



Massachusetts Department of Revenue

Form 63-23P

Premium Excise Return for Insurance Companies

2019

For calendar year 2019.

Name of company

Federal Identification number

State of incorporation

Mailing address

City/Town

State

Zip

Phone number

Name of treasurer

Domestic insurers, check applicable gross investment income tax rate (for line 2)

☐ .01 ☐ .008 ☐ .006 ☐ .004 ☐ .002 ☐ .000

Fill in if:

- ☐ Amended return (see "Amended Return" in instructions) ☐ Federal amendment ☐ Federal audit
☐ Enclosing Schedule TDS ☐ Final return ☐ Initial return ☐ Name change ☐ Address change

Fill in if federal government has changed your taxable income for any prior year which has not yet been reported to Massachusetts ☐**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 from above = 2
3 FAIR Plan disbursement received. 3
4 Credit recapture (enclose Credit Recapture Schedule) 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 Credit Recapture Schedule) 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

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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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 Credit Recapture Schedule) and/or additional tax on installment sales (see instructions). . . . **19**
- 20** Excise due before credits. Add lines 18 and 19. **20**

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** Other credits (from Credit Manager Schedule). **25**
- 26** Total credits. Add lines 23 through 25. **26**

Excise after credits

- 27** Excise due before voluntary contribution. Subtract line 26 from line 5, 14 or 20, whichever is applicable. Not less than 0. **27**
- 28** Voluntary contribution for endangered wildlife conservation **28**
- 29** Total excise plus voluntary contribution. Add lines 27 and 28. **29**

Payments

- 30** 2018 overpayment applied to 2019 estimated tax. **30**
- 31** 2019 Massachusetts estimated tax payments (do not include amount from line 30) **31**
- 32** Payments made with extension. **32**
- 33** Payment with original return. Use only if amending return. **33**
- 34** Pass-through entity withholding. Payer Identification number **34**
- 35** Refundable credits (from Credit Manager Schedule). **35**
- 36** Total payments. Add lines 30 through 35. **36**



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Refund or balance due

37 Amount overpaid. If line 36 is greater than line 29, subtract line 29 from line 36. Otherwise, go to line 40.	37	
38 Amount overpaid to be credited to 2020 estimated tax	38	
39 Amount overpaid to be refunded. Subtract line 38 from line 37.	39	
40 Balance due. Subtract line 36 from line 29.	40	
41a M-2220 penalty.	41a	
41b Other penalties.	41b	
41 Total penalty. Add lines 41a and 41b.	41	
42 Interest on unpaid balance.	42	
43 Total payment due at time of filing. Add lines 40, 41 and 42.	43	



State of incorporation

1 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**