

**MICHIGAN 2017**

# **Corporate Income Tax**

## **INSURANCE COMPANIES**

**This booklet contains information  
on completing a Michigan Corporate  
Income Tax return for calendar year  
2017.**



- ⚡ E-filing your return is easy, fast, and secure!
- ⚡ Visit Treasury's Web site at [www.Mifastfile.org](http://www.Mifastfile.org) for a list of e-file resources and how to find an e-file provider.

**[WWW.MIFASTFILE.ORG](http://WWW.MIFASTFILE.ORG)**

**FILING DUE DATE:  
ALL FILERS – ON OR BEFORE  
MARCH 1, 2018**

**[WWW.MICHIGAN.GOV/TAXES](http://WWW.MICHIGAN.GOV/TAXES)**

**This booklet is intended as a guide to help complete your return. It does not take the place of the law.**



# 2017 General Information for Insurance Companies

**Standard Taxpayers and Financial Institutions:** See the *Michigan Business Tax (MBT) Instruction Booklet for Standard Taxpayers* (Form 4600) or the *MBT Instruction Booklet for Financial Institutions* (Form 4599) at [www.michigan.gov/taxes](http://www.michigan.gov/taxes).

*This booklet is intended as a guide to help complete the CIT return. It does not take the place of the law.*

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## Who Files an Insurance Return?

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All insurance companies, except those authorized under chapter 46 or 47 of the insurance code of 1956, that are engaged in the business of writing, or that are authorized to write, insurance or surety contracts within the State of Michigan file the *Insurance Company Annual Return for Corporate Income and Retaliatory Taxes* (Form 4905).

An *insurance company* is defined to mean an authorized insurer as defined in section 108 of the insurance code of 1956, 1956 PA 218, MCL 500.108. **Public Act 276 of 2016 amended the insurance code effective July 1, 2016, which now includes a health maintenance organization (HMO) as an “insurer.” If an HMO is an “authorized” “insurer” under the insurance code, is not otherwise exempt from tax, that HMO is required to file a CIT insurance return.** In the case that an HMO would file as a CIT standard taxpayer for a federal tax year that straddles PA 276’s effective date, two short-year returns (one short-year standard return and one insurance return) will be required for that year.

All insurers, domestic and foreign, must submit copies of the Michigan Business Page of Schedule T when filing this return.

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## Using This Booklet

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This CIT booklet includes forms and instructions for all insurance filers. Read the General Information first. It is recommended that taxpayers and tax preparers also review the instructions for all forms.

There are both nonrefundable and refundable credits available for insurance companies to help reduce the calculation of tax.

The Michigan Association and Facilities Credit and the Michigan Examination Fees Credit are claimed on Form 4905. In addition, the Workers’ Disability Supplemental Benefit (WDSB) Credit is a refundable credit that is also claimed on Form 4905. When claiming the WDSB Credit the taxpayer will need to attach the document provided by the grantor to the return to substantiate the claim of this credit.

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## Overview of CIT for Insurance Companies

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The CIT imposes a tax on insurance companies equal to 1.25 percent of gross direct premiums written on property or risk located in Michigan. There is no filing threshold for insurance companies.

Direct premiums do not include:

- Premiums on policies not taken
- Returned premiums on canceled policies
- Receipts from the sale of annuities
- Receipts on reinsurance premiums if the tax had been paid on the original premiums

- The first \$190,000,000 of disability insurance premiums written in Michigan. This exemption is reduced by two dollars for every dollar that an insurance company’s gross direct premiums everywhere (both within and outside of Michigan) exceed \$280,000,000.

An insurance company is subject to tax as calculated under the CIT or the retaliatory tax under Michigan Compiled Law (MCL) 500.476a, whichever is greater. The tax imposed under the Income Tax Act is in lieu of all other privilege and franchise fees or taxes, except for real and personal property taxes and sales and use taxes.

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## Filing CIT Quarterly Tax Estimates for 2018

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If estimated liability for the year is reasonably expected to exceed \$800, a taxpayer must file estimated returns. A taxpayer may remit quarterly estimated payments by check with a *Corporate Income Tax Quarterly Return* (Form 4913) or may remit monthly or quarterly estimated payments electronically by Electronic Funds Transfer (EFT). When payments are made by EFT, Form 4913 is not required.

**NOTE:** Formerly, taxpayers could pay by check on a monthly or quarterly basis by remitting a check with a Combined Return for Michigan Tax (Form 160). Form 160 was replaced. The new form no longer accommodates CIT payments. As a result, Form 4913 is the only form that supports a CIT estimated payment.

