



# Mississippi Insurance Premium Tax Return Annual Reconciliation and Fourth Quarter



Instructions This return must be typed and any negative premiums or tax must have a minus sign (-) before the number.

Copies or reproductions of the official form are not acceptable. Failure to submit your return on the original form may result in a penalty.

Due Date See Filing Period below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Year \_\_\_\_\_

Filing Period 19 \_\_\_\_\_ Due February 20th following tax year.

Filing Status \_\_\_\_\_ Name or address change  
Please make changes on the address label.

\_\_\_\_\_ AMENDED return

EFT Status \_\_\_\_\_ Payment by EFT

Federal ID Number If your Federal ID Number is not preprinted above, please enter your Federal ID Number here.

NAIC Company Code

NAIC Group Code

NAIC Codes

List Premiums	Rate	Premium Tax
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1. Net Direct Premiums Received.....	1. _____		2. _____
2. Policies Qualified Under Federal Tax Code.....	2. _____	_____ %	3. _____
3. Annuity Policies Not Qualified For Exemption on Line 2.....	3. _____	_____ %	4. _____
4. Fire Insurance Policies.....	4. _____	3%	5. _____
5. Adjusted Net Direct Premiums (Line 1, Less Lines 2, 3, and 4).....	5. _____	3%	6t. _____
6. Total Premium Tax Due For Calendar Year (Total Lines 2 through 5).....			
7A. Mississippi Income Tax Credit.....			7A. _____
7B. Mississippi Investment Credit (From Line 6, Page 2).....			7B. _____
7C. Guaranty Assessment Credit (From Line G1, Page 3).....			7C. _____
8. Net Premium Tax Due (Not Less Than "0") (Line 6t Less Lines 7A,7B and 7C).....			8. _____
9. Fire Insurance Policies.....	9. _____	1%	9. _____
10. Fire Insurance Policies Covering Property in the City of Jackson.....	10. _____	.5%	10. _____
11. Total Tax Due (Total Lines 8, 9 and 10).....			11. _____
12A. Deduct Authorized Credit Memos.....			12A. _____
12B. Deduct Premium Tax Paid First 3 Calendar Quarters And Any Credit Used From An Authorized Credit Memo.....			12B. _____
12C. Retaliatory Tax (From Line 25, Page 2).....			12C. _____
13. Balance Due (Line 11 and Line 12C, Less Lines 12A and 12B).....			13. _____
14. Add: Penalty (10% of Line 13).....			14. _____
15. Add: Interest (1% per month of Line 13).....			15. _____
16. Total Amount Due (Total Lines 13, 14, and 15).....			16. _____

Make check payable to State Tax Commission  
Mail return to P.O. Box 23075  
Jackson, MS 39225

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Attach a copy of the Mississippi business page from your annual statement.

\_\_\_\_\_  
Signature of Taxpayer or Agent

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Date Phone



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See Page 4, 5 and 6 for more detailed instructions.

## Mississippi Investment Credit

Investment Percent	1%	2%	3%	4%	5%	6%	7%	8%	9%	10%	15%	20%	25%
Percent Allowable	1%	2%	3%	4%	5%	6%	7%	8%	9%	20%	30%	40%	50%

- |  |          |
|--|----------|
| 1. Total Admitted Assets.....  | 1. _____ |
| 2. Lowest balance of qualified Mississippi investments during the calendar year.....                     | 2. _____ |
| 3. Divide Line 2 by Line 1 for Mississippi percentage.....   | 3. _____ |
| 4. Premium tax (from Line 6t, Page 1).....   | 4. _____ |
| 5. Percent allowable from table above.....   | 5. _____ |
| 6. Mississippi Investment Credit<br>(Multiply Line 4 by Line 5 and enter amount on Line 7B, Page 1)..... | 6. _____ |

## Retaliatory Tax

	Paid by Your Company in Mississippi	A Mississippi Company Would Have Paid in Your State
1. Total Premium Taxes Paid.....	1 _____	13 _____
2. Privilege License (Company Certificate of Authority....	2 _____	14 _____
3. Annual Statement Filing Fee.....	3 _____	15 _____
4. Annual Statement Synopsis Filing Fee.....	4 _____	16 _____
5. Publication Fee.....	5 _____	17 _____
6. Agents Licenses.....	6 _____	18 _____
7. Agents Certificates of Authority.....	7 _____	19 _____
8. Agents Examination Fees.....	8 _____	20 _____
9. Other _____	9 _____	21 _____
10. _____	10 _____	22 _____
11. _____	11 _____	23 _____
12. Total.....	12 _____	24 _____

Retaliatory Tax (Subtract Line 12 from Line 24 and enter result on Line 12C, Page 1). 25 \_\_\_\_\_

Total cannot be less than zero

