

CAUTION:

This tax return must
be filed electronically.

Paper versions of this return
will not be accepted.

If you have questions about filing electronically,
contact us at 617-887-6367.

See <https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements> for further information about our electronic filing and payment requirements.



Massachusetts Department of Revenue

Form 63-20P

Premium Excise Return for Life Insurance Companies

2022

For calendar year 2022.

Name of company Federal Identification number State of incorporation

Mailing address

City/Town State Zip Phone number

Name of treasurer

Number of employees in Massachusetts Number of employees worldwide

Fill in if:

- Initial return, Final return, Name change, Address change, Amended return (see instructions), Amended return due to federal change, Amended return due to federal audit, Amended return due to IRS BBA Partnership Audit, Enclosing Schedule DRE, Enclosing Schedule FCI, Enclosing Schedule TDS

Fill 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.

Table with 6 rows for domestic life insurers: 1 Taxable life premiums, 2 Net value of policies, 3 Applicable measure, 4 Taxable accident and health premiums, 5 Credit recapture, 6 Excise due before credits.

Foreign life insurers. Enclose a copy of Schedule T of NAIC annual statement.

Table with 7 rows for foreign life insurers: 7 Taxable life premiums, 8 Retaliatory computation, 9 Applicable measure, 10 Taxable accident and health premiums, 11 Retaliatory computation, 12 Applicable measure, 13 Credit recapture, 14 Excise due before credits.

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 Phone number

Signature of paid preparer Date PTIN/ 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.



Name of company

Federal Identification number

State of incorporation

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** Other credits (from Credit Manager Schedule) **18**
- 19** Total credits. Add lines 15 through 18 **19**

Excise after credits

- 20** Excise due before voluntary contribution. Subtract line 19 from line 6 or line 14, whichever applies. Not less than 0 **20**
- 21** Voluntary contribution for endangered wildlife conservation **21**
- 22** Total excise plus voluntary contribution. Add lines 20 and 21 **22**

Payments

- 23** 2021 overpayment applied to 2022 estimated tax **23**
- 24** 2022 Massachusetts estimated tax payments (do not include amount from line 23) **24**
- 25** Payments made with extension **25**
- 26** Payment with original return. Use only if amending return **26**
- 27** Pass-through entity withholding. Payer Identification number ▶ **27**
- 28** Refundable credits (from Credit Manager Schedule) **28**
- 29** Total payments. Add lines 23 through 28 **29**

Refund or balance due

- 30** Amount overpaid. If line 29 is greater than line 22, subtract line 22 from line 29. Otherwise, go to line 33 **30**
- 31** Amount overpaid to be credited to 2023 estimated tax **31**
- 32** Amount overpaid to be refunded. Subtract line 31 from line 30 **32**
- 33** Balance due. Subtract line 29 from line 22 **33**
- 34a** M-2220 penalty **34a**
- 34b** Other penalties **34b**
- 34** Total penalties. Add lines 34a and 34b **34**
- 35** Interest on unpaid balance **35**
- 36** Total payment due at time of filing. Add lines 33, 34 and 35 **36**

E-File Only
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See TIRS 16-9 and 21-9 for more information.



Name of company Federal Identification number State of incorporation

Part 1. Domestic life premium excise calculation

Table with 4 columns: a. Massachusetts, b. Jurisdictions where no insurance excise paid, c. Massachusetts, d. Jurisdictions where no insurance excise paid. Rows include: 1 All new and renewal (direct) premiums for Massachusetts residents, 2 Dividends applied to: a Purchase paid-up additions, b Shorten premium paying period, 3 Total add lines 1 through 2b.

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

Table with 4 columns (a-d) for deductions. Rows include: 4 Returned premiums but not including cash surrender values, 5 Premiums for company employees' group life and accident and health plans, 6 Gross premiums for authorized preferred provider arrangements, 7 Dividends: a Paid in cash, b Applied in reduction of renewal premiums, c Left to accumulate at interest, d Applied to purchase paid-up additions, e Applied to shorten premium paying period, 8 Total deductions. Add lines 4 through 7e, 9 Amount taxable. Subtract line 8 from line 3, 10 Total life amount taxable. Add line 9, columns a and b, 11 Total accident and health amount taxable. Add line 9, columns c and d.

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

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Name of company

Federal Identification number

State of incorporation

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

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