Manitoba

Accident & Sickness
Tax Return For
Life and Health Insurers

Manitoba Finance Financial Institutions Regulation Branch



1115-405 Broadway Winnipeg, Manitoba R3C 3L6 Canada Telephone: (204) 945-2542 Fax: (204) 948-2268

Toll Free: 1-800-282-8069

Final Reconciliation Return due on or before March 31st, To be filed under the provisions of *The Insurance Corporations Tax Act*, for the year ended December 31, Name of Company Address of Company Gross DIRECT Accident and Sickness premiums receivable (Disregard reinsurance assumed or ceded) \$_____ 2. DEDUCT: (a) Dividends payable to policyholders \$_____ (b) Other (please detail) \$_____ **Total Deductions** Taxable Premium Income Tax Payable at 2% of item 3 For use where tax payable exceeds total of quarterly For use where total of quarterly payments exceeds payments: tax payable: Tax payable \$ **Quarterly Payments** \$_____ Less: Quarterly **Payments** Less: Tax payable Balance of tax due Refund claimed Payment enclosed (Cheque payable to Minister of Finance of Manitoba) IMPORTANT: The above figures must agree with those reported in the Annual Statement to the Superintendent of Insurance, Manitoba; if not, a reconciliation of the difference must be attached. CERTIFICATION I, hereby certify that to foregoing statement is true and correct and in accordance with the provisions of *The Insurance Corporations Tax* hereby certify that the Act. (Place) (Signed) (Date) (Rank)

Fax No. ___

E-Mail:

Telephone No. ___