Estimated returns and payments for calendar year taxpayers are due to Treasury by April 15, July 15, October 15, and January 15 of the following year. The sum of estimated payments for each quarter must always reasonably approximate the liability for the quarter.

**NOTE:** Your debit transaction will be ineligible for EFT if the bank account used for the electronic debit is funded or otherwise associated with a foreign account to the extent that the payment transaction would qualify as an International ACH Transaction (IAT) under NACHA Rules. Contact your financial institution for questions about the status of your account. Contact the Michigan Department of Treasury’s (Treasury) Business Tax Customer Service Center at 517-636-6925 for alternate payment methods.

The estimated payment made with each quarterly return must be computed on the actual CIT for the quarter, or 25 percent of the estimated total liability.

To avoid interest and penalty charges, estimated payments must equal at least 85 percent of the total liability for the tax year and the amount of each estimated payment must reasonably approximate the tax liability for that quarter. If the prior year’s tax under the Income Tax Act was \$20,000 or less, estimated tax may be based on the prior year’s total tax liability paid in four equal installments. (“Four equal installments” describes the minimum pace of payments that will satisfy this safe harbor.) If the prior year’s tax liability was reported for a period less than 12 months, this amount must be annualized

for purposes of both the \$20,000 ceiling and calculating the quarterly payments due under this method. Payments at a more accelerated pace also will qualify. If the year's tax liability is \$800 or less, estimates are not required.

**NOTE:** Reliance on the tax liability of the prior year as a means to avoid interest and penalty charges is only allowed if you had business activity in Michigan in that prior year and filed a CIT return for that prior year. A return must be filed to establish the tax liability for that prior year, even if gross receipts in the prior year were less than \$350,000. In addition, if your business was not in existence in the preceding year, no safe harbor exists. In such a case, estimates must be based on the CIT liability for the current year. There is no prior-year safe harbor for a taxpayer's first CIT tax period. For a taxpayer's first CIT tax period the estimates must equal at least 85 percent of the total CIT liability.

### Amending Estimates

If, after making payments, the estimated tax is substantially different than originally estimated, recompute the tax and adjust the payment in the next quarter.

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### Electronic Filing CIT Returns

Michigan has an enforced CIT e-file mandate. Software developers producing CIT tax preparation software and computer-generated forms must support e-file for all eligible Michigan forms that are included in their software package. All eligible CIT returns prepared using tax preparation software or computer-generated forms must be e-filed.

Treasury will be enforcing the CIT e-file mandate. The enforcement includes not processing computer-generated paper returns that are eligible to be e-filed. A notice will be mailed to the taxpayer, indicating that the taxpayer's return was not filed in the proper form and content and must be e-filed. Payment received with a paper return will be processed and credited to the taxpayer's account even when the return is not processed.

Treasury will continue to accept certain Portable Document Format (PDF) attachments with CIT e-filed returns. A current list of defined attachments is available in the CIT "Michigan Tax Preparer Handbook for Electronic Filing Programs," which is available on the Treasury Web site at [www.MIfastfile.org](http://www.MIfastfile.org) by clicking on "Tax Preparer," then "Corporate Income Tax Handbook" for the applicable tax year. Follow your software instructions for submitting attachments with an e-filed return.

If the CIT return includes supporting documentation or attachments that are not on the predefined list of attachments, the return can still be e-filed. Follow your software instructions for including additional attachments. The tax preparer or taxpayer should retain file copies of all documentation or attachments.

For more information and program updates, including exclusions from e-file, visit the e-file Web site at [www.MIfastfile.org](http://www.MIfastfile.org).

The taxpayer may be required to e-file its federal return. Visit the Internal Revenue Service (IRS) Web site at [www.irs.gov](http://www.irs.gov) for more information on federal e-file requirements and the IRS Federal/State Modernized e-File (MeF) program.

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## Completing Michigan Forms

Treasury captures the information from paper CIT returns using an Intelligent Character Recognition process. If completing a paper return, avoid unnecessary delays caused by manual processing by following the guidelines below so the return is processed quickly and accurately.

