



MISSOURI INSURANCE TAXES FOR CALENDAR YEAR 2017  
DUE MARCH 1, 2018

**CASUALTY INSURANCE COMPANIES**

MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
P.O. BOX 690  
JEFFERSON CITY, MISSOURI 65102-0690

NAME OF COMPANY		
MAILING ADDRESS		
PREMIUM TAX CONTACT PERSON	TELEPHONE NUMBER	E-MAIL ADDRESS
STATE OF INCORPORATION	NAIC NUMBER (GROUP-COMPANY)	IS YOUR COMPANY PART OF A HOLDING COMPANY SYSTEM?

**INSTRUCTIONS**

Tax returns are due March 1. No authority exists for granting extensions of time for filing the annual premium tax return, or for making payment of any of the quarterly tax assessments. Only one copy of the return needs to be filed with the Missouri Department of Insurance, Financial Institutions and Professional Registration at P.O. Box 690, Jefferson City, MO 65102-0690. Overnight deliveries should be sent to 301 West High Street, Room 530, Jefferson City, MO 65101. Be sure you have included your 9-digit NAIC number on the premium tax return. To ensure that your tax return and supporting documentation remains together through mailing and processing, please securely staple or binder clip the documentation. **DO NOT file a copy of this return with the Missouri Department of Revenue.**

**DO NOT send payment with this tax return.** If your company writes workers' compensation premium, you will receive two assessments per quarter - one for premium and retaliatory tax, and one for workers' compensation administrative tax. The March 1 quarterly payment for 2018 should be sent to the Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898 along with copies of your completed March assessment forms. A blank copy of the March assessment form will be sent electronically to your company in December. The June 1, September 1, and December 1 assessments will be sent to you electronically at least a month before the due date. The 2017 annual tax reconciling payment will be included on your June 2018 assessments. **DO NOT make a payment of the remainder of your 2017 annual tax until you receive the June 2018 assessments. Only use the quarterly assessment forms that are provided by the State of Missouri.**

Claims for refund of tax overpayment must be filed with the Missouri Department of Revenue pursuant to 136.035 RSMo.

See page 10 of this return for a checklist of necessary items to be included with this return. For frequently asked questions or forms, go to our website at [www.insurance.mo.gov](http://www.insurance.mo.gov); see Industry/Forms/Tax Forms. If you have any questions concerning this premium tax return, please call 573-526-4986 or 573-751-1929.

**THE FOLLOWING SECTION IS REQUIRED TO BE COMPLETED AND NOTARIZED**

NAME OF PRESIDENT	NAME OF SECRETARY

being duly sworn, on oath say that they are the PRESIDENT and the SECRETARY, respectively of the \_\_\_\_\_ and that the attached is a true, full and correct statement of Missouri direct premiums received during the year of 2017 and include all policies and premiums wherever written covering property and interest in the State of Missouri without deductions except as therein set forth and the amount of all taxes, license fees, assessments and all other obligations due and/or paid to the respective states, and of Missouri credits for the stated year.

SIGNATURE OF PRESIDENT	SIGNATURE OF SECRETARY
▶	▶

COUNTY (OR CITY OF ST. LOUIS)	STATE OF	NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS		
DAY OF		YEAR
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

**PREMIUM TAX - CHAPTER 148**

Report for purposes of taxation, all Missouri direct premium received, whether in cash or in notes, during the year ending on the 31st day of December. Include all so-called premium deposits, membership fees, and service and finance charges. Commissions retained by agents shall also be included with your direct premium written.

**1. Total Direct Premiums to Agree with Missouri Page (Page 19 of Annual Statement)**

- (148.370 RSMo) ..... \$ \_\_\_\_\_
- a. Plus Finance, Service or Other Carrying Charges (148.370 RSMo) ..... \$ \_\_\_\_\_
- b. Less Workers' Compensation Premium (Do not include excess WC) (287.690.1 RSMo) . \$ \_\_\_\_\_
- c. Less Dividends Paid or Credited (Do not include dividends paid to WC) (148.390 RSMo) \$ \_\_\_\_\_
- d. Less Health Ins. Benefits (Complete Group Accid. & Hlth Loss Report on pg. 8)  
(148.390.2 RSMo) ..... \$ \_\_\_\_\_
- e. Less Federally Reinsured Multiple Peril Crop Insurance (7 U.S.C. 1511) ..... \$ \_\_\_\_\_
- f. Less Title XVIII Medicare Premiums (42 C.F.R. 422.404, etc.) ..... \$ \_\_\_\_\_

