



Massachusetts Department of Revenue
Form 63-29A
Ocean Marine Profits Tax Return

2016

For calendar year 2016.

Name of company

Federal Identification number

Mailing address

City/Town

State

Zip

Phone number

Name of treasurer

Organized under the laws of

Fill in if:

☐ Amended return (see "Amended Return" in instructions) ☐ Federal amendment ☐ Federal audit

Fill in if federal government has changed your taxable income for any prior year which has not yet been reported to Massachusetts ☐

Profit Schedule

1 Net premiums on marine insurance written in the U.S. during the taxable year, meaning gross premiums less return premiums, premiums on policies not taken and net premiums paid for reinsurance (from Supplementary Schedule, line 5, column d)	▶ 1	
2 Subtract unearned premiums on such marine insurance at end of taxable year	▶ 2	
3 Total	▶ 3	
4 Add unearned premiums on such marine insurance at beginning of year	▶ 4	
5 Net earned premiums on marine insurance for taxable year	▶ 5	
6 Subtract net losses incurred (from Net Loss Schedule, line 9)	▶ 6	
7 Subtract net expenses incurred (from Supplementary Schedule, line 16)	▶ 7	
8 Subtract dividends paid or credited to policyholders (from Dividend Deduction Schedule, line 5)	▶ 8	
9 Balance	9	
10 Subtract federal income tax (from Federal Income Tax Deduction Schedule, line 8)	▶ 10	
11 Balance	11	
12 Add excess of total of lines 7 and 10 over 40% of net premiums (from line 1). Not less than "0"	▶ 12	
13 Net underwriting profit on marine taxable year 2016	▶ 13	

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.**

STAPLE CHECK HERE



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Calculation of Tax

14 Net underwriting profit for year ended December 31, 2016 (from Profit Schedule, line 13)	▶ 14	
15 Net underwriting profit for year ended December 31, 2015	▶ 15	
16 Net underwriting profit for year ended December 31, 2014	▶ 16	
17 Total for three-year period. Add lines 14 through 16	▶ 17	
18 Average. Divide line 17 by 3. Not less than "0"	▶ 18	
19 Massachusetts apportionment percentage (from Apportionment Schedule, line 11)	▶ 19	
20 Amount taxable (apply percentage in line 19 to line 18)	▶ 20	
21 Tax at 5.7%	▶ 21	
22 Credit recapture (enclose Credit Recapture Schedule)	▶ 22	
23 Tax due before credits. Add lines 21 and 22.	▶ 23	
24 Economic Opportunity Area Credit (enclose Schedule EOAC)	▶ 24	
25 Economic Development Incentive Program Credit Certificate number ▶	▶ 25	
26 Low-Income Housing Credit Building Identification number ▶	▶ 26	
27 Brownfields Credit Certificate number ▶	▶ 27	
28 Film Incentive Credit Certificate number ▶	▶ 28	
29 Historic Rehabilitation Credit Certificate number ▶	▶ 29	
30 Medical Device Credit Certificate number ▶	▶ 30	
31 Employer Wellness Program Credit Certificate number ▶	▶ 31	
32 Certified Housing Development Credit Certificate number ▶	▶ 32	
33 Life Science Company Credit	▶ 33	
34 Total credits. Add lines 24 through 33	▶ 34	
35 Excise due before voluntary contribution. Subtract line 34 from line 23. Not less than "0"	▶ 35	
36 Voluntary contribution for endangered wildlife conservation	▶ 36	
37 Excise due plus voluntary contribution. Add lines 35 and 36	▶ 37	
38 2015 overpayment applied to 2016 estimated tax	▶ 38	
39 2016 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 Conservation Land Credit Certificate number ▶	▶ 44	
45 Refundable Community Investment Credit Certificate number ▶	▶ 45	
46 Refundable Economic Development Incentive Credit	▶ 46	
47 Refundable Life Science Credit	▶ 47	
48 Total payments. Add lines 38 through 47	▶ 48	



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Calculation of Tax (cont'd.)

49 Amount overpaid. If line 48 is greater than line 37, subtract line 37 from line 48. Otherwise, go to line 52.	▶ 49	
50 Amount overpaid from line 49 to be credited to 2017 estimated tax.	▶ 50	
51 Amount overpaid to be refunded. Subtract line 50 from line 49	▶ 51	
52 Balance due. Subtract line 48 from line 37	52	
53a M-2220 penalty	▶ 53a	
53b Other penalties.	▶ 53b	
53 Total penalty. Add lines 53a and 53b.	53	
54 Interest on unpaid balance.	▶ 54	
55 Total payment due at time of filing. Add lines 52, 53 and 54.	▶ 55	

Dividend Deduction Schedule

Enter dividends paid or credited to policyholders during taxable year 2016 for United States marine business subject to Section 29A of MGL, Chapter 63.

1 On direct business	1	
2 On reimbursement assumed	2	
3 Total	3	
4 Less dividends received on reinsurance paid	4	
5 Net dividends paid or credited during 2016.	5	

Federal Income Tax Deduction Schedule. Refer to Profit Schedule, line 10.