- **Use black or blue ink.** Do not use pencil, red ink, or felt tip pens. Do not highlight information.
- **Print using capital letters (UPPER CASE).** Capital letters are easier to recognize.
- **Print numbers like this:** 012345678. Do not put a slash through the zero (Ø) or seven (7).
- **Fill check boxes with an [X].** Do not use a check mark [✓].
- **Leave lines/boxes blank** if they do not apply or if the amount is zero, unless otherwise instructed.
- **Do not enter data in boxes filled with Xs.**
- **Do not write extra numbers, symbols, or notes** on the return, such as cents, dashes, decimal points (excluding percentages), or dollar signs unless otherwise instructed. Enclose any explanations on a separate sheet unless instructed to write explanations on the return.
- **Date format,** unless otherwise specified, should be in the following format: MM-DD-YYYY. Use dashes (-) rather than slashes (/).
- **Enter phone numbers using dashes** (e.g., 517-555-5555); do not use parentheses.
- **Stay within the lines** when entering information in boxes.
- **Report losses and negative amounts** with a negative sign in front of the number (do not use parentheses). For example, a loss in the amount of \$22,459 should be reported as -22,459.
- **Percentages should be carried out four digits** to the right of the decimal point. Do not round percentages. For example, 24.154266 percent becomes 24.1542 percent. When converting a percentage to a decimal number, carry numbers out six digits to the right of the decimal point. For example, 24.154266 percent becomes 0.241542.

**Report all amounts in whole dollars.** Round down amounts of 49 cents or less. Round up amounts of 50 cents or more. If cents are entered on the form, they will be treated as whole dollar amounts.

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## Unitary Business Groups (UBGs) and Combined Filing

### Special UBG Instructions for Insurance Companies

By definition, a UBG (as defined below) can include insurance companies, standard taxpayers, and financial institutions. However, in some cases not all members of the UBG will be included on the same return. All standard taxpayer members in a UBG (except those owned by and unitary with a financial institution) file a single combined return on the *CIT Annual Return* (Form 4891). Financial institution members of a UBG (and any standard taxpayer owned by and unitary with a financial institution in the group) file a combined return on the *CIT Annual Return for Financial Institutions* (Form 4908).

Insurance companies are not specifically excluded from the statutory definition of a UBG, and thus may be members of a UBG. However, the tax on authorized insurance companies is equal to 1.25 percent of gross direct premiums written on property or risk located or residing in Michigan. There is no traditional apportionment for insurance companies. Thus, even when an authorized insurance company is unitary with another authorized insurance company, this will have no effect in calculating the tax. As a result, a combined return is not required and each insurance company member of a UBG will file separately on Form 4905.

For further information on the CIT, see the Michigan Department of Treasury (Treasury) Web site at [www.michigan.gov/taxes](http://www.michigan.gov/taxes). (Click on “Corporate Income Tax” on the left side of the page.) Treasury will post updates here and via Revenue Administrative Bulletin (available on the “Reports and Legal Resources” link on the left side of the page).

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### Exemption Guidelines

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The tax imposed and levied under the Income Tax Act does not apply to an insurance company authorized under Chapter 46 or 47 of the Insurance Code of 1956, PA 218 of 1956, MCL 500.4601 to 500.4673, and MCL 500.4701 to 500.4747.

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### Filing the Correct Form

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A different primary return and instruction booklet is available for standard taxpayers (Form 4891) and financial institutions (Form 4908).

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### Due Dates of Annual Returns

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The tax year of an insurance company is the calendar year. An insurance company must file the annual return on or before March 1, 2017. The extension that is available to the standard taxpayer under MCL 206.685(4) is not available to insurance companies.

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### Amending a Return

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To amend a current or prior year annual return, complete the *Amended Return for Corporate Income and Retaliatory Taxes* (Form 4906) that is applicable for that year, explaining the reason for the changes. Include all schedules or certificates filed with the original return, even if not amending those schedules. Enter the amounts on the amended return as they should be. Do not include a copy of the original return with your amended return.

Current forms are available on Treasury’s Web site at [www.michigan.gov/treasuryforms](http://www.michigan.gov/treasuryforms).

To amend a return to claim a refund, file within four years of the original return’s due date. Interest will be paid beginning 45 days after the claim is filed or the due date, whichever is later.

If amending a return to report a deficiency, penalty and interest may apply from the due date of the original return. If any changes are made to a federal income tax return that affect the CIT tax base, filing an amended return is required. To avoid penalty, file the amended return within 120 days after the final determination by the IRS.

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## Computing Penalty and Interest

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Annual and estimated returns filed late or without sufficient payment of the tax due are subject to a penalty of 5 percent of the tax due, for the first two months. Penalty increases by an additional 5 percent per month, or fraction thereof, after the second month, to a maximum of 25 percent.

Compute penalty and interest for underpaid estimates using the *CIT Penalty and Interest Computation for Underpaid Estimated Tax* (Form 4899). If a taxpayer prefers not to file this form, Treasury will compute the penalty and interest and send a bill.

The following chart shows the interest rate that applies to each filing period. A new interest rate is set at 1 percent above the adjusted prime rate for each six-month period.