**2. Net Premiums Subject to Taxation** ..... \$ \_\_\_\_\_

**3. 2% Tax on Net Premiums (Line 2 times 2%)** (148.370 RSMo) ..... \$ \_\_\_\_\_

**4. Net Tax to be Carried Forward to Line 15, Page 4 (Same as Line 3)** ..... \$ \_\_\_\_\_

**5. Credits Allowed**

	Total Credit Available For Current Year	Amount Deducted On This Return
Income Tax (148.400 RSMo) .....		\$ _____
Franchise Tax (148.400 RSMo) .....		\$ _____
2017 Examination Fees (148.400 RSMo) .....	\$ _____	\$ _____
Registration Fees - Paid in 2017 (148.400 RSMo) .....		\$ _____
MO Health Insurance Pool (376.975 RSMo) .....	\$ _____	\$ _____
Examination Fee Carryover 2012-2016 (148.400 RSMo) . . . .	\$ _____	\$ _____
Medical Malpractice Joint Underwriting Assn. (383.160 RSMo) . . . .		\$ _____
Personal Property Tax - Paid in 2017 (148.400 RSMo) .....		\$ _____
Missouri P & C Ins. Guaranty Assn. (375.774 RSMo) .....		\$ _____
Missouri Life & Health Guaranty Assn. (376.745 RSMo) .....		\$ _____
Affordable Housing (32.111 RSMo) .....	\$ _____	\$ _____
Neighborhood Development (32.105 RSMo) .....	\$ _____	\$ _____
Neighborhood Assistance (32.115 RSMo) .....	\$ _____	\$ _____
Infrastructure Development (100.286 RSMo) .....	\$ _____	\$ _____
Enterprise Zone/Urban Redevelopment (135.225 RSMo) .....	\$ _____	\$ _____
Low Income Housing (135.352 RSMo) .....	\$ _____	\$ _____
Small Business Investment (135.403 RSMo) .....	\$ _____	\$ _____
Youth Opportunities (135.460 RSMo) .....	\$ _____	\$ _____
CAPCO Investment (135.503 RSMo) .....	\$ _____	\$ _____
Neighborhood Preservation (135.535 RSMo) .....	\$ _____	\$ _____
Domestic Violence Shelters (135.550 RSMo) .....	\$ _____	\$ _____
Maternity Home Facilities (135.600 RSMo) .....	\$ _____	\$ _____
Historic Structure Rehabilitation (253.550 RSMo) .....	\$ _____	\$ _____
Agricultural Utilization (348.430 RSMo) .....	\$ _____	\$ _____
New Generation Cooperative Incentive (348.432 RSMo) .....	\$ _____	\$ _____
New Enterprise Creation (620.650 RSMo) .....	\$ _____	\$ _____
OTHER _____ .....	\$ _____	\$ _____
OTHER _____ .....	\$ _____	\$ _____
OTHER _____ .....	\$ _____	\$ _____

**6. Net Missouri Tax Due (Round to nearest whole dollar)** ..... \$ \_\_\_\_\_

**WORKERS' COMPENSATION ADMINISTRATIVE TAX - Chapter 287**

(DO NOT Include Excess Workers' Compensation Premium)

Line 8 must agree with your Missouri Page 19 and also must be equal to the total of lines 9a, 10a, and 11a. A detailed listing is required for the amount on line 9a showing the years of Audited and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2015 and Prior Effective, Renewal, or Anniversary Dates.

