

# Mississippi Insurance Company Income Tax Return 2021



Tax Year Beginning 99999999

Tax Year Ending 99999999

FEIN 999999999

Mississippi Secretary of State ID 999999999

Legal Name and DBA

X9

Address

X9

X9

City

State

Zip +4

X9X9X9X9X9X9X9X9X9X9X9X9X9X9 XX 999999999

County Code 99

NAICS Code 999999

### CHECK ALL THAT APPLY

- Amended Return  Accident and Health
- Final Return  Fire and Casualty
- Life Insurance
- Accrual Basis
- Receipts and Disbursements Basis

### COMPUTATION OF TAX

(ROUND TO THE NEAREST DOLLAR)

Combined income tax return (enter FEIN of reporting company) 999999999

1	Mississippi net taxable income (from page 2, line 17A or Form 83-310, page 1, line 5, column C)	1	99999999999
2	Income tax	2	99999999999
3	Retaliatory taxes paid to other states (Mississippi corporations only; from page 4, part V, line 1)	3	99999999999
4	Income tax credits (from Form 83-401, line 3 or Form 83-310, page 1, line 5, column B)	4	99999999999
5	Net income tax due (line 2 minus line 3 and line 4)	5	99999999999

### PAYMENTS AND TAX DUE

6	Overpayment from prior year	6	99999999999
7	Estimated tax payments and payment with extension	7	99999999999
8	Total payments (line 6 plus line 7)	8	99999999999
9	Net total income tax due (line 5 minus line 8)	9	99999999999
10	Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)	10	99999999999
11	Late payment interest	11	99999999999
12	Late payment penalty	12	99999999999
13	Late filing penalty (minimum \$100)	13	99999999999
14	<b>Total balance due</b> (if line 5 is larger than line 8, add lines 9 through 13)	14	99999999999
15	<b>Total overpayment</b> (if line 8 is larger than line 5, subtract line 5 from line 8)	15	99999999999
16	<b>Total overpayment credited to next year</b> (from line 15)	16	99999999999
17	<b>Total overpayment refunded</b> (line 15 minus line 16)	17	99999999999



# Mississippi Insurance Company Income Tax Return 2021

FEIN 999999999

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

### 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	
9X9X9X9X9				
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23191 JACKSON, MS 39225-3191

# Mississippi Insurance Company Income Tax Return 2021

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FEIN 999999999

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	1C	999.9999
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A	9999999999	2B	9999999999	2C	999.9999
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A	9999999999	3B	9999999999	3C	999.9999
4 Investment expenses (gross investment income)	4A	9999999999	4B	9999999999	4C	999.9999

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

**Mississippi**  
**Insurance Company Income Tax Return**  
**2021**

08 FEIN 999999999

**PART III: DEDUCTIONS APPORTIONED A MISSISSIPPI B COMPANY-WIDE**

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 (X)	B Less Allocable Expenses	C Balance Apportionable
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	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