Fill in if your U.S. corporate income tax has been filed ☐. If Yes, date of filing (mm/dd/yyyy) _____

6 Total amount of federal income tax for business year 2016	6	
Enclose a copy of Form 1120PC, U.S. Corporation Income Tax Return. State the amount of underwriting gain and of investment income that comprise Taxable Income in line 30 of said return. If above date indicates federal return is not yet filed, state that line 6 is estimated. Submit aforementioned copy when available and the recomputation of lines 6 to 8 if necessary.		
7 Percentage of federal income tax attributed to ocean marine business. Not less than "0" (cannot exceed 100%)	7	
8 Federal tax attributed to ocean marine business. Not less than "0"	8	



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Supplementary schedule

	a. Entire business all classes	b. Foreign — all classes line 40(c) ocean marine and 45(d) all others	c. Business within United States all classes subtract col. b from col. a
Premiums written			
1 Direct (net of refunded) 1			
2 Reinsurance assumed (net of returned) 2			
3 Total. Add lines 1 and 2 3			
4 Deduct: reinsurance premiums ceded. 4			
5 Net premiums retained. 5		c _____ d _____	

Losses paid

6 On direct writings (salvage deducted) 6			
7 On reinsurance assumed (salvage deducted). 7			
8 Total. Add lines 6 and 7 8			
9 Deduct: reinsurance recoveries ceded 9			
10 Net losses paid 10		c _____ d _____	

Ocean marine expenses. Col. a should agree with corresponding lines in Insurance Expense Exhibit.

	a. Total ocean marine business	b. Foreign ocean marine business	c. Foreign ocean marine business
	- Paid -	- Incurred -	
11 Loss adjustment expenses 11			
12 Commission and brokerage 12			
13 Other acquisition, field supervision and collection expenses 13			
14 General expenses 14			
15 Taxes, licenses and fees excluding federal income and real estate taxes 15			



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Supplementary schedule (cont'd.)

		- Classification of business within United States -			
		d. Marine	e. Marine, other than	f. All	g. Lines in col. g written
		as per Section 29A	as per Section 29A	other classes	in Massachusetts
Premiums written					
1 Direct (net of refunded)	1				
2 Reinsurance assumed (net of returned)	2				
3 Total. Add lines 1 and 2	3				*a _____ *b _____
4 Deduct premiums on reinsurance ceded	4				
5 Net premiums retained.	5				**

*Show separation into (a) authorized and (b) unauthorized reinsurance.

**Reconciliation of line 5, col. g with annual statement, page 14. Show pools, exchange, treaties and the amounts assumed and ceded through each.

Losses paid

6 On direct writings (salvage deducted)	6				
7 On reinsurance assumed (salvage deducted)	7				
8 Total. Add lines 6 and 7	8				
9 Deduct recoveries on reinsurance ceded	9				
10 Net losses paid	10				

Ocean marine expenses. Col. a should agree with corresponding lines in Insurance Expense Exhibit.

		- Incurred -
		d. Ocean marine business within United States
11 Loss adjustment expenses	11	
12 Commission and brokerage	12	
13 Other acquisition, field supervision and collection expenses	13	
14 General expenses	14	
15 Taxes, licenses and fees excluding federal income and real estate taxes.	15	
16 Net United States ocean marine expenses incurred. Add lines 11d through 15d. Enter here and in Profit Schedule, line 7	16	



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Net Loss Schedule. The standard cut-off date for lines 1 to 8 is December 31, 1944.

- 1** Payments during the taxable year on marine losses (salvage deducted) incurred since December 31, 1944, less recoveries on reinsurance on losses incurred since December 31, 1944 **1**
- 2** Add reinsurance recoverable December 31 of previous year on paid marine losses incurred since December 31, 1944. . **2**
- 3** Total. Add lines 1 and 2 **3**
- 4** Deduct reinsurance recoverable December 31 of taxable year on paid marine losses incurred since December 31, 1944 **4**
- 5** Balance. Subtract line 4 from line 3. **5**
- 6** Add net amount unpaid December 31 of taxable year on marine losses incurred since December 31, 1944 (net as to recoveries on reinsurance ceded) **6**
- 7** Total. Add lines 5 and 6 **7**
- 8** Deduct net amount unpaid December 31 of previous year on marine losses incurred since December 31, 1944 (net as to recoveries on reinsurance ceded) **8**
- 9** Net losses incurred during taxable year of 2016. **9**

Apportionment Schedule

Net premiums means direct premiums plus reinsurance assumed, both net of returned premiums, and less net reinsurance premiums ceded.

- 1** Net premiums on marine business written in United States in 2016 (from Supplementary Schedule, line 5, col. d) **1**
- 2** Net premiums on marine business written in United States in 2015 **2**
- 3** Net premiums on marine business written in United States in 2014 **3**
- 4** Total for three-year period. Add lines 1 through 3 **4**
- 5** Average. Divide line 4 by 3. Not less than "0". **5**
- 6** Net premiums on marine business written in Massachusetts in 2016 (from Supplementary Schedule, line 5, col. g) . . . **6**
- 7** Net premiums on marine business written in Massachusetts in 2015 **7**
- 8** Net premiums on marine business written in Massachusetts in 2014 **8**
- 9** Total for three-year period. Add lines 6 through 8 **9**
- 10** Average. Divide line 9 by 3. Not less than "0". **10**
- 11** Massachusetts apportionment percentage. Divide line 10 by line 5. Carry decimal to six places **11**