Beginning Date	Rate	Daily Rate
January 1, 2017	4.5%	0.0001233
July 1, 2017	4.7%	0.0001288
January 1, 2018	5.15%	0.0001411

For a list of interest rates, see the Revenue Administrative Bulletins (RABs) on the Treasury Web site at [www.michigan.gov/treasury](http://www.michigan.gov/treasury). (Click on the “Reports and Legal Resources” link.)

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### Signing the Return

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All returns must be signed and dated by the taxpayer or the taxpayer’s authorized agent. This may be the owner, partner, corporate officer, or association member. The corporate officer may be the president, vice president, treasurer, assistant treasurer, chief accounting officer, or any other corporate officer (such as tax officer) authorized to sign the corporation’s tax return.

If someone other than the above prepared the return, the preparer must give his or her business address and telephone number.

Print the name of the authorized signer and preparer in the appropriate area on the return.

Assemble the returns and attachments (in sequence order) and use a clip in the upper-left corner or rubber band the pages together. (Do not staple a check to the return.) In an e-filed return, the preparation software will assemble the forms and PDF attachments in the proper order automatically.

**IMPORTANT REMINDER:** Failure to include all the required forms and attachments will delay processing and may result in reduced or denied refund or credit forward or a bill for tax due.

**SIGNING AN E-FILED RETURN:** As with any tax return submitted to Treasury on paper, an electronic tax return must be signed by an authorized tax return signer, the Electronic Return Originator (ERO), if applicable, and the paid tax preparer, if applicable.

**NOTE:** If the return meets one of the exceptions to the e-file mandate and is being filed on paper, it must be manually signed and dated by the taxpayer or the taxpayer's authorized agent.

The CIT Fed/State e-file signature process is as follows:

**Fed/State Returns:** Michigan will accept the federal signature method. Michigan does not require any additional signature documentation.

**State Stand Alone Returns:** State Stand Alone returns must be signed using Form MI-8879 (also called the Michigan e-file Authorization for Business Taxes MI-8879, Form 4763). Returns are signed by entering the taxpayer PIN in the software after reading the perjury statement displayed in the software. The taxpayer PIN will be selected by the taxpayer, or the taxpayer may authorize his or her tax preparer to select the taxpayer PIN.

The MI-8879 will be printed and contain the taxpayer PIN. The tax preparer will retain the MI-8879 in his or her records as part of the taxpayer's printed return. CIT State Stand Alone e-filings submitted without a taxpayer PIN will be rejected by Treasury. Do not mail the MI-8879 to Treasury and do not include the MI-8879 as an attachment with the e-file return.

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## Mailing Addresses

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Mail the annual return and all necessary schedules to:

**With payment:**

Michigan Department of Treasury  
PO Box 30804  
Lansing MI 48909

**Without payment:**

Michigan Department of Treasury  
PO Box 30803  
Lansing MI 48909

**Mail CIT quarterly estimate payments (Form 4913) to:**

Michigan Department of Treasury  
PO Box 30774  
Lansing MI 48909-8274

**Courier delivery service mail should be sent to:**

Michigan Department of Treasury  
7285 Parsons Dr.  
Dimondale MI 48821

Make all checks payable to "State of Michigan." Print taxpayer's FEIN, the tax year, and "CIT" on the front of the check. Do not staple the check to the return.

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## Correspondence

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An address change or business discontinuance can be reported online by using Michigan Treasury Online (MTO), Business Tax Services. See [www.michigan.gov/mtobusiness](http://www.michigan.gov/mtobusiness) for information. In the alternative, *Notice of Change or Discontinuance* (Form 163), can be found online at [www.michigan.gov/treasuryforms](http://www.michigan.gov/treasuryforms).

**Mail correspondence to:**

Michigan Department of Treasury  
Business Taxes Division, CIT Unit  
PO Box 30059  
Lansing MI 48909

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## To Request Forms

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**Internet**

Current and past year forms are available on Treasury's Web site at [www.michigan.gov/treasuryforms](http://www.michigan.gov/treasuryforms).

**Alternate Format**

Printed material in an alternate format may be obtained by calling (517) 636-6925.

**TTY**

Assistance is available using TTY through the Michigan Relay Center by calling 1-800-649-3777 or 711.

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## Revenue Administrative Bulletins (RABs)

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Treasury provides updates via RABs on the Treasury Web site at [www.michigan.gov/treasury/](http://www.michigan.gov/treasury/). Currently relevant RABs for the CIT are:

- 2013-9, CIT Definition of "Actively Solicits"
- 2013-1, CIT Unitary Business Group Control Test and Relationship Tests
- 2014-5, Michigan CIT Nexus Standards
- 2016-21, Interest Rate

# 2017 Insurance Company Annual Return for Corporate Income and Retaliatory Taxes

Issued under authority of Public Act 38 of 2011.

