Form 63-20P
Premium Excise Return for Life Insurance Companies

2014

Massachusetts Department of Revenue

For calendar year 2014 or taxable year beginning **2014 and ending**

Name of company ► | Federal Identification number ► | State of incorporation

Mailing address | City/Town | State | Zip

Name of treasurer

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

Excise Calculation

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

1	Taxable life premiums (from Part 1, line 10) ► $_____ × .02 = ► **1**	
2	Net value of policies. ► $_____ × .0025 = ► **2**	
3	Applicable measure (from line 1 or line 2) ► **3**	
4	Taxable accident and health premiums (from Part 1, line 11) ► $_____ × .02 = ► **4**	
5	Credit recapture (enclose Schedule H-2) ► **5**	
6	Excise due before credits. Add lines 3 through 5 ► **6**	

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

7	Taxable life premiums (from Part 2, line 7) ► $_____ × .02 = ► **7**	
8	Retaliatory computation (from Part 3, col. a) ► **8**	
9	Applicable measure (enter the larger of line 7 or line 8) **9**	
10	Taxable accident and health premiums (from Part 2, line 12) ► $_____ × .02 = ► **10**	
11	Retaliatory computation (from Part 3, col. b) ► **11**	
12	Applicable measure (enter the larger of line 10 or line 11) **12**	
13	Credit recapture (enclose Schedule H-2) ► **13**	
14	Excise due before credits. Add lines 9, 12 and 13 ► **14**	

Credits. Do not claim any credit here if claimed on Form 63-23P.

15	Enter 1.5% of company's capital contribution in excess of the full proportionate share in the Massachusetts life insurance company community investment initiative ► **15**	
16	Enter 1.5% of proportionate share of cost of equity securities and outstanding principal balance of debt securities constituting of qualified investments of Massachusetts Capital Resource Company (enclose computation) ► **16**	
17	Enter 10% of Mass. Life and Health Insurance Guaranty Association assessment paid in the prior years (see instr.) ► **17**	
18	Economic Opportunity Area Credit (enclose Schedule EOAC) ► **18**	
19	Economic Development Incentive Program Credit. Certificate number ► _____ ► **19**	
20	Low-Income Housing Credit. Building Identification number ► _____ ► **20**	
21	Historic Rehabilitation Credit. Certificate number ► _____ ► **21**	
22	Film Incentive Credit. Certificate number ► _____ ► **22**	
23	Medical Device Credit. Certificate number ► _____ ► **23**	
24	Brownfields Credit. Certificate number ► _____ ► **24**	
25	Employer Wellness Program Credit. Certificate number ► _____ ► **25**	
26	Certified Housing Development Credit. Certificate number ► _____ ► **26**	
27	Life Science Company Tax Credit ► **27**	
28	Total credits. Add lines 15 through 27 **28**	

Under 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 attach Mass. Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Make check or money order payable to: **Commonwealth of Massachusetts**. Mail to: **Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204**.

Form code 387 / Tax type 0120

Excise after credits

29	Excise due before voluntary contribution. Subtract line 28 from line 5 or line 14, whichever applies. Not less than "0"	**29**
30	Voluntary contribution for endangered wildlife conservation	▸ **30**
31	Total excise plus voluntary contribution. Add lines 29 and 30	▸ **31**

Payments

32	2013 overpayment applied to 2014 estimated tax	▸ **32**
33	2014 Massachusetts estimated tax payments (do not include amount from line 32)	▸ **33**
34	Payments made with extension	▸ **34**
35	Pass-through entity withholding. Payer Identification number ▸ _____	▸ **35**
36	Refundable Film Credit	▸ **36**
37	Refundable Dairy Credit. Certificate number ▸ _____	▸ **37**
38	Refundable Life Science Credit	▸ **38**
39	Refundable Economic Development Incentive Credit	▸ **39**
40	Refundable Conservation Land Credit. Certificate number ▸ _____	▸ **40**
41	Refundable Community Investment. Certificate number ▸ _____	▸ **41**
42	Total payments. Add lines 32 through 41	**42**

