

Mississippi Insurance Premium Tax Return Annual Reconciliation and Fifth Period

DIRECT	006
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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.

Date

Phone

See separate Instructions.

		000 000 000					
Address					Year		
Address Filing Status Name or address change Address AMENDED return City State Zip First Status Payment by EFT NAIC Company Code NAIC Group Code NAIC Codes 1. Net Direct Premiums Received. 1. 2. Policies Qualified Under Federal Tax Code. 2. % 2. 3. Annuty Policies Not Qualified For Exemption on Line 2. 3. % 3. 4. Fire Insurance Policies. 4. 3% 4. 5. Adjusted Net Direct Premiums (Line 1, Less Lines 2, 3, and 4). 5. 3% 5. 6. Total Premium Tax Due For Calendar Year (Total Lines 2 through 5). 6. 74. Mississippl Investment Credit (From Line 6, Page 2). 76. 78. 75. Cauranty Assessment Credit (From Line 6, Page 2). 76. 77. 7		Name		Filing Period	20	Due March 1	st following tax year.
Address AMENDED return City State Zip Forest Federal ID Number here. Enter your E-Mail Address here. NAIC Codes NAIC Codes NAIC Group Code		Address					
State Zip State Zip State Zip Eriter your Foderal ID Number here. EFT Status Payment by EFT				Filing Status	Name or ac	ldress change	
City Statu Zip Enter your Federal ID Number here. NAIC Congany Code NAIC Group Code NAIC Group Code NAIC Group Code NAIC Codes List Premiums							
Erriary our Federal ID Number here. EFT Status Payment by EFT					AMENDED	return	
Enter your Federal ID Enter your Federal ID Number here. NAIC Company Code NAIC Group Code		City	State Zip	FFT Status	Day		
Enter your E-Mail Address here. NAIC Codes NAIC Codes		ID Enter your Federal II	D Number here.	Li i Otatus	Payment by	YEFI	
List Premium Rate Premium Received	Number				NAIC Company Co	de	NAIC Group Code
List Premiums Rate Premium Tax 1. Net Direct Premiums Received	E-Mail	Enter your E-Mail Ad			10 to Company Co.		NAIC Group Code
1. Net Direct Premiums Received	Address	o. youa /	33.000 110.01			-	
1. Net Direct Premiums Received							
2. Policies Qualified Under Federal Tax Code				List Pre	emiums	Rate	Premium Tax
2. Policies Qualified Under Federal Tax Code							
3. Annuity Policies Not Qualified For Exemption on Line 2						0/ 2	
4. Fire Insurance Policies. 4. 3% 4. 5. Adjusted Net Direct Premiums (Line 1, Less Lines 2, 3, and 4)							
5. Adjusted Net Direct Premiums (Line 1, Less Lines 2, 3, and 4)							
6. Total Premium Tax Due For Calendar Year (Total Lines 2 through 5)							
7A. Mississippi Income Tax Credit							
7B. Mississippi Investment Credit (From Line 6, Page 2)							
7C. Guaranty Assessment Credit (From Line G1, Page 3)							
7D. Coast Area Credit (From Line 3, Page 2)							
7E. New Markets Credit (From Line 3, Page 2)							
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. 19% 9. 10. Fire Insurance Policies Covering Property in the City of Jackson	7D. (Coast Area Credit (From Lir	ne 3, Page 2)			7D.	
9. Fire Insurance Policies	7E. N	New Markets Credit (From I	Line 3, Page 2)			7E.	
10. Fire Insurance Policies Covering Property in the City of Jackson	8.	Net Premium Tax Due (No	t Less Than "0") (Line 6t Less Lines 7A,	7B, 7C, 7D, and 7E))	8.	
10. Fire Insurance Policies Covering Property in the City of Jackson	9	Fire Insurance Policies		9		1% 9	
11. Total Tax Due (Total Lines 8, 9 and 10)	-						
12A 12B. Deduct Premium Tax Paid First 4 Calendar Periods And Any Credit Used From An Authorized Credit Memo					·		
12A 12B. Deduct Premium Tax Paid First 4 Calendar Periods And Any Credit Used From An Authorized Credit Memo	11.	Total Tax Due (Total Lines	8. 9 and 10)			11.	
12C. Retaliatory Tax (From Line 25, Page 2)							
12C. Retaliatory Tax (From Line 25, Page 2)	12B.	Deduct Premium Tax Paid	First 4 Calendar Periods And Any Credi	Used From An Autho	orized Credit Memo	12E	3
13. Balance Due (Line 11 and Line 12C, Less Lines 12A and 12B)	12C.	.Retaliatory Tax (From Line	25, Page 2)			120	
15. Add: Interest (1% per month of Line 13)	13.	Balance Due (Line 11 and I	ine 12C, Less Lines 12A and 12B)			13.	
16. Total Amount Due (Total Lines 13, 14, and 15)	14.	Add: Penalty (10% of Line	13)			14.	
Make check payable to Mail return to State Tax Commission P.O. Box 23075 Jackson, MS 39225 Attach a copy of the Mississippi business page from your annual statement and any reconciling	15.	Add: Interest (1% per mon	th of Line 13)			15.	
P.O. Box 23075 Jackson, MS 39225 Attach a copy of the Mississippi business page from your annual statement and any reconciling	16.	Total Amount Due (Total	Lines 13, 14, and 15)			16.	
from your annual statement and any reconciling		Make check payable to Mail return to	P.O. Box 23075	I declare, und accompanying knowledge and	der the penalties of schedules) has be I belief is a true, co	of perjury, then examined trect and con	hat this return (including and by me and to the best of mindlete return.
from your annual statement and any reconciling		Attach a copy of the	Mississippi business page		Signatur	re of Taxnaver o	ır Agent
					Sigilatu	o or raxpayer o	n ngont
		-	, .			Contact Perso	n



