

2021 Insurance Company Annual Return for Michigan Business and Retaliatory Taxes

Check if this is an amended return.
See instructions.

Issued under authority of Public Act 36 of 2007.

1. Taxpayer Name				2. Federal Employer Identification Number (FEIN) or TR Number			
Address (Number, Street)			<input type="checkbox"/> Check if new address. (See instructions)	3. <input type="checkbox"/> Check if Foreign Insurer			
City		State	ZIP/Postal Code		Country Code	4. State of Incorporation (use 2 letter abbreviation)	

DIRECT PREMIUMS WRITTEN IN MICHIGAN

5. Gross direct premiums written in Michigan.....					5. <input style="width:80%;" type="text"/> <input style="width:10%; text-align: center;" type="text" value="00"/>
6. Premiums on policies not taken.....	6.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
7. Returned premiums on canceled policies.....	7.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
8. Receipts on sales of annuities.....	8.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
9. Receipts on reinsurance assumed.....	9.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
10. Add lines 6 through 9.....	10.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
11. Direct Premiums Written in Michigan. Subtract line 10 from line 5. If less than zero, enter zero.....	11.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		

DISABILITY INSURANCE EXEMPTION

12. Disability insurance premiums written in Michigan, not including credit or disability income insurance, OR \$190,000,000, whichever is less.....					12. <input style="width:80%;" type="text"/> <input style="width:10%; text-align: center;" type="text" value="00"/>
13. Gross direct premiums from all lines of insurance carrier services received everywhere.....	13.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
14. Phase out.....	14.	280,000,000	<input style="width:10%; text-align: center;" type="text" value="00"/>		
15. Subtract line 14 from line 13. If less than zero, enter zero.....	15.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
16. Exemption reduction. Multiply line 15 by 2.....	16.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
17. Subtract line 16 from line 12. If less than zero, enter zero.....	17.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
18. Adjusted Tax Base. Subtract line 17 from line 11.....	18.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
19. Michigan Business Tax Before Credits. Multiply line 18 by 1.25% (0.0125).....	19.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		

CREDITS

20. Enter amounts paid from 1/1/2020 to 12/31/2020 to each of the following					
a. Michigan Workers' Compensation Placement Facility.....	20a.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
b. Michigan Basic Property Insurance Association.....	20b.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
c. Michigan Automobile Insurance Placement Facility.....	20c.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
d. Property and Casualty Guaranty Association.....	20d.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
e. Michigan Life and Health Insurance Guaranty Association.....	20e.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
21. Add lines 20a through 20e.....	21.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
22. a. Michigan Examination Fees.....	22a.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
b. Credit. Multiply line 22a by 50% (0.50).....	22b.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
23. Tax Before Miscellaneous Nonrefundable Credits. Subtract lines 21 and 22b from line 19.....	23.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
24. Miscellaneous Nonrefundable Credits from Form 4596, line 28.....	24.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
25. Michigan Business Tax After Nonrefundable Credits. Subtract line 24 from line 23. If less than zero, enter zero..	25.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
26. Recapture of Certain Business Tax Credits and Deductions from Form 4587, line 13.....	26.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
27. Total Michigan Business Tax. Add lines 25 and 26.....	27.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
28. Corporate Income Tax Adjustment from Form 4974, line 20.....	28.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		
29. Tax Liability. Add lines 27 and 28.....	29.	<input style="width:80%;" type="text"/>	<input style="width:10%; text-align: center;" type="text" value="00"/>		

Return is due March 1, 2022.

WITHOUT PAYMENT: Mail return to:
Michigan Department of Treasury
PO Box 30783
Lansing MI 48909

WITH PAYMENT: Pay amount on line 58 and mail check and return to:
Michigan Department of Treasury
PO Box 30113
Lansing MI 48909

Make check payable to "State of Michigan." Print taxpayer's FEIN or TR Number, the tax year, and "MBT" on the front of the check. Do not staple the check to the return.