8. Total Amount of Net Deposits, Net Premium, or Net Assessments Received, Whether in Cash or Notes, in This State or on Account of Business Done in This State (287.690.1 RSMo) . . . . .	\$ _____
9. a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2015 Effective, Renewal, or Anniversary Dates and Prior (287.690.1 RSMo) . . . . .	\$ _____
b. Less Dividends Paid or Credited (287.690.1 RSMo) . . . . .	\$ _____
c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.717.3 RSMo . . . . .	\$ <b>0.00</b>
d. Total Amount . . . . .	\$ _____
e. Tax at 1% (287.690.1 RSMo) . . . . .	\$ _____
10. a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2016 Effective, Renewal, or Anniversary Dates (287.690.1 RSMo) . . . . .	\$ _____
b. Less Dividends Paid or Credited (287.690.1 RSMo) . . . . .	\$ _____
c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.717.3 RSMo . . . . .	\$ <b>0.00</b>
d. Total Amount . . . . .	\$ _____
e. Tax at 1% (287.690.1 RSMo) . . . . .	\$ _____
11. a. Total New, Audit and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2017 Effective, Renewal, or Anniversary Dates (287.690.1 RSMo) . . . . .	\$ _____
b. Less Dividends Paid or Credited (287.690.1 RSMo) . . . . .	\$ _____
c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.717.3 RSMo . . . . .	\$ <b>0.00</b>
d. Total Amount . . . . .	\$ _____
e. Tax at 1% (287.690.1 RSMo) . . . . .	\$ _____
12. Tax Before Credits (Line 9e, plus 10e, plus 11e) . . . . .	\$ _____
<b>13. Net Tax to be Carried Forward to Line 16, Page 4 (Same as Line 12) . . . . .</b>	<b>\$ _____</b>
<b>14. Credits Allowed</b>	
Income Tax (148.400 RSMo) . . . . .	\$ _____
Franchise Tax (148.400 RSMo) . . . . .	\$ _____
2017 Examination Fees (148.400 RSMo) . . . . .	\$ _____
Registration Fees - Paid in 2017 (148.400 RSMo) . . . . .	\$ _____
Personal Property Tax Credit - Paid in 2017 (148.400 RSMo) . . . . .	\$ _____
<b>15. Total Credits to be deducted from Line 13 . . . . .</b>	<b>\$ _____</b>
<b>16. Net Missouri Workers' Compensation Administrative Tax Due (Line 13 less Line 15) . . . . .</b>	<b>\$ _____</b>

(Round to the nearest dollar)

**RETALIATORY COMPARISON (375.916 RSMo)**

The retaliatory portion of the Missouri tax return compares the aggregate burden which would be placed upon your company by the State of Missouri to the aggregate burden which would be placed by your state of incorporation upon a hypothetical Missouri company writing the same amount of premium that your company is writing in Missouri.

The Agent information on line 4 should agree with your company's Insurance Producers Report form, which was due on or before February 10, 2018. Please show the fees charged by your state of incorporation for appointments, terminations and renewals. Additional lines are provided if different rates are charged for resident and non-resident agents.

Please include in the State of Incorporation column ALL taxes, fees, and assessments which a Missouri company operating in your state of incorporation would have been subject to during the 2017 calendar year. Include with the return a copy of the assessments, invoices, or tax documents along with the calculations based off of your Missouri premium amount.

**The Annual Renewal Fee for 2017 was due July 1, 2017. The annual renewal fee for Foreign Property & Casualty Companies, and also Foreign Title Companies is \$1,500. The annual renewal fee for Foreign Risk Retention Groups is \$100. Show these amounts on the State of Missouri column, line 1.**

	State of Missouri Basis	State of Incorporation Basis
1. Filing Annual Statement/Annual Filing Fee .....	\$ _____	\$ _____
2. Filing Renewal Application for Certificate of Authority .....		\$ _____
3. Filing Any Other Paper Required to be Filed .....		\$ _____
4. Agents: Missouri Appointments _____@ state of incorp. rate \$_____ (Res Non-Res Both)		\$ _____
Missouri Terminations _____@ state of incorp. rate \$_____ (Res Non-Res Both)		\$ _____
Total Missouri Renewals _____@ state of incorp. rate \$_____ (Res Non-Res Both)		\$ _____
_____@ state of incorp. rate \$_____ (Res Non-Res Both)		\$ _____
_____@ state of incorp. rate \$_____ (Res Non-Res Both)		\$ _____
_____@ state of incorp. rate \$_____ (Res Non-Res Both)		\$ _____

