



Mississippi Insurance Premium Tax Return Annual Reconciliation and Fifth Period

DIRECT 006

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

Due Date See Filing Period below.

See separate Instructions.

<p>----- Name</p> <p>----- Address</p> <p>----- Address</p> <p>----- City State Zip</p> <p>Federal ID Number Enter your Federal ID Number here.</p> <p>-----</p> <p>E-Mail Address Enter your E-Mail Address here.</p> <p>-----</p>	<p style="text-align: right;">Year</p> <p>Filing Period 20 Due March 1st following tax year.</p> <p>Filing Status ----- Name or address change</p> <p>----- AMENDED return</p> <p>EFT Status ----- Payment by EFT</p> <p>-----</p> <p>NAIC Company Code NAIC Group Code</p> <p>NAIC Codes ----- -----</p>
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List Premiums

Rate

Premium Tax

- | | | | | | |
|---|------------|-----|-----------|--|--|
| 1. Net Direct Premiums Received..... | 1. ----- | | | | |
| 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% | 6. ----- | | |
| 6. Total Premium Tax Due For Calendar Year (Total Lines 2 through 5)..... | 6t. ----- | | | | |
| | | | | | |
| 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. ----- | | | | |
| 7D. Coast Area Credit (From Line 3, Page 2)..... | 7D. ----- | | | | |
| 7E. New Markets Credit (From Line 3, Page 2)..... | 7E. ----- | | | | |
| 8. Net Premium Tax Due (Not Less Than "0") (Line 6t Less Lines 7A, 7B, 7C, 7D, and 7E) | 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 4 Calendar Periods 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
Mail return to

State Tax Commission
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 and any reconciling schedules.

Signature of Taxpayer or Agent

Contact Person

Date

Phone



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See separate 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 Investment percentage..... | 3. | ----- |
| 4. Premium tax (from Line 6t, Page 1)..... | 4. | ----- |
| 5. Percent allowable from table above..... | 5. | ----- |
| 6. Mississippi Investment Credit | | |
| (Multiply Line 4 by Line 5 and enter amount on Line 7B, Page 1)..... | 6. | ----- |

Coast Area Credit

- | | | |
|--|----|-------|
| 1. List Premiums from new policies written for essential property insurance within the coast area..... | 1. | ----- |
| 2. Multiply Line 1 by 10%..... | 2. | ----- |
| 3. List amount on Line 2 on Line 3. (Amount cannot be greater than 100,000, enter result on Line 7D, Page 1)..... | 3. | ----- |

New Markets Credit

- | | | |
|--|-----------|--------------|
| 1. List amount of credit allocated from the Mississippi Development Authority | 1. | ----- |
| 2. Calculate Page 1, Line 6t less Lines 7A, 7B, 7C and 7D. If Line 1 is less than this amount, list on Page 1, Line 7E..... | 2. | ----- |
| 3. If Line 1 is greater than Page 1, Line 6t less Lines 7A, 7B, 7C and 7D, list remaining balance to carry forward..... | 3. | ----- |

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