1. Taxpayer Name				2. Federal Employer Identification Number (FEIN)	
Address (Number, Street)				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.		00
6. Premiums on policies not taken.....	6.			00
7. Returned premiums on canceled policies.....	7.			00
8. Receipts on sales of annuities.....	8.			00
9. Receipts on reinsurance assumed (see instructions).....	9.			00
10. Add lines 6 through 9.....		10.		00
11. <b>Direct Premiums Written in Michigan.</b> Subtract line 10 from line 5. If less than zero, enter zero .....		11.		00

## DISABILITY INSURANCE EXEMPTION

12. Disability insurance premiums written in Michigan, not including credit or disability income insurance premiums, OR \$190,000,000, whichever is less .....		12.		00
13. Gross direct premiums from all lines of insurance carrier services received everywhere .....	13.			00
14. Phase out .....	14.		280,000,000	00
15. Subtract line 14 from line 13. If less than zero, enter zero .....	15.			00
16. Exemption reduction. Multiply line 15 by 2 .....		16.		00
17. Subtract line 16 from line 12. If less than zero, enter zero .....		17.		00
18. Adjusted Tax Base. Subtract line 17 from line 11 .....		18.		00
19. <b>Tax before credits.</b> Multiply line 18 by 1.25% (0.0125).....		19.		00

## CREDITS

20. Enter amounts paid from 1/1/2016 to 12/31/2016 to each of the following:				
a. Michigan Workers' Compensation Placement Facility .....	20a.			00
b. Michigan Basic Property Insurance Association .....	20b.			00
c. Michigan Automobile Insurance Placement Facility .....	20c.			00
d. Property and Casualty Guaranty Association .....	20d.			00
e. Michigan Life and Health Insurance Guaranty Association .....	20e.			00
21. Add lines 20a through 20e.....		21.		00
22. a. Michigan Examination Fees .....	22a.			00
b. Credit. Multiply line 22a by 50% (0.50).....		22b.		00
23. Tax liability before recapture. Subtract lines 21 and 22b from line 19. If less than or equal to \$100, enter zero ...		23.		00
24. Total Recapture of Certain Business Tax Credits from Form 4902.....		24.		00
25. <b>Total Michigan Tax.</b> Add lines 23 and 24 .....		25.		00

**Return is due March 1, 2018.**

**WITHOUT PAYMENT:** Mail return to:  
Michigan Department of Treasury  
PO Box 30803  
Lansing MI 48909

**WITH PAYMENT:** Pay amount on line 51 and mail check and return to:  
Michigan Department of Treasury  
PO Box 30804  
Lansing MI 48909

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

Foreign and alien insurers complete lines 26 through 40. 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**

- 26. State of incorporation tax..... 26.
- 27. Michigan Tax from line 25..... 27.

	A State of Incorporation	B Michigan
		X X X X X X X X
	X X X X X X X X	
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**FEES AND ASSESSMENTS**

- 28. Annual statement filing fee ..... 28.
- 29. Certificate of Authority renewal fee..... 29.
- 30. Certificate of Compliance ..... 30.
- 31. Certificate of Deposit ..... 31.
- 32. Certificate of Valuation..... 32.
- 33. Other fees. Include a detailed schedule of fees ..... 33.
- 34. Fire Marshall Tax ..... 34.
- 35. Second Injury Fund ..... 35.
- 36. Silicosis and Dust Disease Fund ..... 36.
- 37. Safety Education and Training Fund ..... 37.
- 38. Other assessments. Include a detailed schedule of assessments ..... 38.

**TOTAL**

- 39. Total Taxes, Fees and Assessments. Add lines 26 through 38..... 39.

- 40. Retaliatory Amount. Subtract line 39, column B, from column A. If less than zero, enter zero..... 40. 00
- 41. **Total Tax Liability.** Add lines 25 and 40. Domestic insurers, enter amount from line 25..... 41. 00

**PAYMENTS AND TAX DUE**

- 42. Overpayment credited from prior period return ..... 42.
- 43. Estimated tax payments ..... 43.
- 44. Tax paid with request for extension ..... 44.
- 45. Workers' Disability Supplemental Benefit (WDSB) Credit (attach document)..... 45.
- 46. Total Payments. Add lines 42 through 45 ..... 46.
- 47. **TAX DUE.** Subtract line 46 from line 41. If less than zero, leave blank..... 47.
- 48. Underpaid estimate penalty and interest from Form 4899, line 38..... 48.
- 49. Annual Return Penalty (see instructions) ..... 49.
- 50. Annual Return Interest (see instructions) ..... 50.
- 51. **PAYMENT DUE.** If line 47 is blank, go to line 52. Otherwise add lines 47 through 50..... 51.

