X X X	27.		
<b>FEES AND ASSESSMENTS</b>					
28.	Annual statement filing fee .....		28.		<b>25</b>
29.	Certificate of Authority renewal fee.....		29.	X X X X X X X X	
30.	Certificate of Compliance .....		30.	X X X X X X X X	
31.	Certificate of Deposit .....		31.	X X X X X X X X	
32.	Certificate of Valuation.....		32.	X X X X X X X X	
33.	Enter total of other fees paid in the state of incorporation. Attach a detailed schedule of fees.....		33.		
34.	Fire Marshall Tax .....		34.	X X X X X X X X	
35.	Second Injury Fund .....		35.		
36.	Silicosis and Dust Disease Fund.....		36.		
37.	Safety Education and Training Fund .....		37.		
38.	Enter total of all other assessments. Attach a detailed schedule of assessments .....		38.		
<b>TOTAL</b>					
39.	Total Taxes, Fees and Assessments. Add lines 26 through 38.....		39.		
40.	Retaliatory Amount. Subtract line 39, column B, from column A. If less than zero, enter zero.....		40.		00
41.	<b>Total Tax Liability.</b> Add lines 25 and 40. Domestic insurers, enter amount from line 25.....		41.		00

**PAYMENTS AND TAX DUE**

42.	Overpayment credited from prior return .....	42.		00
43.	Estimated tax payments .....	43.		00
44.	Flow-Through Withholding payments .....	44.		00
45.	Tax paid with request for extension .....	45.		00
46.	Workers' Disability Supplemental Benefit (WDSB) Credit (attach document).....	46.		00
47.	Total Payments. Add lines 42, 43, 44, 45 and 46 .....	47.		00
48.	<b>TAX DUE.</b> Subtract line 47 from line 41. If less than zero, leave blank.....	48.		00
49.	Underpaid estimate penalty and interest from Form 4899, line 38.....	49.		00
50.	Annual Return Penalty (see instructions) .....	50.		00
51.	Annual Return Interest (see instructions) .....	51.		00
52.	<b>PAYMENT DUE.</b> If line 48 is blank, go to line 53. Otherwise add lines 48, 49, 50 and 51 .....	52.		00

**OVERPAYMENT, REFUND OR CREDIT FORWARD**

53.	Overpayment. Subtract line 41, 49, 50 and 51 from line 47. If less than zero, leave blank (see instructions).....	53.		00
54.	<b>CREDIT FORWARD.</b> Amount on line 53 to be credited forward and used as an estimate for next tax year.....	54.		00
55.	<b>REFUND.</b> Subtract line 54 from line 53.....	55.		00

<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type)	
Authorized Signer's Name (print or type)	Date	Preparer's Business Address and Telephone Number (print or type)	
Title	Telephone Number		

# Instructions for Form 4905

## Insurance Company Annual Return for Corporate Income and Retaliatory Taxes

### Purpose

To calculate the tax liability and to claim credits for insurance companies for both Corporate Income 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 *Insurance Company Amended Return for Corporate Income and Retaliatory Taxes* (Form 4906) that is applicable for that year, and attach a separate sheet explaining the reason for the changes. Complete and file all schedules, all forms and all attachments filed with the original return, even if not amending information on a particular form or schedule. Include an amended federal return or a signed and dated Internal Revenue Service (IRS) audit document, if applicable. **Do not include a copy of the original return with your amended return.** Find detailed instructions on Form 4906.

**Line 1:** Enter the complete name and address including the two-digit abbreviation for the country code. See the list of country codes in the *Corporate Income Tax (CIT) Forms and Instructions for Insurance Companies* (Form 4904).

**NOTE:** Any refund or correspondence from this return will be sent to the address used here. 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 CIT return, will not change unless the taxpayer files a *Notice of Change or Discontinuance* (Form 163).

**Line 2:** Enter the taxpayer's Federal Employer Identification Number (FEIN). Be sure to use the same account number on all forms. The taxpayer FEIN from line 2 must be repeated in the proper location on page 2.

**NOTE:** The taxpayer must register before filing this form. Taxpayers are encouraged to register online at [www.michigan.gov/businessstaxes](http://www.michigan.gov/businessstaxes). Taxpayers that register with the State online receive their notification of the registration within seven days.

**NOTE:** If the taxpayer does not have an FEIN, the taxpayer must obtain an FEIN before filing. The Web site [www.michigan.gov/businessstaxes](http://www.michigan.gov/businessstaxes) provides information on obtaining an FEIN.

**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.

**Line 12:** "Disability insurance" is insurance of any person against bodily injury or death by accident, or against disability on account of sickness or accident including also the granting of specific hospital benefits and medical, surgical and sick-care benefits to any person, family, or group, subject to such limitations as may be prescribed with respect thereto.

