



Form 63-23P Premium Excise Return for Insurance Companies

2013
Massachusetts
Department of
Revenue

For calendar year 2013 or taxable year beginning	2013 and ending	
Name of company	Federal Identification number	State of incorporation
Mailing address	City/Town	State Zip
Name of treasurer	Domestic insurers, check applicable gross investment income tax rate ▶ <input type="checkbox"/> .01 <input type="checkbox"/> .008 <input type="checkbox"/> .006 <input type="checkbox"/> .004 <input type="checkbox"/> .002 <input type="checkbox"/> .000	

Has the federal government changed your taxable income for any prior year which has not yet been reported to Massachusetts? Yes No

Domestic Casualty Insurers. Enclose a copy of Schedule T of NAIC Annual Statement.

1 Taxable premiums (from Part 1, line 5, col. c) ▶ \$ _____ × .0228 = ▶ 1	
2 Gross investment income (from Part 2, line 10) ▶ \$ _____ × applicable rate = ▶ 2	
3 Fair Plan disbursement received ▶ 3	
4 Credit recapture (enclose Schedule H-2) and/or additional tax on installment sales (see instructions) ▶ 4	
5 Excise due before credits. Add lines 1 through 4 ▶ 5	

Foreign Casualty Insurers. Enclose a copy of Schedule T of NAIC Annual Statement.

6 Total net direct premiums for insurance of property or interests in Massachusetts, excluding any FAIR Plan premiums ▶ 6	
7 Other premiums, including FAIR Plan premiums ▶ 7	
8 Total premiums. Add lines 6 and 7. ▶ 8	
9 Dividend deduction. Premiums returned or credited to policyholders ▶ 9	
10 Taxable premiums. Subtract line 9 from line 8 ▶ 10	
11 Tax calculation. Multiply line 10 by .0228. ▶ 11	
12 Tax computed under retaliatory provisions (enter full amount from Part 3, line 1) ▶ 12	
13 Credit recapture (enclose Schedule H-2) and/or additional tax on installment sales (see instructions). ▶ 13	
14 Excise due before credits. Enter the larger of line 11 plus line 13 or line 12 plus line 13. ▶ 14	

Preferred Provider Arrangements

15 Gross premiums received for coverage of covered persons residing in Massachusetts (premiums for Medicare supplemental Coverage are excludable) ▶ 15	
16 Premiums returned or credited to policyholders ▶ 16	
17 Taxable amount. Subtract line 16 from line 15 ▶ 17	
18 Tax calculation. Multiply line 17 by .0228. ▶ 18	
19 Credit recapture (enclose Schedule H-2) and/or additional tax on installment sales (see instructions). ▶ 19	
20 Excise due before credits. Add lines 18 and 19. ▶ 20	

Under the penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions)	Social Security number	Telephone number	Date
Signature of paid preparer	Employer Identification number	Address	Date

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204.**

Credits. Do not claim any credit here if claimed on Form 63-29A.

21 Domestic casualty insurers only. Retaliatory surtax credit (see instructions)	▶ 21	
22 Domestic casualty insurers only. Enter 1.5% of company's total capital contributions in excess of the full proportionate share in investment in the Massachusetts property and casualty initiative.	▶ 22	
23 Credit against premium excise. Add lines 21 and 22. Enter total here, but do not exceed the amount in line 1	23	
24 Enter 10% of Massachusetts Life and Health Insurance Guaranty Association assessment paid previously	▶ 24	
25 Economic Opportunity Area Credit (enclose Schedule EOAC).	▶ 25	
26 Economic Development Incentive Program Credit. Certificate number ▶ _____	▶ 26	
27 Low-Income Housing Credit. Building Identification number ▶ _____	▶ 27	
28 Historic Rehabilitation Credit. Certificate number ▶ _____	▶ 28	
29 Film Incentive Credit. Certificate number ▶ _____	▶ 29	
30 Medical Device Credit. Certificate number ▶ _____	▶ 30	
31 Brownfields Credit. Certificate number ▶ _____	▶ 31	
32 Employee Wellness Program Credit. Certificate number ▶ _____	▶ 32	
33 Life Science Company Tax Credit	▶ 33	
34 Total credits. Add lines 23 through 33.	34	