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**OVERPAYMENT, REFUND OR CREDIT FORWARD**

- 52. Overpayment. Subtract line 41, 48, 49 and 50 from line 46. If less than zero, leave blank (see instructions)..... 52.
- 53. **CREDIT FORWARD.** Amount on line 52 to be credited forward and used as an estimate for next tax year..... 53.
- 54. **REFUND.** Subtract line 53 from line 52..... 54.

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	00

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



# Instructions for Form 4905

## Insurance Company Annual Return for Corporate Income and Retaliatory Taxes

### Purpose

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

### Line-by-Line Instructions

Lines not listed are explained on the form.

Do not enter data in boxes filled with Xs.

**Amended Returns:** To amend a current or prior year annual return, complete the *Insurance Company Amended Return for Corporate Income and Retaliatory Taxes* (Form 4906) that is applicable for that year, and attach a separate sheet explaining the reason for the changes. Complete and file all schedules, all forms and all attachments filed with the original return, even if not amending information on a particular form or schedule. Include a copy of an amended federal return or a signed and dated Internal Revenue Service (IRS) audit document, if applicable. **Do not include a copy of the original return with the amended return.** Find detailed instructions on Form 4906.

**Line 1:** Enter the complete name and address including the two-digit abbreviation for the country code. See the list of country codes in the *Corporate Income Tax (CIT) Forms and Instructions for Insurance Companies* (Form 4904).

**NOTE:** Any correspondence regarding the return filed and/or refund will be sent to the address provided on this form. The taxpayer's primary address in Treasury files, identified as the legal address and used for all purposes other than refund and correspondence on a specific CIT return, will not change unless the taxpayer files a *Notice of Change or Discontinuance* (Form 163) with Treasury.

**FOREIGN FILERS:** Complete the address fields as follows:

**Address:** Enter the postal address for this taxpayer.

**City:** Enter the city name for this taxpayer. DO NOT include the country name in this field.

**State:** Enter the two-letter state or province abbreviation. If there is no applicable two-letter abbreviation, leave this field blank.

**ZIP/Postal Code:** Enter the ZIP Code or Postal Code.

**Country Code:** Enter the two-letter country code provided in this tax booklet.

**Line 2:** Enter the taxpayer's Federal Employer Identification Number (FEIN). Be sure to use the same account number on all forms. The taxpayer FEIN from line 2 must be repeated in the proper location on page 2.

**NOTE:** Unless already registered, taxpayers must register with the Michigan Department of Treasury before filing a tax return. Taxpayers are encouraged to register online at [www.michigan.gov/businessstaxes](http://www.michigan.gov/businessstaxes). Taxpayers that register with Treasury online receive their registration confirmation within seven days.

If the taxpayer does not have an FEIN, the taxpayer must obtain an FEIN before filing the CIT. The Web site [www.michigan.gov/businessstaxes](http://www.michigan.gov/businessstaxes) provides information on obtaining an FEIN.

**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" includes any policy or contract of insurance against loss resulting from sickness or from bodily injury or death by accident, or both, including also the granting of specific hospital benefits and medical, surgical and sick-care benefits to any person, family or group, subject to certain exclusions.

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, 2016, to December 31, 2016, the year immediately preceding the 2017 tax year, including special assessments. Net the amounts paid and refunds received during the 2016 tax year 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, 2017, amounts paid to the Michigan Automobile Insurance Placement Facility (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 2016 (under Michigan Compiled Law 500.224).

**Line 24:** Enter the Total Recapture of Certain Business Tax Credits from Form 4902. Include a copy of Form 4902.

**Retaliatory Instructions**

**For foreign and alien insurers only; domestic insurers skip lines 26 through 40.**

Do not mail this return with the Michigan Annual Financial Statement.

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 correct amount of the tax.

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

- Michigan Worker’s 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).

**Line 26:** 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 28 through 38:** 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. In column B, “Michigan,” enter actual amounts paid by the taxpayer to Michigan.

