

# 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 63-29A  
Ocean Marine Profits Tax Return

2025

For calendar year 2025.

Name of company

Federal Identification number

Mailing address

City/Town

State

Zip

Phone number

Name of treasurer

Organized under the laws of

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 ☐

**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 2025	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

PTIN/ Employer Identification number

Phone number

Signature of paid preparer

Date

Fill in if DOR may discuss this  
return with the paid preparer ☐

Address



Name of company

Federal Identification number

**Excise calculation** (cont'd.)

<b>14</b> Net underwriting profit for year ended December 31, 2025 (from Profit Schedule, line 13)	<b>14</b>	<input type="text"/>
<b>15</b> Net underwriting profit for year ended December 31, 2024	<b>15</b>	<input type="text"/>
<b>16</b> Net underwriting profit for year ended December 31, 2023	<b>16</b>	<input type="text"/>
<b>17</b> Total for three-year period. Add lines 14 through 16	<b>17</b>	<input type="text"/>
<b>18</b> Average. Divide line 17 by 3. Not less than 0	<b>18</b>	<input type="text"/>
<b>19</b> Massachusetts apportionment percentage (from Apportionment Schedule, line 11)	<b>19</b>	<input type="text"/>
<b>20</b> Amount taxable (apply percentage in line 19 to line 18)	<b>20</b>	<input type="text"/>
<b>21</b> Tax at 5.7%	<b>21</b>	<input type="text"/>
<b>22</b> Credit recapture (enclose Credit Recapture Schedule)	<b>22</b>	<input type="text"/>
<b>23</b> Tax due before credits. Add lines 21 and 22	<b>23</b>	<input type="text"/>
<b>24</b> Total credits (from Credit Manager Schedule)	<b>24</b>	<input type="text"/>
<b>25</b> Excise due before voluntary contribution. Subtract line 24 from line 23. Not less than 0	<b>25</b>	<input type="text"/>
<b>26</b> Voluntary contribution for endangered wildlife conservation	<b>26</b>	<input type="text"/>
<b>27</b> Excise due plus voluntary contribution. Add lines 25 and 26	<b>27</b>	<input type="text"/>
<b>28</b> Overpayment of tax from prior year applied to this year's estimated tax	<b>28</b>	<input type="text"/>
<b>29</b> Massachusetts estimated tax payments. Do not include amount from line 28	<b>29</b>	<input type="text"/>
<b>30</b> Payments made with extension	<b>30</b>	<input type="text"/>
<b>31</b> Payment with original return. Use only if amending return	<b>31</b>	<input type="text"/>
<b>32</b> Corporate excise withheld. (Enter amount from Schedule 63-WH, line 14. See instructions)	<b>32</b>	<input type="text"/>
<b>33</b> Refundable credits (from Credit Manager Schedule)	<b>33</b>	<input type="text"/>
<b>34</b> Total payments. Add lines 28 through 33	<b>34</b>	<input type="text"/>
<b>35</b> Amount overpaid. If line 34 is greater than line 27, subtract line 27 from line 34. Otherwise, go to line 38	<b>35</b>	<input type="text"/>
<b>36</b> Amount overpaid to be credited to next year	<b>36</b>	<input type="text"/>
<b>37</b> Amount overpaid to be refunded. Subtract line 36 from line 35	<b>37</b>	<input type="text"/>
<b>38</b> Balance due. Subtract line 34 from line 27	<b>38</b>	<input type="text"/>
<b>39a</b> M-2220 penalty	<b>39a</b>	<input type="text"/>
<b>39b</b> Other penalties	<b>39b</b>	<input type="text"/>
<b>39</b> Total penalties. Add lines 39a and 39b	<b>39</b>	<input type="text"/>
<b>40</b> Interest on unpaid balance	<b>40</b>	<input type="text"/>
<b>41</b> Total payment due at time of filing. Add lines 38, 39 and 40	<b>41</b>	<input type="text"/>



Name of company

Federal Identification number

Dividend Deduction Schedule

Enter dividends paid or credited to policyholders during taxable year 2025 for U.S. 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 2025

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 2025

6

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

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



Name of company

Federal Identification number

**Supplementary Schedule****Premiums written**

	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
<b>1</b> Direct (net of refunded) . . . . . <b>1</b>			
<b>2</b> Reinsurance assumed (net of returned) . . . . . <b>2</b>			
<b>3</b> Total. Add lines 1 and 2. . . . . <b>3</b>			
<b>4</b> Deduct: reinsurance premiums ceded . . . . . <b>4</b>			
<b>5</b> Net premiums retained . . . . . <b>5</b>		c _____ d _____	

**Losses paid**

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

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

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



Name of company

Federal Identification number

Supplementary Schedule (cont'd.)

		– Classification of business within United States –			g. Lines in col. g written in Massachusetts
		d. Marine as per Section 29A	e. Marine, other than as per Section 29A	f. All other classes	
<b>Premiums written</b>					
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	



Name of company

Federal Identification number

**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 | <input type="text"/> |
| 2 | Add reinsurance recoverable December 31 of previous year on paid marine losses incurred since December 31, 1944 . . . . .  | 2 | <input type="text"/> |
| 3 | Total. Add lines 1 and 2 . . . . .   | 3 | <input type="text"/> |
| 4 | Deduct reinsurance recoverable December 31 of taxable year on paid marine losses incurred since December 31, 1944 . . . . .  | 4 | <input type="text"/> |
| 5 | Balance. Subtract line 4 from line 3 . . . . .   | 5 | <input type="text"/> |
| 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 | <input type="text"/> |
| 7 | Total. Add lines 5 and 6 . . . . .   | 7 | <input type="text"/> |
| 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 | <input type="text"/> |
| 9 | Net losses incurred during taxable year of 2025 . . . . .  | 9 | <input type="text"/> |

**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 2025 (from Supplementary Schedule, line 5, col. d) . . . . . | 1  | <input type="text"/> |
| 2  | Net premiums on marine business written in United States in 2024 . . . . .   | 2  | <input type="text"/> |
| 3  | Net premiums on marine business written in United States in 2023 . . . . .   | 3  | <input type="text"/> |
| 4  | Total for three-year period. Add lines 1 through 3 . . . . .   | 4  | <input type="text"/> |
| 5  | Average. Divide line 4 by 3. Not less than 0. . . . .  | 5  | <input type="text"/> |
| 6  | Net premiums on marine business written in Massachusetts in 2025 (from Supplementary Schedule, line 5, col. g) . . . . . | 6  | <input type="text"/> |
| 7  | Net premiums on marine business written in Massachusetts in 2024 . . . . .   | 7  | <input type="text"/> |
| 8  | Net premiums on marine business written in Massachusetts in 2023 . . . . .   | 8  | <input type="text"/> |
| 9  | Total for three-year period. Add lines 6 through 8 . . . . .   | 9  | <input type="text"/> |
| 10 | Average. Divide line 9 by 3. Not less than 0. . . . .  | 10 | <input type="text"/> |
| 11 | Massachusetts apportionment percentage. Divide line 10 by line 5. Carry decimal to six places . . . . .                  | 11 | <input type="text"/> |