



FORM INS-4
2007

MAINE REVENUE SERVICES
INSURANCE PREMIUMS TAX RETURN



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MRS Insurance Account Number _____	NAIC Company Code _____	Period Covered January 1- December 31, 2007	Due Date March 15, 2008
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Name/Address:

Business Name (Line 1) _____

Business Name (Line 2) _____

Street Address and/or Post Office Box _____

City _____ State _____ ZIP Code _____

- CHECK ALL THAT APPLY:*
- Initial return
 - Amended return
 - Final return
 - Risk Retention Group
 - Domiciled in Maine
 - Change of name/address

Enter total assets reported on annual statement: \$ _____, _____, _____, _____**.00**

Part A – Maine Tax Computation

Premiums:

1a. Accident and Health Premiums.....	1a.	_____	,	_____	,	_____	.00
1b. Life Premiums	1b.	_____	,	_____	,	_____	.00
1c. Property and Casualty Premiums (other than Workers' Compensation Premiums)	1c.	_____	,	_____	,	_____	.00
1d. Workers' Compensation Premiums.....	1d.	_____	,	_____	,	_____	.00
1e. Title Insurance Premiums	1e.	_____	,	_____	,	_____	.00
1f. Total Gross Direct Premiums (Add lines 1a through 1e)	1f.	_____	,	_____	,	_____	.00
1g. Annuity Considerations received this tax year (See Instructions).....	1g.	_____	,	_____	,	_____	.00
1h. Annuity Considerations received prior to January 1, 1999 taxable this year (See Instructions).....	1h.	_____	,	_____	,	_____	.00
1i. Total Annuity Considerations (Add lines 1g and 1h).....	1i.	_____	,	_____	,	_____	.00
1j. Total Premiums (Add lines 1f and 1i)	1j.	_____	,	_____	,	_____	.00

Deductions:

2. Direct return premiums or deposits thereon (Schedule 1, line 1, column H)	2.	_____	,	_____	,	_____	.00
3. Dividends paid, credited or allowed on direct premiums (Schedule 1, line 2, column H)	3.	_____	,	_____	,	_____	.00
4. Premiums exempt under <u>qualified</u> pension plans (Schedule 1, line 3, column H).....	4.	_____	,	_____	,	_____	.00
5. Other Deductions (Schedule 1, line 4, column H).....	5.	_____	,	_____	,	_____	.00
6. Total Deductions (Add lines 2, 3, 4 and 5. Total should equal Schedule 1, line 5, column H)	6.	_____	,	_____	,	_____	.00

Tax :

7. Total net taxable premiums (Line 1j minus line 6).....	7.	_____	,	_____	,	_____	
8. Net premiums on qualified group disability policies written by large domestic insurer taxable at 2.55%	8a.	_____	,	_____	,	_____	X 2.55%.. 8b. _____, _____, _____ .00
9. Net premiums on qualified group disability & certified long-term care policies taxable at 1%	9a.	_____	,	_____	,	_____	X 1.00%.. 9b. _____, _____, _____ .00
10. Net premiums taxable at 2% (Line 7 less Lines 8a and 9a)	10a.	_____	,	_____	,	_____	X 2.00% .10b. _____, _____, _____ .00
11. Total Tax (Total of lines 8b, 9b and 10b. Cannot be less than zero.).....	11.	\$ _____	,	_____	,	_____	.00

2007

INSURANCE PREMIUMS TAX RETURN



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0730001

MRS Insurance Account Number

Part B - Retaliatory Tax Computation

Enter the United States Postal Service two letter state abbreviation for your state of incorporation:

Table with 5 rows: 12. Gross Premiums, 13. Allowable Deductions, 14. Net Taxable Premiums, 15. Premium Tax on basis of state of incorporation. Each row has input fields and a .00 value.

Part C - Tax Due

Table with 4 rows: 16. Enter the greater of Part A, line 11 or Part B, line 15; 17. Less: Estimated Payments; 18. Tax Credits; 19. Balance Due. Each row has input fields and a .00 value.

Note: Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See Maine Rule 102 on the MRS web site (select Laws & Rules) for details.

Table with 3 rows: 20. Overpayment; 21a. Portion of overpayment on line 20 to be APPLIED to next year's ESTIMATED tax; 21b. Portion of overpayment on line 20 to be REFUNDED. Each row has input fields and a .00 value.

2008 Quarterly Estimated Tax

The 2008 quarterly tax payments may be on an estimated basis, as long as the April 30 and June 25 installments each equal at least 35% of the total tax liability for 2007 or 35% of the total tax liability for 2008.

Affidavit and Signature

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Date Signature Title

Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-fact of a Reciprocal Insurer.

Contact Person Phone #

Date Preparer's Signature Preparer's ID Number

Important Note: Your return must include required attachments. See page 3 of the instructions for more information.

I prepare my return electronically or my return is prepared by a tax preparer and I do not need Maine tax forms mailed to me next year.



Make check payable to: Treasurer, State of Maine
Send check and return to: Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120

Office use only

**SCHEDULE 1
DEDUCTIONS BY PREMIUM TYPE**

For Form INS-4, Part A, lines 2 - 6

Taxpayer Name _____ MRS Insurance Account Number _____ Tax Year **2007**

	Column A Accident & Health	Column B Life	Column C Front End Annuity Considerations	Column D Property & Casualty (Exclude Title & Workers Comp)	Column E Title	Column F Workers Comp	Column G Other	Column H Totals
1. Direct Return Premiums								
2.* Dividends Paid								
3.* Qualified Pension Plans								
4.* Other Deductions								
5. Totals								

* Lines 2 through 4 do not apply to Risk Retention Groups.

Enter line 1, column H amount on Form INS-4, line 2.
 Enter line 2, column H amount on Form INS-4, line 3.
 Enter line 3, column H amount on Form INS-4, line 4.
 Enter line 4, column H amount on Form INS-4, line 5. Attach documentation to support amount claimed.

**SCHEDULE 2
RETALIATORY TAX**

For Form INS-4, Part B

Note: This schedule must be completed by all insurers not incorporated in Maine. All amounts must be in U.S. dollars.

	Column A Accident & Health	Column B Life	Column C Annuity	Column D Property & Casualty (Excludes Title)	Column E Title	Column F Workers Comp	Column G Other	Column H Totals
1. Gross Premiums								
2. Allowable Deductions								
3. Net Taxable Premiums								
4. Tax Rate - State of Incorporation								
5.* Annual Tax Due								

* If minimum tax applies, enter minimum tax. Do not include fees. (See Schedule 2 Instructions)

Enter line 1, column H amount on Form INS-4, line 12.
 Enter line 2, column H amount on Form INS-4, line 13. Attach documentation to support amount claimed.
 Enter line 3, column H amount on Form INS-4, line 14.
 Enter line 5, column H amount on Form INS-4, line 15.

