

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 63-23P

Premium Excise Return for Insurance Companies

2025

For calendar year 2025.

| | | | | | | | | | | | |
|--------------------------------------|---|----------------------------|--------------|----------------------------|--|----------------------------|--|----------------------------|--|----------------------------|--|
| 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) | | | | | | | | | | |
| <input type="radio"/> .01 | | <input type="radio"/> .008 | | <input type="radio"/> .006 | | <input type="radio"/> .004 | | <input type="radio"/> .002 | | <input type="radio"/> .000 | |
| 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 **Domestic casualty insurers.** Enclose a copy of Schedule T of NAIC annual statement.

| | | | | | | |
|--|----------------------|------------------------------|---|---|----------------------|----------------------|
| 1 Taxable premiums (from Part 1, line 5, col. c) | <input type="text"/> | × .0228 | = | 1 | <input type="text"/> | |
| 2 Gross investment income (from Part 2, line 10) | <input type="text"/> | × applicable rate from above | = | 2 | <input type="text"/> | |
| 3 FAIR Plan disbursement received | | | | | 3 | <input type="text"/> |
| 4 Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales (see instructions) | | | | | 4 | <input type="text"/> |
| 5 Excise due before credits. Add lines 1 through 4 | | | | | 5 | <input type="text"/> |

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 | <input type="text"/> |
| 7 Other premiums, including FAIR Plan premiums | 7 | <input type="text"/> |
| 8 Total premiums. Add lines 6 and 7 | 8 | <input type="text"/> |
| 9 Dividend deduction. Premiums returned or credited to policyholders | 9 | <input type="text"/> |
| 10 Taxable premiums. Subtract line 9 from line 8 | 10 | <input type="text"/> |
| 11 Tax calculation. Multiply line 10 by .0228 | 11 | <input type="text"/> |
| 12 Tax computed under retaliatory provisions (enter full amount from Part 3, line 1) | 12 | <input type="text"/> |
| 13 Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales (see instructions) | 13 | <input type="text"/> |
| 14 Excise due before credits. Enter the larger of line 11 plus line 13 or line 12 plus line 13 | 14 | <input type="text"/> |

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 | PTIN/ Employer Identification number | Phone number |
| Signature of paid preparer | Date | Fill in if DOR may discuss this return with the paid preparer <input type="radio"/> | Address |



Name of company

Federal Identification number

State of incorporation

Preferred provider arrangements

| | | | |
|----|--|----|----------------------|
| 15 | Gross premiums received for coverage of covered persons residing in Massachusetts (premiums for Medicare supplemental coverage are excludable) | 15 | <input type="text"/> |
| 16 | Premiums returned or credited to policyholders | 16 | <input type="text"/> |
| 17 | Taxable amount. Subtract line 16 from line 15 | 17 | <input type="text"/> |
| 18 | Tax calculation. Multiply line 17 by .0228 | 18 | <input type="text"/> |
| 19 | Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales (see instructions) | 19 | <input type="text"/> |
| 20 | Excise due before credits. Add lines 18 and 19 | 20 | <input type="text"/> |

Credits. Do not claim any credit here if claimed on Form 63-29A.

| | | | |
|----|--|----|----------------------|
| 21 | Domestic casualty insurers only. Retaliatory surtax credit (see instructions) | 21 | <input type="text"/> |
| 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 | <input type="text"/> |
| 23 | Credit against premium excise. Add lines 21 and 22. Enter total here, but do not exceed the amount in line 1 | 23 | <input type="text"/> |
| 24 | Enter 10% of Massachusetts Life and Health Insurance Guaranty Association assessment paid previously | 24 | <input type="text"/> |
| 25 | Other credits (from Credit Manager Schedule) | 25 | <input type="text"/> |
| 26 | Total credits. Add lines 23 through 25 | 26 | <input type="text"/> |

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 | <input type="text"/> |
| 28 | Voluntary contribution for endangered wildlife conservation | 28 | <input type="text"/> |
| 29 | Total excise plus voluntary contribution. Add lines 27 and 28 | 29 | <input type="text"/> |

Payments

| | | | |
|----|--|----|----------------------|
| 30 | Overpayment of tax from prior year applied to this year's estimated tax | 30 | <input type="text"/> |
| 31 | Massachusetts estimated tax payments (do not include amount from line 30) | 31 | <input type="text"/> |
| 32 | Payments made with extension | 32 | <input type="text"/> |
| 33 | Payment with original return. Use only if amending return | 33 | <input type="text"/> |
| 34 | Corporate excise withheld. (Enter amount from Schedule 63-WH, line 14. See instructions) | 34 | <input type="text"/> |
| 35 | Refundable credits (from Credit Manager Schedule) | 35 | <input type="text"/> |
| 36 | Total payments. Add lines 30 through 35 | 36 | <input type="text"/> |

See TIRs 16-9 and 21-9 for more information.
Efile Only
Paper returns will not be accepted.



Name of company

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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 | <input type="text"/> |
| 38 | Amount overpaid to be credited to next year..... | 38 | <input type="text"/> |
| 39 | Amount overpaid to be refunded. Subtract line 38 from line 37 | 39 | <input type="text"/> |
| 40 | Balance due. Subtract line 36 from line 29 | 40 | <input type="text"/> |
| 41a | M-2220 penalty | 41a | <input type="text"/> |
| 41b | Other penalties..... | 41b | <input type="text"/> |
| 41 | Total penalties. Add lines 41a and 41b | 41 | <input type="text"/> |
| 42 | Interest on unpaid balance | 42 | <input type="text"/> |
| 43 | Total payment due at time of filing. Add lines 40, 41 and 42..... | 43 | <input type="text"/> |

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See TIRs 16-9 and 21-9 for more information.



Name of company

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Part 1. Premium excise. Domestic casualty insurers only must complete this schedule.

1 Total of all net direct premiums 1

2 Net direct premiums for insurance of property or interests in other states or countries where a tax is actually paid by said company or its agents (Supporting schedule is required showing by states the total business written. Copy of Schedule T is accepted, if admitted states are designated.) 2

| | a. Massachusetts | b. States or countries in which company pays no tax | c. Total add col's. a and b |
|--|----------------------|---|-----------------------------------|
| 3 Total net direct premiums subject to tax. Subtract line 2 from line 1 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 Premiums returned or credited to policyholders 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 Taxable premiums. Subtract line 4 from line 3. Enter the amount in line 1, column 5c on page 1 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Fill in if net direct premiums are reported in line 1 and 2. <input type="radio"/> If No, explain _____ | | | |
| 7 Fill in if all dividends claimed as a deduction in line 4 have been included as taxable premiums on this return or on a previous Massachusetts return. <input type="radio"/> If No, explain _____ | | | |

Part 2. Gross investment income. Domestic casualty insurers only must complete this schedule.

From Exhibit of Net Investment Income.

1 Interest on bonds 1

2 Dividends on preferred stocks 2

3 Dividends on common stocks 3

4 Interest on mortgage loans 4

5 Real estate income 5

6 Interest on collateral loans 6

7 Cash on deposit 7

8 Other invested assets (describe)
a. 8a
b. 8b
c. 8c

9 Total invested assets. Add lines 8a through 8c 9

10 Gross investment income. Add lines 1 through 7 and line 9. Enter here and on page 1, line 2 10

Part 3. Computation on retaliatory tax. Foreign casualty insurers only must complete this schedule.

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

See TIRS 16-9 and 21-9 for more information.