**PREMIUM TAX CREDITS SHOULD NOT BE INCLUDED IN THE RETALIATORY TAX CALCULATIONS.**

5. Municipal License Fees .....	\$ _____	\$ _____
6. Other _____ .....	\$ _____	\$ _____
7. Other _____ .....	\$ _____	\$ _____
8. Other _____ .....	\$ _____	\$ _____
9. Other _____ .....	\$ _____	\$ _____
10. Other _____ .....	\$ _____	\$ _____
11. Fire Marshal Tax .....	XXXXXXXXXXXXXX	\$ _____
12. Ocean Marine Tax .....	XXXXXXXXXXXXXX	\$ _____
13. Maintenance Taxes .....	XXXXXXXXXXXXXX	\$ _____
14. Other Taxes (Specify) .....	XXXXXXXXXXXXXX	\$ _____
_____	XXXXXXXXXXXXXX	\$ _____
_____	XXXXXXXXXXXXXX	\$ _____
15. Premium Tax (MO column from Line 4, Page 2) .....	\$ _____	\$ _____
16. Workers' Compensation Tax (MO from Line 13, Page 3) .....	\$ _____	\$ _____
17. <b>TOTAL TAXES, LICENSES AND FEES</b> .....	(a) \$ _____	(b) \$ _____
18. Retaliatory Tax Amount Before Credits [Subtract Line 17(a) from Line 17(b)] .....		\$ _____
19. <b>Credit Allowed</b> - New Market .....		\$ _____
20. <b>Retaliatory Tax Amount (Round to nearest whole dollar)</b> .....		\$ _____

**WORKERS' COMPENSATION ADMINISTRATIVE SURCHARGE (287.717.3 RSMo)**

Pursuant to Section 287.717.3 RSMo, you are required to report the amount of premium that would have been paid for the deductible credit portion of the workers' compensation policies with deductible options. **NOTE: The deductible credit portion of the policy is the "difference" between the premium that would be generated for a standard, guaranteed cost policy where no deductible option is offered and the premium that is actually generated when the deductible credit is applied to the policy.** The total of Lines 2a, 3a, and 4a must agree with the amount actually reported on Line 1. A detailed listing is required for the amount on line 2a showing the years of Audited and/or Additional Premium (including Retrospective Adjustments) Collected with 2015 and Prior Effective, Renewal, or Anniversary Dates.

**You will need to submit any/all algorithm(s) you are using for premium calculation, unless you are using the approved algorithm filed by the NCCI.**

In the annual statement packet sent in December, you should have received a Quarterly Administrative Surcharge Report Form for the 2018 calendar year. You will need to make copies of this form to submit to the Missouri Department of Revenue with your payment of any estimated quarterly administrative surcharge installments for 2018. The estimated quarterly installments are due to the Missouri Department of Revenue by March 1, June 1, September 1, and December 1. Please circle the appropriate reporting period on the form. You may obtain a copy of this form on our website at [www.insurance.mo.gov](http://www.insurance.mo.gov); see Industry/Forms/Tax Forms.

**NO PAYMENT IS DUE** with the tax return. You will receive a Notice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment around the first of May. The Balance Due will need to be submitted by June 1, 2018, to the Missouri Department of Revenue along with a copy of the Notice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment form. Overpayments may be applied according to RSMo 287.717.4.

1. Total Amount of Premium Applicable to the Deductible Credit Portion of Policies in the 2017 Calendar Year	\$ _____
2. a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2015 Effective, Renewal, or Anniversary Dates and Prior (287.716.2 RSMo) .....	\$ _____
b. Workers' Comp Administrative Surcharge Rate at 1% (287.716.2 RSMo) .....	\$ _____
3. a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2016 Effective, Renewal, or Anniversary Dates (287.716.2 RSMo) .....	\$ _____
b. Workers' Comp Administrative Surcharge Rate at 1% (287.716.2 RSMo) .....	\$ _____
4. a. Total New, Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2017 Effective, Renewal, or Anniversary Dates (287.716.2 RSMo) .....	\$ _____
b. Workers' Comp Administrative Surcharge Rate at 1% (287.716.2 RSMo) .....	\$ _____
5. <b>Net Workers' Compensation Administrative Surcharge Due (Line 2b, plus 3b, plus 4b)</b> .....	<b>\$ _____</b>

(Round to the nearest dollar)

COMPANY NAME	NAIC NO.
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**TAX CREDITS CLAIMED (148.400 RSMo)**

The following tax credits can be split between premium and workers' compensation administrative taxes. Please show the amounts applied to each type of tax below.

	Total Credit Available	*Amount Applied to Premium Tax	**Amount Applied to Work Comp Tax
Income Tax (148.400 RSMo)			
Franchise Tax (148.400 RSMo)			
2017 Examination Fees Only (148.400 RSMo)			
Registration Fees (148.400 RSMo)			
Personal Property Tax (148.400 RSMo)			

\* Amounts in this column should be included on Line 5, page 2.

