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Mississippi Insurance Company Income Tax Return 2024

Tax Year Beginning 99999999

Tax Year Ending 99999999

FEIN 999999999

Mississippi Secretary of State ID 999999999

Legal Name and DBA

CHECK ALL THAT APPLY

X9

Address

X9

X9

City State Zip +4

X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9 XX 999999999

County Code 99 NAICS Code 999999

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 Total balance due (if line 5 is larger than line 8, add lines 9 through 13) 14 99999999999

15 Total overpayment (if line 8 is larger than line 5, subtract line 5 from line 8) 15 99999999999

16 Total overpayment credited to next year (from line 15) 16 99999999999

17 Total overpayment refunded (line 15 minus line 16) 17 99999999999

See instructions for electronic payment options or attach check or money order for balance due.

Mississippi

Insurance Company Income Tax Return 2024



FEIN 9999999999

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

DEDUCTIONS

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

MISSISSIPPI NET TAXABLE INCOME

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

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 2024

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	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

Mississippi Insurance Company Income Tax Return 2024

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 (9)	B Less Allocable Expenses	C Balance Apportionable
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
99999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	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
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
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X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999

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