**Line 38:** Attach a detailed schedule of assessments.

**Line 40:** Subtract line 39, column B, from line 39, column A. If less than zero, enter zero.

**PAYMENTS, REFUNDABLE CREDITS, AND TAX DUE**

**Line 43:** Enter the total tax paid with the quarterly estimated tax returns.

**Line 45:** The Worker’s Disability Supplemental Benefit (WDSB) Credit is available to an insurance company subject to the Worker’s Disability Compensation Act of 1969. The credit is equal to the amount paid during that tax year by the insurance company pursuant to Section 352 of the act, as certified by the director of the Worker’s Compensation Agency, Department of Licensing and Regulatory Affairs (LARA), during the tax year. The amount of the credit is provided to

taxpayers by LARA. For more information on WDSB credit eligibility, contact LARA, Workers’ Compensation Agency, by phone at 1-888-396-5041, by e-mail at [wcinfo@michigan.gov](mailto:wcinfo@michigan.gov), or visit the LARA Web site at [www.michigan.gov/wca](http://www.michigan.gov/wca).

**Line 48:** If penalty and interest are owed for not filing estimated returns or for underestimating tax, complete the *CIT Penalty and Interest Computation for Underpaid Estimated Tax* (Form 4899), to compute penalty and interest due. If a taxpayer chooses not to file Form 4899, Treasury will compute penalty and interest and bill for payment. (Form 4899 is available on the Web at [www.michigan.gov/treasuryforms](http://www.michigan.gov/treasuryforms).)

**Line 49:** Refer to the “Computing Penalty and Interest” section in Form 4904 to determine the annual return penalty rate and use the following Overdue Tax Penalty worksheets.

**WORKSHEET – OVERDUE TAX PENALTY**

A. Tax due from Form 4905, line 47 .....		<b>00</b>
B. Late or insufficient payment penalty percentage .....		<b>%</b>
C. Multiply line A by line B .....		<b>00</b>

Carry amount from line C to Form 4905, line 49.

**Line 50:** Use the following worksheet to calculate Overdue Tax Interest.

**WORKSHEET – OVERDUE TAX INTEREST**

A. Tax due from Form 4905, line 47 .....		<b>00</b>
B. Applicable daily interest percentage ..		<b>%</b>
C. Number of days return was past due ...		
D. Multiply line B by line C .....		
E. Multiply line A by line D .....		<b>00</b>

Carry amount from line E to Form 4905, line 50.

**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 4904 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 4905, line 50.

**Line 52:** If the amount of the tax overpayment, less any penalty and interest due on lines 48, 49 and 50, is less than zero, enter the difference (as a positive number) on line 51.

**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 CIT tax year. Complete lines 53 and 54 as applicable.

**Line 53:** If the taxpayer anticipates a CIT or Retaliatory Tax liability in the filing period subsequent to this return, some or all of any overpayment from line 52 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 CIT 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.

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### **Other Supporting Forms and Schedules**

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

- Proof of payment for any items listed in the “Michigan” column for lines 35 through 38.
- Worker’s Disability Supplemental Benefit (WDSB) Certificate.
- **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 Michigan annual return due date (March 1). Form 4905 must be filed after the actual CT33 is filed with New York. Transfer the CT33 numbers onto the Form 4905 and attach a copy of the CT33 to substantiate the taxpayer’s claim.

## Country Codes

Countries are identified by two-letter codes – Country Codes – which are required on some Michigan Business Tax (MBT) forms, including the annual returns. The following is a list of countries and their codes.

