



Massachusetts Department of Revenue

Form 63-20P

Premium Excise Return for Life Insurance Companies

2015

For calendar year 2015.

Name of company

Federal Identification number

State of incorporation

▶

▶

Mailing address

City/Town

State

Zip

Phone number

Name of treasurer

Fill in if:

☐ Amended return (see "Amended Return" in instructions) ☐ Federal amendment ☐ Federal auditFill in if federal government has changed your taxable income for any prior year which has not yet been reported to Massachusetts ☐**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 Credit Recapture Schedule)	▶			▶	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 lines 7 or 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 lines 10 or 11).	▶			▶	12	
13	Credit recapture (enclose Credit Recapture Schedule).	▶			▶	13	
14	Excise due before credits. Add lines 9, 12 and 13.	▶			▶	14	

Declaration

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)

Date

Social Security number

Phone number

Signature of paid preparer

Date

Employer Identification number

Address

If you are signing as an authorized delegate of the appropriate corporate officer, fill in oval ☐ 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.**



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Excise calculation (cont'd.)**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 Massachusetts Life and Health Insurance Guaranty Association assessment paid in the prior years (see instructions) **▶ 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**

Excise after credits

- 29** Excise due before voluntary contribution. Subtract line 28 from line 6 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**



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Excise calculation (cont'd.)**Payments**

32	2014 overpayment applied to 2015 estimated tax	▶ 32	
33	2015 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 Credit Certificate number ▶	▶ 41	
42	Total payments. Add lines 32 through 41	42	

Refund or balance due

43	Amount overpaid. If line 42 is greater than line 31, subtract line 31 from line 42. Otherwise, go to line 46	43	
44	Amount overpaid to be credited to 2016 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	
47a	M-2220 penalty	▶ 47a	
47b	Other penalties.	▶ 47b	
47	Total penalty. Add lines 47a and 47b.	47	
48	Interest on unpaid balance	▶ 48	
49	Total payment due at time of filing. Add lines 46, 47 and 48	▶ 49	



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Part 1. Domestic life premium excise calculation

	— Life insurance —		— Accident and health insurance —	
	a.	b.	c.	d.
	Massachusetts	Jurisdictions where no insurance excise paid	Massachusetts	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.



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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. Enclose itemized supporting schedule **► 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 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 result on page 1, line 10 **► 12**
- 13** Fill in if net direct premiums are reported in line 8 ☐
- 14** Fill in if all dividends claimed as a deduction in line 9 have been included as taxable premiums in line 10 on this return or on a previous Massachusetts return ☐



State of incorporation

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.

b. Accident and health computation