FEIN or TR Number

Foreign and alien insurers complete lines 30 through 46. Domestic insurers, go to line 47. Use column A to report burdens that would be imposed by the taxpayer's state of incorporation on a hypothetical Michigan company doing the same business in that state. Use column B to report actual burdens imposed by Michigan on the taxpayer.

TAXES

- 30. State of incorporation tax..... 30.
- 31. Tax Liability from line 29..... 31.

A — State of Incorporation	B — Michigan
	X X X X X X X X
X X X X X X X X	

FEES AND ASSESSMENTS

- 32. Annual statement filing fee 32.
- 33. Certificate of Authority renewal fee..... 33.
- 34. Certificate of Compliance 34.
- 35. Certificate of Deposit 35.
- 36. Certificate of Valuation..... 36.
- 37. Other fees. Include a detailed schedule of fees 37.
- 38. Fire Marshall Tax 38.
- 39. Second Injury Fund 39.
- 40. Silicosis and Dust Disease Fund..... 40.
- 41. Safety Education and Training Fund 41.
- 42. Other assessments. Include a detailed schedule of assessments 42.

	X X X X X X X X
	X X X X X X X X
	X X X X X X X X
	X X X X X X X X
	X X X X X X X X
	X X X X X X X X

TOTAL

- 43. Add lines 30 through 42..... 43.
- 44. Accelerated and Certificated Refundable Credits (see instructions)..... 44.
- 45. Total Taxes, Fees and Assessments. Subtract line 44 from line 43..... 45.
- 46. Retaliatory Amount. Subtract line 45, column B, from column A. If less than zero, enter zero..... 46.
- 47. **Total MBT Tax Liability.** Add lines 29 and 46. Domestic insurers, enter amount from line 29 47.

X X X X X X X X		
		00
		00

PAYMENTS, REFUNDABLE CREDITS AND TAX DUE

- 48. Overpayment credited from prior MBT return..... 48.
- 49. Estimated tax payments 49.
- 50. There is no amount to be entered on this line. Skip to line 51..... 50.
- 51. Tax paid with request for extension 51.
- 52. Refundable Credits (see instructions) 52.
- 53. Total Payments. Add lines 48 through 52. (If not amending, then skip to line 55.)..... 53.

		00
		00
X X X X X X X X		00
		00
		00
		00

AMENDED RETURN ONLY

- a. Payments made with original and/or prior amended returns . 54a.
- b. Overpayments from original and/or prior amended returns.. 54b.
- c. Add lines 53 and 54a and subtract line 54b from the sum ... 54c.

	00
	00
	00

- 55. **TAX DUE.** Subtract line 53 (or line 54c, if amending) from line 47. If less than zero, leave blank..... 55.
- 56. Underpaid estimate penalty and interest from Form 4582, line 38..... 56.
- 57. Annual return penalty (a) % = (b) 00 plus interest of (c) 00. Total..... 57d.
- 58. **PAYMENT DUE.** If line 55 is blank, go to line 59. Otherwise add lines 55, 56 and 57d..... 58.

		00
		00
		00
		00

OVERPAYMENT, REFUND OR CREDIT FORWARD

- 59. Overpayment. Subtract lines 47, 56 and 57d from line 53 (or line 54c, if amending). If less than zero, leave blank (see instructions)..... 59.
- 60. **CREDIT FORWARD.** Amount on line 59 to be credited forward and used as an estimate for next MBT tax year 60.
- 61. **REFUND.** Amount on line 59 to be refunded..... 61.

		00
		00
		00

<p>Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.</p>		<p>Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</p>	
<p><input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.</p>		<p>Preparer's PTIN, FEIN or SSN</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<p>Authorized Signature for Tax Matters</p>		<p>Preparer's Business Name (print or type)</p>	
<p>Authorized Signer's Name (print or type)</p>		<p>Preparer's Business Address and Telephone Number (print or type)</p>	
<p>Title</p>		<p>Telephone Number</p>	

Instructions for Form 4588

Insurance Company Annual Return for Michigan Business and Retaliatory Taxes

Purpose

To calculate the tax liability and to claim credits for insurance companies for both Michigan Business and Retaliatory Taxes.