The exclusion for disability insurance premiums does not include credit insurance or disability income insurance premiums.

### CREDITS

**Line 20:** Enter the amounts paid to the listed facilities or associations from January 1, 2013, to December 31, 2013, the year immediately preceding the 2014 tax year, including special assessments. Net the amounts paid and refunds received during the 2013 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 2014 (under Michigan Compiled Law 500.224).

### Retaliatory Instructions

**For foreign and alien insurers only; domestic insurers skip lines 26 through 40.**

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 Office of Financial and Insurance Regulations (OFIR).

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
- Assessment under Health Insurance Claims Assessment Act (HICAA).

**Line 24:** Enter the amount of recapture from line 20 of Form 4902. Include a copy of Form 4902.

**Line 26:** 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 28 through 38:** 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.

**Line 40:** Subtract line 39, column B, from line 39, column A. If less than zero, enter zero.

**PAYMENTS, REFUNDABLE CREDITS, AND TAX DUE**

**Line 43:** Enter the total tax paid with the quarterly estimated tax returns.

**Line 44:** Enter the total withholding payments made on your behalf by Flow-Through Withholding (FTW) entities. Include all withholding payments made on returns that apply to the tax year included in this return. Included on this line would be FTW payments made by flow-through entities (FTEs) whose tax years ended with or within the tax year included in this return. For example, a calendar year filer would include FTW payments made by an FTE whose tax year ended on any day within the calendar year covered by this return. Any FTE that has withheld on behalf of the taxpayer should have provided the taxpayer with the amount for its records.

If an amount is entered on this line, complete the *CIT Schedule of Flow-Through Withholding* (Form 4911) to account for the FTW payments received. The amount entered on this line must equal the sum of the combined amount from Form 4911, column E.

**Line 46:** The Workers’ Disability Supplemental Benefit (WDSB) Credit is available to an insurance company subject to the Workers’ Disability Compensation Act of 1969. The credit is equal to the amount paid during that tax year by the insurance company pursuant to Section 352 of the act, as certified by the director of the Workers’ Compensation Agency, Department of Licensing and Regulatory Affairs (LARA), during the tax year. The amount of the credit is provided to taxpayers by LARA. For more information on WDSB credit eligibility, contact LARA, Workers’ Compensation Agency, by phone at 1-888-396-5041, by e-mail at [winfo@michigan.gov](mailto:winfo@michigan.gov), or visit the LARA Web site at [www.michigan.gov/wca](http://www.michigan.gov/wca).

**Line 49:** If penalty and interest are owed for not filing estimated returns or for underestimating tax, complete the *CIT Penalty and Interest Computation for Underpaid Estimated Tax* (Form 4899), to compute penalty and interest due. If a taxpayer chooses not to file Form 4899, Treasury will compute penalty and interest and bill for payment. (Form 4899 is available on the Web at [www.michigan.gov/treasuryforms](http://www.michigan.gov/treasuryforms).)

**Line 50:** Refer to the “Computing Penalty and Interest” section in Form 4904 to determine the annual return penalty rate and use the following Overdue Tax Penalty worksheets.

**WORKSHEET – OVERDUE TAX PENALTY**

A. Tax due from Form 4905, line 48 .....		<b>00</b>
B. Late or insufficient payment penalty percentage .....		<b>%</b>
C. Multiply line A by line B.....		<b>00</b>

Carry amount from line C to Form 4905, line 50.

**Line 51:** Use the following worksheet to calculate Overdue Tax Interest.

**WORKSHEET – OVERDUE TAX INTEREST**

A. Tax due from Form 4905, line 48 .....		<b>00</b>
B. Applicable daily interest percentage ..		<b>%</b>
C. Number of days return was past due ...		
D. Multiply line B by line C .....		
E. Multiply line A by line D .....		<b>00</b>

Carry amount from line E to Form 4905, line 51.

**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 4904 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 4905, line 51.

**Line 53:** If the amount of the tax overpayment, less any penalty and interest due on lines 49, 50 and 51, is less than zero, enter the difference (as a positive number) on line 52.

**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 CIT tax year. Complete lines 54 and 55 as applicable.

**Line 54:** If the taxpayer anticipates a CIT or Retaliatory Tax liability in the filing period subsequent to this return, some or all of any overpayment from line 53 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 CIT 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:

- Proof of payment for any items listed in the “Michigan” column for lines 35 through 38.
- Workers’ Disability Supplemental Benefit (WDSB) Certificate.

- **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 Michigan annual return due date (March 1). Form 4905 must be filed after the actual CT33 is filed with New York. Transfer the CT33 numbers onto the Form 4905 and attach a copy of the CT33 to substantiate the taxpayer's claim.