AF	Afghanistan	CK	Cook Islands	IN	India	NR	Nauru	SB	Solomon Islands
AX	Åland Islands	CR	Costa Rica	ID	Indonesia	NP	Nepal	SO	Somalia
AL	Albania	CI	Côte D'ivoire	IR	Iran	NL	Netherlands	ZA	South Africa
DZ	Algeria	HR	Croatia	IQ	Iraq	AN	Netherlands Antilles	GS	S. Georgia, Sandwich
AS	American Samoa	CU	Cuba	IE	Ireland	NC	New Caledonia	KR	South Korea
AD	Andorra	CY	Cyprus	IM	Isle Of Man	NZ	New Zealand	ES	Spain
AO	Angola	CZ	Czech Republic	IL	Israel	NI	Nicaragua	LK	Sri Lanka
AI	Anguilla	CD	Dem. Rep. of Congo	IT	Italy	NE	Niger	SD	Sudan
AQ	Antarctica	DK	Denmark	JM	Jamaica	NG	Nigeria	SR	Suriname
AG	Antigua & Barbuda	DJ	Djibouti	JP	Japan	NU	Niue	SJ	Svalbard, Jan Mayen
AR	Argentina	DM	Dominica	JE	Jersey	NF	Norfolk Island	SZ	Swaziland
AM	Armenia	DO	Dominican Republic	JO	Jordan	KP	North Korea	SE	Sweden
AW	Aruba	EC	Ecuador	KZ	Kazakhstan	MP	N. Mariana Islands	CH	Switzerland
AU	Australia	EG	Egypt	KE	Kenya	NO	Norway	SY	Syrian Arab Republic
AT	Austria	SV	El Salvador	KI	Kiribati	OM	Oman	TW	Taiwan
AZ	Azerbaijan	GQ	Equatorial Guinea	KW	Kuwait	PK	Pakistan	TJ	Tajikistan
BS	Bahamas	ER	Eritrea	KG	Kyrgyzstan	PW	Palau	TZ	Tanzania
BH	Bahrain	EE	Estonia	LA	Laos	PS	Palestinian Occ. Terr.	TH	Thailand
BD	Bangladesh	ET	Ethiopia	LV	Latvia	PA	Panama	TL	Timor-Leste
BB	Barbados	FK	Falkland Islands	LB	Lebanon	PG	Papua New Guinea	TG	Togo
BY	Belarus	FO	Faroe Islands	LS	Lesotho	PY	Paraguay	TK	Tokelau
BE	Belgium	FJ	Fiji	LR	Liberia	PE	Peru	TO	Tonga
BZ	Belize	FI	Finland	LY	Libya	PH	Philippines	TT	Trinidad & Tobago
BJ	Benin	FR	France	LI	Liechtenstein	PN	Pitcairn	TN	Tunisia
BM	Bermuda	GF	French Guiana	LT	Lithuania	PL	Poland	TR	Turkey
BT	Bhutan	PF	French Polynesia	LU	Luxembourg	PT	Portugal	TM	Turkmenistan
BO	Bolivia	TF	Fr. Southern Terr.	MO	Macao	PR	Puerto Rico	TC	Turks & Caicos
BA	Bosnia, Herzegovina	GA	Gabon	MK	Macedonia	QA	Qatar	TV	Tuvalu
BW	Botswana	GM	Gambia	MG	Madagascar	RE	Réunion	UG	Uganda
BV	Bouvet Island	GE	Georgia	MW	Malawi	RO	Romania	UA	Ukraine
BR	Brazil	DE	Germany	MY	Malaysia	RU	Russian Federation	AE	United Arab Emir.
IO	Brit. Ind. Ocean Terr.	GH	Ghana	MV	Maldives	RW	Rwanda	GB	United Kingdom
BN	Brunei Darussalam	GI	Gibraltar	ML	Mali	BL	St. Barthélemy	US	United States
BG	Bulgaria	GR	Greece	MT	Malta	SH	St. Helena	UM	U.S. Minor Out. Isl.
BF	Burkina Faso	GL	Greenland	MH	Marshall Islands	KN	St. Kitts & Nevis	UY	Uruguay
BI	Burundi	GD	Grenada	MQ	Martinique	LC	St. Lucia	UZ	Uzbekistan
KH	Cambodia	GP	Guadeloupe	MR	Mauritania	MF	St. Martin	VU	Vanuatu
CM	Cameroon	GU	Guam	MU	Mauritius	PM	St. Pierre & Miquelon	VE	Venezuela
CA	Canada	GT	Guatemala	YT	Mayotte	VC	St. Vincent, Grenad.	VN	Vietnam
CV	Cape Verde	GG	Guernsey	MX	Mexico	WS	Samoa	VG	Virgin Islands, British
KY	Cayman Islands	GN	Guinea	FM	Micronesia	SM	San Marino	VI	Virgin Islands, U.S.
CF	Cent. African Repub.	GW	Guinea-Bissau	MD	Moldova	ST	Sao Tome & Principe	WF	Wallis & Futuna
TD	Chad	GY	Guyana	MC	Monaco	SA	Saudi Arabia	EH	Western Sahara
CL	Chile	HT	Haiti	MN	Mongolia	SN	Senegal	YE	Yemen
CN	China	HM	Heard, McDonald Isl.	ME	Montenegro	RS	Serbia	ZM	Zambia
CX	Christmas Island	VA	Holy See (Vatican)	MS	Montserrat	SC	Seychelles	ZW	Zimbabwe
CC	Cocos Islands	HN	Honduras	MA	Morocco	SL	Sierra Leone		
CO	Colombia	HK	Hong Kong	MZ	Mozambique	SG	Singapore		XX Countries-Other
KM	Comoros	HU	Hungary	MM	Myanmar	SK	Slovakia		
CG	Congo	IS	Iceland	NA	Namibia	SI	Slovenia		

