

# CAUTION:

This tax return must  
be filed electronically.

Paper versions of this return  
**will not** be accepted.

If you have questions about filing electronically,  
contact us at 617-887-6367.

See <https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements> for further information about our electronic filing and payment requirements.



# Schedule U-INS Payment to Insurance Companies Under Common Ownership

**2023**  
**Massachusetts**  
**Department of**  
**Revenue**

For calendar year 2023 or taxable period beginning	2023 and ending
Name of member	Federal Identification number
Name of insurance affiliate	Federal Identification number, if applicable
Name of principal reporting corporation	Federal Identification number
Type of U.S. tax return filed by the insurance affiliate, if any <input type="radio"/> 1120 <input type="radio"/> 1120F <input type="radio"/> Filed other <input type="radio"/> Did not file	Type of Massachusetts tax return filed by the insurance affiliate, if any <input type="radio"/> 63-20P <input type="radio"/> 63-23P <input type="radio"/> Filed other <input type="radio"/> Did not file

1 Amount deducted for premiums paid directly or indirectly to insurance affiliate .....	<b>1</b>	
2 Deductions for all other amounts paid directly or indirectly to insurance affiliate .....	<b>2</b>	

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