NOTE: Beginning January 1, 2012, only those taxpayers with a certificated credit, which is awarded but not yet fully claimed or utilized, may elect to be Michigan Business Tax (MBT) taxpayers. If a taxpayer files an MBT return and claims a certificated credit, the taxpayer makes the election to file and pay under the MBT until the certificated credit and any carryforward of that credit are exhausted.

General Instructions

MBT Liability: Beginning January 1, 2012, a taxpayer calculates MBT liability as the greater of MBT liability after all credits, deductions, and exemptions or hypothetical CIT liability minus deductions and credits available under that act and minus certificated credits allowed under the MBT. This calculation of liability requires a taxpayer to calculate the premiums tax base and apply available MBT credits, including certificated credits, deductions, and exemptions available under the MBT. Then, the taxpayer will calculate the CIT comparison on the *Schedule of Corporate Income Tax Liability for an Insurance Filer* (Form 4974). A taxpayer is permitted to reduce hypothetical CIT liability by all deductions and credits which would be allowed under that tax as well as the amount of certificated credit allowed under the MBT. The amount of certificated credit allowed under the MBT is the amount of nonrefundable credit needed to offset MBT liability or the entire amount of a refundable credit.

If the taxpayer's hypothetical CIT liability would be higher than its MBT liability, the taxpayer will add the difference to MBT liability on line 28 of this form (4588). This is the CIT adjustment. If the result of both steps of the calculation is a negative number, the taxpayer will receive a refund of the lower negative; but a nonrefundable credit cannot be used to reduce liability below zero. Remaining nonrefundable certificated credit may be carried forward to succeeding tax years.

Amended Returns: To amend a current or prior year annual return, complete the Form 4588 that is applicable for that year, check the box in the upper-right corner of the return, and attach a separate sheet explaining the reason for the changes. Include an amended federal return or a signed and dated Internal Revenue Service (IRS) audit document. Include all schedules filed with the original return, even if not amending that schedule. Enter the figures on the amended return as they should be. Do not include a copy of the original return with your amended return. A taxpayer may not amend to revoke the election to remain taxable under the MBT. Once the taxpayer makes a valid election to claim a certificated credit, the taxpayer must continue to file the MBT until the credit and any carryforward of that credit are exhausted.

Line-by-Line Instructions

Lines not listed are explained on the form.

Do not enter data in boxes filled with Xs.

Line 1: Enter the complete address and, if other than the United States, enter the two-digit abbreviation for the country code. See the list of country codes in the *Michigan Business Tax (MBT) Forms and Instructions for Insurance Companies* (Form 4592).

Any correspondence regarding the return filed and/or refund will be sent to the address used here. Check the new address box if the address used on this line has changed from the last filing. The taxpayer's primary address in the Department of Treasury (Treasury) files, identified as the legal address and used for all purposes other than refund and correspondence on a specific MBT return, will not change until the customer specifically makes the change on their Michigan Treasury Online (MTO) account. Visit michigan.gov/mtobusiness for more information.

Line 2: Use the taxpayer's Federal Employer Identification Number (FEIN) or the Michigan Treasury (TR) assigned number. Be sure to use the same account number on all forms.

If the taxpayer does not have an FEIN or TR number, the taxpayer must register before filing this form. Taxpayers are encouraged to register online at www.michigan.gov/mtobusiness. Click on the quick link "New Business" for information on how to obtain an FEIN, which is required to submit a return through e-file. Taxpayers usually can obtain an FEIN from the IRS within 48 hours. Taxpayers registering with the State online usually receive an account number within seven days.

Returns received without a registered account number will not be processed until such time as a number is provided.

Line 3: Check this box if the company is a foreign insurer. Alien insurers are considered foreign insurers, unless their port of entry is Michigan, in which case the company is considered domestic for the filing of this return.

Line 4: Alien insurers, enter the two-letter postal code for the U.S. state that is your port of entry.

Line 5: Enter all gross direct premiums written on property or risk located or residing in Michigan.