Mississippi Insurance Premium Tax Return Annual Reconciliation and Fifth Period

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Instructions

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

See separate Instructions.

Miss	sissip	bi in	vesu	nent	Cred	dit					
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%
I. Total Admitted Assets								. 1.			
2. Lowest balance of qualified Mississippi inves	stmen	ts dur	ing th	e cale	endar	year.		. 2.			
3. Divide Line 2 by Line 1 for Mississippi Invest								_			
 Premium tax (from Line 6t, Page 1) Percent allowable from table above 											
6. Mississippi Investment Credit								. 5.			
(Multiply Line 4 by Line 5 and enter am	ount	on Li	ine 7E	3, Paç	ge 1)			6.			
	Co	ast A	Area	Cred	lit						
1. List Premiums from new policies written fo				-							
coast area											
3. List amount on Line 2 on Line 3. (Amount								••	Z		
•			_						3		
enter result on Line 7D, Page 1)											
enter result on Line 7D, Page 1)	•										
 List amount of credit allocated from the Mis Calculate Page 1, Line 6t less Lines 7A, 	New sissip 7B, 70	pi De C anc	velopi I 7D.	ment . If Lin	Autho	less	than	_			
 List amount of credit allocated from the Mis Calculate Page 1, Line 6t less Lines 7A, this amount, list on Page 1, Line 7E If Line 1 is greater than Page 1, Line 6t less 	Newssissip	ppi De C anc s 7A,	velopi I 7D. 7B, 7	ment	Authone 1 is	list re	than maini	2 ng 3	 		
 List amount of credit allocated from the Mis Calculate Page 1, Line 6t less Lines 7A, this amount, list on Page 1, Line 7E 	New ssissip 7B, 70 s Line	ppi De C anc s 7A,	velopi I 7D. 7B, 7	ment If Lin	Authone 1 is	list re	than maini	2 ng 3	 		
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