



# Schedule U-INS

## Payment to Insurance Companies Under Common Ownership

**2020**  
**Massachusetts**  
**Department of**  
**Revenue**

For calendar year 2020 or taxable period beginning	2020 and ending
Name of member ▶	Federal Identification number ▶
Name of insurance affiliate ▶	Federal Identification number, if applicable ▶
Name of principal reporting corporation ▶	Federal Identification number ▶
Type of U.S. tax return filed by the insurance affiliate, if any <input type="checkbox"/> 1120 <input type="checkbox"/> 1120F <input type="checkbox"/> Filed other <input type="checkbox"/> Did not file	Type of Massachusetts tax return filed, if any <input type="checkbox"/> 63-20P <input type="checkbox"/> 63-23P <input type="checkbox"/> Filed other <input type="checkbox"/> Did not file

<b>1</b> Amount deducted for premiums paid directly or indirectly to insurance affiliate . . . . . ▶	<b>1</b>	
<b>2</b> Deductions for all other amounts paid directly or indirectly to insurance affiliate . . . . . ▶	<b>2</b>	