Line 6: Enter premiums on policies not taken to the extent these premiums were included in line 5.

Line 7: Enter returned premiums on canceled policies to the extent these premiums were included in line 5.

Line 8: Enter receipts on sales of annuities to the extent these receipts were included in line 5.

Line 9: Enter receipts on reinsurance premiums assumed to the extent these receipts were included in line 5, and only if tax was paid on the original premiums.

Line 12: *Disability insurance* is insurance of any person against bodily injury or death by accident, or against disability on account of sickness or accident including also the granting

of specific hospital benefits and medical, surgical and sick-care benefits to any person, family, or group, subject to such limitations as may be prescribed with respect thereto. The exclusion for disability insurance premiums does not include credit insurance or disability income insurance premiums.

CREDITS

Line 20: Enter the amounts paid to the listed facilities or associations from January 1, 2020, to December 31, 2020, including special assessments. Net the amounts paid and refunds received during 2020 for the same facility or association. If refunds received exceed the amount paid in the year for the same facility or association, enter zero.

Line 20c: For tax years beginning on and after January 1, 2020, amounts paid to the MAIPF that are attributable to the assigned claims plan shall not be included in the calculation of this credit.

Line 22a: Enter the amount of Michigan Examination Fees paid in 2018 (under Michigan Compiled Law 500.224).

Line 24: Enter the Miscellaneous Nonrefundable Credits from *Michigan Business Tax Miscellaneous Credits for Insurance Companies* (Form 4596), line 28.

Retaliatory Instructions

For foreign and alien insurers only; domestic insurers skip lines 30 through 46.

Do not mail this return with the Michigan Annual Financial Statement, and do not send the annual statement filing fee with this return. The taxpayer will be billed separately for the annual statement filing fee by the Department of Insurance and Financial Services.

Foreign insurers must pay to Michigan the same type of obligation a similar Michigan insurer is required to pay in the company's state of domicile. Enter all items that are required of a Michigan insurance company. Some taxes and obligations imposed in other states may have no corresponding requirement in Michigan; however, this does not relieve the foreign insurer from the obligation of computing and paying the tax.

Do not include the following Michigan assessments, or comparable assessments in the company's state of incorporation, in the retaliatory calculation:

- Michigan Workers' Compensation Placement Facility
- Michigan Basic Property Insurance Association
- Michigan Automobile Insurance Placement Facility
- Property and Casualty Guaranty Association
- Michigan Life and Health Insurance Guaranty Association
- Catastrophic Claims Association
- Assessment under Health Insurance Claims Assessment Act (HICAA).

California insurers must include Bureau of Fraudulent Claims assessments. New York domiciled companies must file and pay a tentative retaliatory tax to Michigan by the annual due date, March 1, 2022. An amended Form 4588 must be filed after the actual CT33 is filed with New York. Transfer the CT33 numbers onto the amended Form 4588 and attach a copy of the CT33 to substantiate the taxpayer's claim.

Line 30: Enter the tax a Michigan company would pay to the taxpayer's state of incorporation if it conducted the same amounts and types of business there as the taxpayer is conducting in Michigan. Attach a copy of the state of incorporation's tax form on which this pro forma tax on the hypothetical Michigan company was calculated.

Lines 32 through 42: In column A, "State of Incorporation," enter the amounts that would be paid by a hypothetical Michigan insurance company doing the same types and amounts of business in the taxpayer's home state that the taxpayer is doing in Michigan.

Lines 37 and 39 through 42: In column B, "Michigan," enter the actual amounts paid by the taxpayer to Michigan.

Line 42: Attach a detailed schedule of assessments.

Line 44: Enter the sum of accelerated and certificated refundable credits:

- **Accelerated credits:** The amount from the *Request for Accelerated Payment for the Brownfield Redevelopment Credit and the Historic Preservation Credit* (Form 4889), line 10. (If the taxpayer has filed more than one Form 4889 during the tax year, enter here the combined total of credits claimed on all Forms 4889, line 10);
- **Certificated Refundable credits:** The sum of the amounts reported on Form 4596, lines 2, 3, and 4.

