Form 85-391-08-3-1 (Rev. 07/08)

Mississippi
Income Tax Return for Insurance Companies

Tax Year 20 _____

Due Date The 15th day of the third month following the close of the accounting period. Initial federal extensions are recognized.

Name of Corporation				Federal Employer Identification Number
				-
Mailing Address (Number and Street, Including Street)		Phone ( )		**Mail to Office of Revenue P. O. Box 23050 Jackson, MS 39225-3050**
City	State	Zip	County	

This Return Filed on ☐ Accrual Basis or ☐ Receipts and Disbursements Basis

		INCOME	TAX
COMPUTATION OF TAX	1. Net Taxable Income from Page 2, Line 17, Column 1 ▶		
	2. Tax at 3% on first $5,000 or part thereof		
	3. Tax at 4% on next $5,000 or part thereof		
	4. Tax at 5% on balance		
	5. Total Tax		
	6. Less: Credit for Retaliatory Taxes paid other states (MS Corporations only) ▶		
	7. Net Tax Due (Line 5 less Line 6)		
	8. Interest and Penalty on Underestimated Income Tax Payments (Must Attach Form 83-305) ▶		
	9. Less: Credits (1) Overpayment from prior years		
	(2) Estimated Income Tax Payments and Tax Paid with Extension		
BALANCE DUE	10. Balance Due (Line 7 plus Line 8 less Line 9)		
	11. On Late Payments: Interest Due (1% per Month) / Penalty Due (.5% per Month) Enter Total ▶		
	12. Total Due (Line 10 plus Line 11)		
	13. Amount Paid with this return ▶		
OVERPAYMENT	14. Total Overpayment (Line 7 plus Line 8 less Line 9)		
	15. Amount of Overpayment (on Line 14) to be **refunded** ▶		
	16. Amount of Overpayment (on Line 14) to be **credited** to next year.. ▶		

I, the undersigned officer of the organization for which this return is made, declare under penalties of perjury that I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is a true, correct return.

Officer Signature

Signature of preparer other than taxpayer

Title

Date

Federal I. D. Number

Date

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Tax Year 20 _____

Computation Of Net Income

	Mississippi	Company-Wide
1. Direct premiums (except accident and health) less return premiums.....		
2. Direct accident and health premiums.....		
3. Reinsurance assumed (if applicable).....		
4. Considerations for annuities.....		
5. Considerations for supplementary contracts.....		
6. Unearned premiums, December 31, prior year.....		
7. Gross investment income.....		
8. Other income.....		
9. Total (add Lines 1 through 8).....		
10. Unearned premiums, December 31, current year.....		
11. Reinsurance ceded (if applicable).....		
12. Dividends to policy holders.....		
13. Total (add Lines 10 through 12).....		
14. Gross income (Line 9 minus Line 13).....		
15. Total deductions from Page 3, Line 18.....		
16. Less: Mississippi Net Operating Loss.....		
17. Net Income. Enter Mississippi amount on Page 1, Line 1.....		

Expense Apportionment Ratios

	Factors	Ratios
1. Loss adjustment expenses		
Mississippi direct losses.....		
Company-wide direct losses.....		
2. Other underwriting expenses (except A & H)		
Mississippi direct premiums (less return premiums), annuity considerations, and reinsurance assumed reported.....		
Company-wide direct premiums (less return premiums), annuity considerations, and reinsurance assumed.....		
3. Accident and Health expenses		
Mississippi direct premiums and reinsurance assumed reported.....		
Company-wide direct premiums and reinsurance assumed.....		
4. Investment expenses		
Mississippi gross investment income.....		
Company-wide gross investment income.....		

For apportioning non-allocable expenses on Page 3, Line 16, and on Page 4.

Mississippi
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Tax Year 20 _____

Deductions Allocated

	Mississippi	Company-Wide
1. Losses, death benefits, A & H benefits (less applicable recoveries)		
(a) Paid		
(b) Unpaid at December 31, current year		
(c) Unpaid at December 31, prior year		
2. Loss adjustment expense allocated		
3. Matured endowments		
4. Annuity benefits		
5. Disability benefits		
6. Surrender benefits		
7. Payments on supplementary contracts		
8. Net additions to reserve funds required by law for liquidating policies at maturity		
9. Commissions		
10. Gross premium privilege tax		
11. Other allocable taxes		
12. Rent, allocated		
13. Agency expense (Must Attach MS Schedule)		
14. Medical and inspection fees, allocated		
15. Other allocable deductions		
(a) _____		
(b) _____		
(c) _____		

Deductions Apportioned

16. Loss adjustment expenses		
17. Totals from Page 4		
18. Total deductions (to Page 2, Line 15)		

Mississippi
Income Tax Return for Insurance Companies

Deductions Apportioned

Tax Year 20 _____

Life, accident and health, fire and casualty, and investment expenses must be separately apportioned. Must Attach supplementary pages to the return. Do not itemize non-allocable loss adjustment expenses but show totals only at Page 3, Line 16.

From Annual Statement				Less Allocable Expenses	Balance Apportionable
Page	Line	Description	Column ( )		
			$	$	$
		Totals	$	$	$
		Applicable Apportionment Ratio from Page 2			
		Total Apportioned to Mississippi (Carry to Page 3, Line 17)			$

Retaliatory Taxes Paid

Mississippi Corporations Only - Itemize Retaliatory Taxes paid by state and attach copies of actual returns documenting amounts listed. Must attach supplementary schedule if necessary.

Taxing Authority	Amount	Taxing Authority	Amount
		Total this Schedule - To Page 1, Line 6	