Excise After Credits

35 Excise due before voluntary contribution. Subtract line 34 from line 5, 14 or 20, whichever is applicable. Not less than "0" . . .	35	
36 Voluntary contribution for endangered wildlife conservation	▶ 36	
37 Total excise plus voluntary contribution. Add lines 35 and 36	▶ 37	

Payments

38 2012 overpayment applied to 2013 estimated tax	▶ 38	
39 2013 Massachusetts estimated tax payments (do not include amount from line 38)	▶ 39	
40 Payments made with extension	▶ 40	
41 Pass-through entity withholding. Payer Identification number ▶ _____	▶ 41	
42 Refundable Film Credit	▶ 42	
43 Refundable Dairy Credit. Certificate number ▶ _____	▶ 43	
44 Refundable Life Science Credit	▶ 44	
45 Refundable Economic Development Incentive Credit	▶ 45	
46 Refundable Conservation Land Credit. Certificate number ▶ _____	▶ 46	
47 Total payments. Add lines 38 through 46	47	

Refund or Balance Due

48 Amount overpaid. Subtract line 37 from line 47	48	
49 Amount overpaid to be credited to 2014 estimated tax	▶ 49	
50 Amount overpaid to be refunded. Subtract line 49 from line 48	▶ 50	
51 Balance due. Subtract line 47 from line 37	51	
52 M-2220 penalty ▶ \$ _____; Other penalties ▶ \$ _____ Total penalty	52	
53 Interest on unpaid balance	▶ 53	
54 Total payment due at time of filing	▶ 54	

Part 1. Premium Excise. Domestic casualty insurers only must complete this schedule.

- 1** Total of all net direct premiums **▶ 1**
- 2** Net direct premiums for insurance of property or interests in other states or countries where a tax is actually paid by said company or its agents (Supporting schedule is required showing by states the total business written. Copy of Schedule T is accepted, if admitted states are designated.) **▶ 2**

	a. Massachusetts	b. States or countries in which company pays no tax	c. Total add col's. a and b
3 Total net direct premiums subject to tax. Subtract line 2 from line 1 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Premiums returned or credited to policyholders. 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Taxable premiums. Subtract line 4 from line 3. Enter the amount in 5c on page 1, line 1. 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Are net direct premiums reported in lines 1 and 3? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7 Have all dividends claimed as a deduction in line 4 been included as taxable premiums on this return or on a previous Massachusetts return? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8 If the answer to lines 6 or 7 is "No," please explain: _____			

Part 2. Gross Investment Income. Domestic casualty insurers only must complete this schedule.

From Exhibit of Net Investment Income.

1 Interest on bonds 1	<input type="text"/>
2 Dividends on preferred stocks 2	<input type="text"/>
3 Dividends on common stocks. 3	<input type="text"/>
4 Interest on mortgage loans. 4	<input type="text"/>
5 Real estate income. 5	<input type="text"/>
6 Interest on collateral loans 6	<input type="text"/>
7 Cash on deposit 7	<input type="text"/>
8 Other invested assets	
a 8a	<input type="text"/>
b 8b	<input type="text"/>
c 8c	<input type="text"/>
9 Total invested assets. Add lines 8a through 8c 9	<input type="text"/>
10 Gross investment income. Add lines 1 through 7 and line 9. Enter result here and on page 1, line 2 10	<input type="text"/>

Part 3. Computation of Retaliatory Tax. Foreign casualty insurers only must complete this schedule.

Use the space below to calculate your excise using the identical method and the same rate used by the state in which you are incorporated in taxing a like Massachusetts insurance company, or its agents, if doing business to the same extent. If the computation in the state of your incorporation is in every respect the same as your Massachusetts computation, a statement to that effect should be made **1**