



Mississippi Insurance Company Income Tax Return 2018

Tax Year Beginning 99999999

Tax Year Ending 99999999

FEIN 999999999

Mississippi Secretary of State ID 999999999

Legal Name and DBA, Address, City, State, Zip +4, County Code, NAICS Code

CHECK ALL THAT APPLY: Amended Return, Accident and Health, Final Return, Fire and Casualty, Accrual Basis, Receipts and Disbursements Basis, Life Insurance

COMPUTATION OF TAX (ROUND TO THE NEAREST DOLLAR)

Table with 3 columns: Line number, Description, and Amount. Includes rows for Combined income tax return, Mississippi net taxable income, Income tax, Retaliatory taxes, Income tax credits, and Net income tax due.

PAYMENTS AND TAX DUE

Table with 3 columns: Line number, Description, and Amount. Includes rows for Overpayment from prior year, Estimated tax payments, Total payments, Net total income tax due, Interest and penalty, Late payment interest, Late payment penalty, Late filing penalty, Total balance due, Total overpayment, and Total overpayment credited to next year.

# Mississippi

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### COMPUTATION OF NET INCOME

		A MISSISSIPPI	B COMPANY-WIDE
1	Direct premiums (except accident and health premiums)		
		9999999999	
13	Less: return premiums	9999999999 1A	9999999999 1B
2	Direct accident and health premiums	2A	9999999999 2B
3	Reinsurance assumed	3A	9999999999 3B
4	Considerations for annuities	4A	9999999999 4B
5	Considerations for supplementary contracts	5A	9999999999 5B
6	Unearned premiums (December 31st, prior year)	6A	9999999999 6B
7	Gross investment income	7A	9999999999 7B
8	Other income	8A	9999999999 8B
9	Total net income (add line 1 through line 8)	9A	9999999999 9B

### DEDUCTIONS

10	Unearned premiums (December 31st, current year)	10A	9999999999 10B	9999999999
11	Reinsurance ceded	11A	9999999999 11B	9999999999
12	Dividends to policy holders	12A	9999999999 12B	9999999999
13	Total deductions (add line 10 through line 12)	13A	9999999999 13B	9999999999

### MISSISSIPPI NET TAXABLE INCOME

14	Gross income (line 9 minus line 13)	14A	9999999999 14B	9999999999
15	Total deductions allocated and apportioned (from page 4, part III, line 23)	15A	9999999999 15B	9999999999
16	Less: Mississippi net operating loss (from Form 83-155, part I, line 2)	16A	9999999999 16B	9999999999
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	9999999999 17B	9999999999

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	
X999999999				
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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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	9999999999	1B 9999999999
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A	9999999999	2B 9999999999
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A	9999999999	3B 9999999999
4 Investment expenses (gross investment income)	4A	9999999999	4B 9999999999

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	9999999999	5Ba 9999999999
b Unpaid at December 31st, current year	5Ab	9999999999	5Bb 9999999999
c Unpaid at December 31st, prior year	5Ac	9999999999	5Bc 9999999999
6 Loss adjustment expenses allocated	6A	9999999999	6B 9999999999
7 Matured endowments	7A	9999999999	7B 9999999999
8 Annuity benefits	8A	9999999999	8B 9999999999
9 Disability benefits	9A	9999999999	9B 9999999999
10 Surrender benefits	10A	9999999999	10B 9999999999
11 Payments on supplementary contracts	11A	9999999999	11B 9999999999
12 Net additions to reserve funds (required by law for liquidating policies at maturity)	12A	9999999999	12B 9999999999
13 Commissions	13A	9999999999	13B 9999999999
14 Gross premium privilege tax	14A	9999999999	14B 9999999999
15 Other allocable taxes	15A	9999999999	15B 9999999999
16 Rent, allocated	16A	9999999999	16B 9999999999
17 Agency expense (attach schedule)	17A	9999999999	17B 9999999999
18 Medical and inspection fees, allocated	18A	9999999999	18B 9999999999
19 Other allocable deductions (attach schedule)	19A	9999999999	19B 9999999999
20 Total allocable deductions	20A	9999999999	20B 9999999999

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FEIN 999999999

		A MISSISSIPPI		B COMPANY-WIDE
<b>PART III: DEDUCTIONS APPORTIONED</b>				
21 Non-allocable loss adjustment expenses	21A	9999999999	21B	9999999999
22 Total apportioned expenses (from page 4, part IV, line 3)	22A	9999999999	22B	9999999999
23 Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	9999999999	23B	9999999999

**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
9999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
9999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
9999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
9999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
9999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
9999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
9999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999

1 Totals (total column A minus total column B)	9999999999	9999999999	9999999999
2 Applicable expense apportionment ratio (from page 3, part I)			999.9999
3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 22)			9999999999

**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
X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
		1 Total amounts (total amounts from column B; enter amount on page 1, line 3)	9999999999