



# Mississippi Insurance Company Income Tax Return 2013

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 \_\_\_\_\_

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)
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1 Mississippi net taxable income (from page 2, line 17A)	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)	4	_____ .00
5 Net income tax due (line 2 minus line 3 and line 4)	5	_____ .00

PAYMENTS AND TAX DUE
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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 <b>Total balance due</b> (if line 5 is larger than line 8, add lines 9 through 13)	14	_____ .00
15 <b>Total overpayment</b> (if line 8 is larger than line 5, subtract line 5 from line 8)	15	_____ .00
16 <b>Total overpayment credited to next year</b> (from line 15)	16	_____ .00
17 <b>Total overpayment refunded</b> (line 15 minus line 16)	17	_____ .00

**See instructions for electronic payment options or attach payment voucher,  
Form 83-300, with 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 )	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 22)	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)	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 _____	.00	1B _____	.00	1C _____	%
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A _____	.00	2B _____	.00	2C _____	%
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A _____	.00	3B _____	.00	3C _____	%
4 Investment expenses (gross investment income)	4A _____	.00	4B _____	.00	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		

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FEIN \_\_\_\_\_

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

1 Totals (total column A minus total column B)	.00	.00	.00
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)			.00

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
1 Total amounts (total amounts from column B; enter amount on page 1, line 3)			.00