\*\* Amounts in this column should be included on Line 14, page 3.

**CREDITS FOR GUARANTY ASSOCIATION ASSESSMENTS (376.745.1 RSMo)**

Credits for Missouri Life and Health Insurance Guaranty Association assessments begin the year after the year of assessment.

Only class B assessments made by the Missouri Life and Health Guaranty Association are deductible from premium tax at 20% for five years.

You must include copies of your certificates of contribution for guaranty association credits. Please list credits under appropriate year and type; do not combine assessments.

Please complete the following information to support the credit amount shown on Page 2, line 5 for premium tax credit.

ASSESSMENT YEAR	ASSESSMENT AMOUNT	PERCENT	CREDIT
2012 HEALTH		20%	
2013 HEALTH		20%	
2014 HEALTH		20%	
2015 HEALTH		20%	
2016 HEALTH		20%	
<b>TOTAL</b>			

**CREDITS FOR GUARANTY ASSOCIATION ASSESSMENTS (375.774.3 RSMo)**

Credits for Missouri Property and Casualty Insurance Guaranty Association assessments begin the year after the year of assessment. Credits are 33 1/3% for three years.

Copies of your Certificates of Contribution from the guaranty association must be included for each assessment. Please list credit under appropriate year and type; do not combine amounts.

Please complete the following information to support the credit amount shown on Page 2, line 5 for premium tax credit.

ASSESSMENT	ASSESSMENT AMOUNT	PERCENT	CREDIT
2014 AUTO		33.2%*	
2014 OTHER		33.2%*	
2014 WORK. COMP.		33.2%*	
2015 AUTO		33.4%	
2015 OTHER		33.4%	
2015 WORK. COMP.		33.4%	
2016 AUTO		33.4%	
2016 OTHER		33.4%	
2016 WORK. COMP.		33.4%	
<b>TOTAL</b>			

\* LESSER OF .334 OR REMAINING BALANCE

COMPANY NAME	NAIC NO.
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**GROUP ACCIDENT AND HEALTH LOSS REPORT (148.390 RSMo)**

1 LINE OF BUSINESS	2 DIRECT PREMIUM WRITTEN	3 DIRECT PREMIUM EARNED	4 DIVIDENDS PAID OR CREDITED	5 DIRECT LOSSES PAID	6 DIRECT LOSSES INCURRED	7 DIRECT LOSSES UNPAID
<b>GROUP ACCIDENT AND HEALTH POLICIES</b>						
1. EMPLOYER GROUPS						
2. UNION GROUPS						
3. MULTIPLE EMPLOYER TRUSTS						
4. ASSOCIATION GROUPS						
5. FICTITIOUS GROUP TRUSTS						
6. BLANKET GROUPS						

Section 148.390 RSMo, allows health benefits paid “for the benefit of some or all of the employees of one or more employers or for the benefit of the members of a union or unions, whether or not such benefits are payable through a trustee” to be deducted from the gross amount of premiums received on those policies. This deduction does not include all group business. Only lines 1, 2 and 3 above will be considered for benefit deductions.

- 1) Employer groups - the master policy is issued to the employer and the coverage extends to employees of that employer or employees of recognized subsidiaries of the employer.
- 2) Union groups - the master policy is issued to the Union Board of Directors or a designated trustee. Coverage extends to dues-paying members of the trade or labor union.
- 3) Multiple Employers Trusts - the group exists under a trust agreement. The trustee holds the master policy and certificates of coverage are issued to employees of small employers. Usually the employer will be a business with five (5) or less employees. Such trusts may have numerous small businesses participating in the insurance plan.
- 4) Association groups - this group consists of dues paying members of a recognized association. The association has by-laws and exists for reasons other than obtaining insurance.
- 5) Fictitious group trusts - this group has no real nexus and is used only for the purpose of obtaining or distributing insurance. The master policy is issued to a trustee pursuant to a contract with the underwriting insurer. Certificates are then issued to any individual who applies to the trust for insurance.
- 6) Blanket groups - a blanket policy is issued to a single policyholder. The policy insures all individuals meeting the eligibility requirements set out in the policy. The insurer may not receive a name list of insureds. The group consists only of the class subject to the hazard insured against in the policy (i.e. student accident, sports teams, scout troops).

