



Mississippi Insurance Company Income Tax Return 2022

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

| | |
|--|--|
| Legal Name and DBA _____ Address _____ City _____ State _____ Zip +4 _____ County Code _____ NAICS Code _____ | CHECK ALL THAT APPLY <input type="checkbox"/> Amended Return <input type="checkbox"/> Accident and Health <input type="checkbox"/> Final Return <input type="checkbox"/> Fire and Casualty <input type="checkbox"/> Accrual Basis <input type="checkbox"/> Life Insurance <input type="checkbox"/> Receipts and Disbursements Basis |
|--|--|

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 19) | 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) | .00 | |
| Less: return premiums | .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 23191 JACKSON, MS 39225-3191

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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, 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 |
|-------------------------------|---------------|----------------|
|-------------------------------|---------------|----------------|

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

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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) |
|---|
|---|

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

| Page | Line | Description | A Column () | B Less Allocable Expenses | C Balance Apportionable |
|------|------|-------------|--------------|---------------------------|-------------------------|
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- 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 22) _____

| PART V: RETALIATORY TAXES PAID (MISSISSIPPI CORPORATIONS ONLY) |
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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 |
|--------------------|----------|---|----------|
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | 1 Total amounts (total amounts from column B; enter amount on page 1, line 3) | |