



2134001

MRS Insurance Premiums Tax Account Number 99 999999999	NAIC ID Number 99999	Period Covered January 1 - December 31, 2021	Due Date March 15, 2022
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Business Name (Line 1)		CHECK ALL THAT APPLY: <input checked="" type="checkbox"/> Initial return <input checked="" type="checkbox"/> Amended return <input checked="" type="checkbox"/> Final return <input checked="" type="checkbox"/> Risk retention group <input checked="" type="checkbox"/> Domiciled in Maine <input checked="" type="checkbox"/> Change of name/address
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Business Name (Line 2)		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Street Address and/or Post Office Box		
XXXXXXXXXXXXXXXXXXXXXXX City	XX State	

Enter total assets reported on annual statement: 999999999999 .00

Part A – Maine Tax Computation

Premiums:

1a. Accident and Health Premiums	1a.	999999999	.00
1b. Life Premiums	1b.	999999999	.00
1c. Property and Casualty Premiums (other than Workers' Compensation Premiums).....	1c.	999999999	.00
1d. Workers' Compensation Premiums	1d.	999999999	.00
1e. Title Insurance Premiums	1e.	999999999	.00
1f. Annuity Considerations received this tax year (See Instructions)	1f.	999999999	.00
1g. Annuity Considerations received prior to January 1, 1999 taxable this year (See Instructions).....	1g.	999999999	.00
1h. Other Premiums	1h.	999999999	.00
1i. Total Premiums (Add lines 1a through 1h).....	1i.	999999999	.00

Deductions from Schedule 1:

2. Direct return premiums or deposits thereon (Schedule 1, line 8, column A)	2.	999999999	.00
3. Dividends paid, credited or allowed on direct premiums (Schedule 1, line 8, column B)	3.	999999999	.00
4. Premiums exempt under qualified pension plans (Schedule 1, line 8, column C).....	4.	999999999	.00
5. Other Deductions (Schedule 1, line 8, column D)	5.	999999999	.00
6. Total Deductions (Add lines 2, 3, 4 and 5. Total should equal Schedule 1, line 8, column E).....	6.	999999999	.00

MAINE REVENUE SERVICES
INSURANCE PREMIUMS TAX RETURN



2134002

MRS Insurance Premiums Tax Account Number 99 9999999999

Tax:

7. Total net taxable premiums (Part A, line 1i minus line 6)..... 7.	9999999999	.00		
8. Net premiums on qualified group disability policies written by a large domestic insurer taxable at 2.55%..... 8a.	9999999999	X 2.55% =..... 8b.	9999999999	.00
9. Net premiums on qualified group disability and certified long-term care policies taxable at 1%..... 9a.	9999999999	X 1.00% =..... 9b.	9999999999	.00
10. Net premiums taxable at 2% (Line 7 less lines 8a and 9a)..... 10a.	9999999999	X 2.00% =... 10b.	9999999999	.00
11. Total Tax (Total of lines 8b, 9b, and 10b. Cannot be less than zero.)..... 11.			9999999999	.00

Part B – Retaliatory Tax Computation from Schedule 2

Enter the United States Postal Service two letter state abbreviation for your state of incorporation: XX

12. Gross Premiums (Schedule 2, line 8, column A)..... 12.	9999999999	.00
13. Allowable Deductions (Schedule 2, line 8, column B)..... 13.	9999999999	.00
14. Net Taxable Premiums (Schedule 2, line 8, column C)..... 14.	9999999999	.00
15. Premium Tax on basis of state of incorporation (Schedule 2, line 8, column E)..... 15.	9999999999	.00

Part C – Tax Due

16. Enter the greater of Part A, line 11 or Part B, line 15..... 16.	9999999999	.00
17. Nonrefundable Tax Credits (Attach schedule - see instructions)..... 17.	9999999999	.00
18. Net Tax (line 16 minus line 17)..... 18.	9999999999	.00
19. Refundable Tax Credits (Attach schedule - see instructions)..... 19.	9999999999	.00
20. Estimated Payments..... 20.	9999999999	.00
21. Balance Due (if line 18 is greater than the sum of lines 19 and 20, enter the difference)..... 21.	9999999999	.00

Note: Taxpayers with annual tax liabilities of \$10,000 or more are required to remit tax payments electronically. See MRS Rule 102 on the MRS website at www.maine.gov/revenue/publications/rules for details.