Not all policies reported on line 13 of the annual statement Missouri page 19 have benefits paid that are eligible under section 148.390 RSMo. Only benefits payments “on policies or contracts providing health insurance benefits for the benefit of some or all of the employees of one or more employers or for the benefit of the members of a union or unions” are eligible for section 148.390 credit. For example, benefits paid under credit disability and disability income (benefit payments are not health insurance benefits) are not eligible for section 148.390 credit.

**A COPY OF YOUR SUPPLEMENT TO MO PAGE 19 MUST BE ATTACHED IN ORDER TO ALLOW THIS DEDUCTION.**



COMPANY NAME	NAIC NO.
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## RECEIPT SCHEDULE

Complete the following receipt schedule and attach copies of receipts in order to support credits taken for items shown on pages 2, 3 and 4.

**DATE PAID**

**PAYEE**

**AMOUNT PAID**

## PREMIUM TAX RETURN CHECK LIST

Please verify that the following items have been completed, or are being submitted with your 2017 Premium Tax Return, which is due March 1, 2018. To ensure that your tax return and supporting documentation remains together through mailing and processing, please securely staple or binder clip the documentation.

- Make sure the front page is filled out completely, and that it is signed and notarized.
- Send a copy of your Schedule T.
- Send a copy of your Missouri Page 19.
- Send a copy of your Missouri Supplement to Page 19. If needed, a blank supplement form and instructions can be found on our website at [www.insurance.mo.gov](http://www.insurance.mo.gov); see Industry/Forms/Statistics. For questions pertaining to the Missouri Supplement, you may call (573) 751-3163. A copy of your Missouri Supplement to Page 19 is required, along with completing page 8 of the tax return, if you are taking the deduction for Health Insurance Benefits (Losses) for Employer Groups and Union Groups on page 2, line 1d.
- Send copies of invoices and cancelled checks for any exam fees taken as credit (both current year and carryover amounts).
- Send a copy of your company's annual Missouri Secretary of State Registration Fee invoice, along with proof of payment during 2017, to receive this credit. Late payment penalties are not allowed to be included in the credit taken on the return. If you have any questions regarding the filing and payment of your annual registration fee, you can contact the Missouri Secretary of State's Office at (866) 223-6535.
- Send copies of receipts and cancelled checks for any Missouri Health Insurance Pool credit taken.
- Send copies of paid personal property tax receipts, or send copies of tax receipts with supporting cancelled check copies for any personal property tax taken as a credit. The tax receipts must be in your company's name, and show that it was paid in 2017.
- Send copies of Certificates of Contribution for any Missouri Property and Casualty Guaranty Association credits taken. Complete page 7 of the tax return, listing the credits under the appropriate years and types.
- Send approved credit receipts from the issuing agencies for credits taken on page 2, line 5 (See item below for Low Income Housing Credit). Discrepancies in reporting credits on the appropriate lines may delay the use of the credits.
- Submit K-1's, eligibility statements, Form 8609's (first year) and Schedule A's/Form 8609A's in order to take the Low Income Housing credit on your premium tax return. You will also need to submit a spreadsheet listing each low income housing credit and how it is distributed for each building. DO NOT round the amounts distributed to each company or individual to the nearest dollar (round to the nearest penny). If the information is not complete with signatures and dates, the credit will be disallowed.
- Send copies of receipts and cancelled checks for any other credits taken on the premium tax return. Make sure that invoices are in your company's name, and that the proof of payment documentation shows payment during 2017.
- Send copies of receipts and cancelled checks for any amounts reported on the Missouri column of the Retaliatory Comparison page.
- For all taxes, fees, and assessments which a hypothetical Missouri company operating in your domicile state would be subject to, you need to submit copies of invoices, assessments, or tax documents along with your calculations based on your Missouri premium. This information will be used in the retaliatory comparison.
- Send a copy of your state of incorporation's tax return completed using your Missouri premium amount/mix to show what a hypothetical Missouri company would pay for premium tax in your domicile state. If information required for completing your state of incorporation return is not available until a later date, (i.e. NY CT33, NY CT33M, IL1120) please note this on your return, and then submit the necessary documentation as soon as it is available.
- Your company's 2017 Insurance Producers Report form was due by February 10, 2018. If this has not yet been submitted, please send the completed form now with your tax return.

**If the above stated documentation is not submitted for credits claimed, the credits will be disallowed.**