Refund or balance due

43	Amount overpaid. Subtract line 31 from line 42	**43**
44	Amount overpaid to be credited to 2015 estimated tax	▸ **44**
45	Amount overpaid to be refunded. Subtract line 44 from line 43	▸ **45**
46	Balance due. Subtract line 42 from line 31	**46**
47	M-2220 penalty ▸ $ _____; Other penalties ▸ $_____ Total penalty	**47**
48	Interest on unpaid balance	▸ **48**
49	Total payment due at time of filing	▸ **49**

Part 1. Domestic Life Premium Excise Calculation

		– Life insurance –		– Accident and health insurance –	
		a. Massachusetts	b. Jurisdictions where no insurance excise paid	c. Massachusetts	d. Jurisdictions where no insurance excise paid
1	All new and renewal (direct) premiums for Massachusetts residents **1**	▸	▸	▸	▸
2	Dividends applied to:				
a	Purchase paid-up additions **2a**	▸	▸	▸	▸
b	Shorten premium paying period **2b**	▸	▸	▸	▸
3	Total. Add lines 1 through 2b **3**				

Deductions. Include only what has been returned as receipts on this return or on a previous return.

4	Returned premiums but not including cash surrender values (enclose schedule) **4**	▸	▸	▸	▸
5	Premiums for company employees' group life and accident and health plans if included in line 1* **5**	▸	▸	▸	▸
6	Gross premiums for authorized preferred provider arrangements **6**	▸	▸	▸	▸
7	Dividends:				
a	Paid in cash **7a**	▸	▸	▸	▸
b	Applied in reduction of renewal premiums **7b**	▸	▸	▸	▸
c	Left to accumulate at interest **7c**	▸	▸	▸	▸
d	Applied to purchase paid-up additions **7d**	▸	▸	▸	▸
e	Applied to shorten premium paying period **7e**	▸	▸	▸	▸
8	Total deductions. Add lines 4 through 7e **8**				
9	Amount taxable. Subtract line 8 from line 3 **9**				

10	Total life amount taxable. Add line 9, columns a and b	**10**
11	Total accident and health amount taxable. Add line 9, columns c and d	**11**

*Premiums under the company employees' group plans for annuity consideration and retirement benefits shall not be deducted.

Part 2. Foreign Life Premium Excise Calculation

Life Premiums

1	All new and renewal direct premiums for all policies of life insurance allocable to Massachusetts ▸ **1**	
2	Dividends applied to:	
	a Purchase paid-up additions ▸ **2a**	
	b Shorten premium paying period ▸ **2b**	
3	Total gross direct premiums. Add lines 1, 2a and 2b **3**	
4	Returned premiums but not including cash surrender values ▸ **4** Itemized supporting schedule is required as part of line 4.	
5	Dividends:	
	a Paid in cash ▸ **5a**	
	b Applied in reduction of renewal premiums ▸ **5b**	
	c Left to accumulate at interest ▸ **5c**	
	d Applied to purchase paid-up additions ▸ **5d**	
	e Applied to shorten premium paying period ▸ **5e**	
6	Total deductions. Add lines 4 through 5e **6**	
7	Taxable premiums. Subtract line 6 from line 3. Enter the result on page 1, line 7 **7**	

Accident and Health Premiums

8	Total net direct premiums for insurance of property or interests in Massachusetts ▸ **8**	
9	Dividend deduction. Premiums returned or credited to policyholders ▸ **9**	
10	Premium deduction. Gross premiums for authorized Preferred Provider arrangements ▸ **10**	
11	Total deductions. Add lines 9 and 10 **11**	
12	Taxable amount. Subtract line 11 from line 8. Enter the result on page 1, line 10 **12**	

13 Are net direct premiums reported in line 8? ☐ Yes ☐ No

14 Have all dividends claimed as a deduction in line 9 been included as taxable premiums in line 10 on this return or on a previous Massachusetts return? ☐ Yes ☐ No

Part 3. Computation of Retaliatory Tax

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.

a. Life computation	b. Accident and health computation