Line 46: Subtract line 45, column B, from line 45, column A. If less than zero, enter zero. If line 45, column B, is a negative number, add column A to the negative number in column B. This will increase the retaliatory amount reported.

PAYMENTS, REFUNDABLE CREDITS, AND TAX DUE

Line 49: Enter the total tax paid with the quarterly estimated tax returns.

Line 51: Enter any tentative payment of estimated tax made with a request for an extension of time to file the return.

Line 52: If claiming a credit, enter the amount from Form 4596, line 5.

Amended Returns Only:

Line 54a: Enter payment made with the original return.

Line 54b: Enter overpayment received (refund received plus credit forward created) on the original return.

Line 54c: Add lines 53 and 54a and subtract line 54b from the sum.

Line 56: If penalty and interest are owed for not filing estimated returns or for underestimating tax, complete the *MBT Penalty and Interest Computation for Underpaid Estimated Tax* (Form 4582) to compute penalty and interest due. If a taxpayer chooses not to file Form 4582, Treasury will compute penalty and interest and bill for payment. Form 4582 is available on the Web at www.michigan.gov/taxes.

Line 57: Enter the annual return penalty rate in line 57a. Add the overdue tax penalty in line 57b to the overdue tax interest in line 57c. Enter total in line 57d.

Refer to the “Computing Penalty and Interest” section in Form 4592 to determine the annual return penalty rate and use the following Overdue Tax Penalty and Overdue Tax Interest worksheets.

- *MBT Renaissance Zone Credit Schedule* (Form 4595)
- *MBT Miscellaneous Credits for Insurance Companies* (Form 4596)
- Proof of payment for any items listed in the “Michigan” column for lines 39 through 42.

WORKSHEET – OVERDUE TAX PENALTY

A. Tax due from Form 4588, line 55		00
B. Late/extension or insufficient payment penalty percentage		%
C. Multiply line A by line B.....		00

Carry amount from line C to Form 4588, line 57b.

WORKSHEET – OVERDUE TAX INTEREST

A. Tax due from Form 4588, line 55		00
B. Applicable daily interest percentage ..		%
C. Number of days return was past due...		
D. Multiply line B by line C		
E. Multiply line A by line D		00

Carry amount from line E to Form 4588, line 57c.

Line 57c: NOTE: If the late period spans more than one interest rate period, divide the late period into the number of days in each of the interest rate periods identified under the “Computing Penalty and Interest” section in Form 4592 and apply the calculations in the Overdue Tax Interest worksheet separately to each portion of the late period. Combine these interest subtotals and carry the total to Form 4588, line 57c.

Line 59: If the amount of the overpayment, less any penalty and interest due on lines 56 and 57d, is less than zero, enter the difference (as a positive number) on line 58. If the amount is greater than zero, enter on line 59.

NOTE: If an overpayment exists, a taxpayer must elect a refund of all or a portion of the amount and/or designate all or a portion of the overpayment to be used as an estimate for the next MBT tax year. Complete lines 60 and 61 as applicable.

Line 60: If the taxpayer anticipates an MBT liability in the filing period subsequent to this return, some or all of any overpayment from line 59 may be credited forward to the next tax year as an estimated payment. Enter the desired amount to use as an estimate for the next MBT tax year.

Reminder: Taxpayers must sign and date returns. Tax preparers must provide a Preparer Taxpayer Identification Number (PTIN), FEIN or Social Security number (SSN), a business name, and a business address and phone number.

Other Supporting Forms and Schedules

The following forms and their requested attachments should be included as part of this return, as applicable:

- *Michigan Historic Preservation Tax Credit* (Form 3581)
- *MBT Single Business Tax (SBT) Credit Carryforwards* (Form 4569)
- *MBT Penalty and Interest Computation for Underpaid Estimated Tax* (Form 4582)
- *MBT Election of Refund or Carryforward Credits* (Form 4584)
- *MBT Schedule of Recapture of Certain Business Tax Credits and Deductions* (Form 4587)