22. Overpayment (if the sum of lines 19 and 20 is greater than line 18, enter the difference)..... 22.	9999999999	.00
23a. Portion of overpayment on line 22 to be APPLIED to next year's ESTIMATED tax..... 23a.	9999999999	.00
23b. Portion of overpayment on line 22 to be REFUNDED..... 23b.	9999999999	.00



2134003

MRS Insurance Premiums Tax Account Number

99 9999999999

2022 Estimated Tax

The 2022 tax payments must be made on an estimated basis. The April and June installments must each equal at least 35% of the total tax liability for 2021 or 35% of the total tax liability for 2022. The October installment must equal 15% of the total tax liability for 2021 or 15% of the total tax liability for 2022. See Form INS-1 for details. (36 M.R.S. § 2521-A).

Affidavit and Signature

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date Signature Title

Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer or Attorney-in-fact of a Reciprocal Insurer.

Contact Person Phone #

Email Address

Date Preparer's Signature Preparer's ID Number

Important: Your return must include required attachments. See page 3 of the instructions for more information.



If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check,
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

SCHEDULE 1
DEDUCTIONS BY PREMIUM TYPE



2134004

For Form INS-4, Part A, lines 2-6

Taxpayer Name XXXXXXXXXXXXXXXXXXXX MRS Insurance Premiums Tax Account Number 99 999999999 Tax Year 2021

Table with 5 columns: Column A (Direct Return Premiums), Column B (*Dividends Paid), Column C (*Qualified Pension Plans), Column D (*Other Deductions), Column E (Totals). Rows include Accident & Health, Life, Front End Annuity Considerations, Property & Casualty, Title, Workers' Comp, Other, and Totals.

*Columns B through D do not apply to Risk Retention Groups.

Enter line 8, column A amount on Form INS-4, line 2.
Enter line 8, column B amount on Form INS-4, line 3.
Enter line 8, column C amount on Form INS-4, line 4.
Enter line 8, column D amount on Form INS-4, line 5. Attach documentation to support amount claimed.

SCHEDULE 2
RETALIATORY TAX



For Form INS-4, Part B, Lines 12-15

2134005

Note: This schedule must be completed by all insurers not incorporated in Maine. All amounts must be in U.S. dollars.

Taxpayer Name XXXXXXXXXXXXXXXXXXXXXXXX MRS Insurance
Premiums Tax Account Number 99 999999999 Tax Year 2021

	Column A Gross Premiums	Column B Allowable Deductions	Column C Net Taxable Premiums	Column D Tax Rate - State of Incorporation	Column E *Annual Tax Due
1. Accident & Health	999999999	999999999	999999999	999999999	999999999
2. Life	999999999	999999999	999999999	999999999	999999999
3. Annuity	999999999	999999999	999999999	999999999	999999999
4. Property & Casualty (Excludes Title & Workers' Comp)	999999999	999999999	999999999	999999999	999999999
5. Title	999999999	999999999	999999999	999999999	999999999
6. Workers' Comp	999999999	999999999	999999999	999999999	999999999
7. Other	999999999	999999999	999999999	999999999	999999999
8. Totals	999999999	999999999	999999999		999999999

*If minimum tax applies, enter minimum tax. Do not include fees. (See Schedule 2 Instructions)

Enter line 8, column A amount on Form INS-4, line 12.
Enter line 8, column B amount on Form INS-4, line 13. Attach documentation to support amount claimed.
Enter line 8, column C amount on Form INS-4, line 14.
Enter line 8, column E amount on Form INS-4, line 15.