



# Schedule U-INS Payment to Insurance Companies Under Common Ownership

2024  
Massachusetts  
Department of  
Revenue

For calendar year 2024 or taxable period beginning	2024 and ending
Name of member	Federal Identification number
Name of insurance affiliate	Federal Identification number, if applicable
Name of principal reporting corporation	Federal Identification number
Type of U.S. tax return filed by the insurance affiliate, if any <input type="radio"/> 1120 <input type="radio"/> 1120F <input type="radio"/> Filed other <input type="radio"/> Did not file	Type of Massachusetts tax return filed by the insurance affiliate, if any <input type="radio"/> 63-20P <input type="radio"/> 63-23P <input type="radio"/> Filed other <input type="radio"/> Did not file

<b>1</b> Amount deducted for premiums paid directly or indirectly to insurance affiliate .....	<b>1</b>	
<b>2</b> Deductions for all other amounts paid directly or indirectly to insurance affiliate .....	<b>2</b>	

DO NOT FILE.  
DRAFT AS OF SEPTEMBER 27, 2024.  
SUBJECT TO CHANGE.  
DO NOT FILE.