



Caution: *DRAFT—NOT FOR FILING*

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information as a courtesy. **Do not file draft forms.** Also, do **not** rely on draft forms, instructions, and publications for filing. We generally do not release drafts of forms until we believe we have incorporated all changes. However, unexpected issues sometimes arise, or legislation is passed, necessitating a change to a draft form. In addition, forms generally are subject to OMB approval before they can be officially released. Drafts of instructions and publications usually have at least some changes before being officially released.

Early release drafts are at [IRS.gov/DraftForms](https://www.irs.gov/DraftForms), and may remain there even after the final release is posted at [IRS.gov/DownloadForms](https://www.irs.gov/DownloadForms). All information about all forms, instructions, and pubs is at [IRS.gov/Forms](https://www.irs.gov/Forms).

Almost every form and publication also has its own page on IRS.gov. For example, the Form 1040 page is at [IRS.gov/Form1040](https://www.irs.gov/Form1040); the Publication 17 page is at [IRS.gov/Pub17](https://www.irs.gov/Pub17); the Form W-4 page is at [IRS.gov/W4](https://www.irs.gov/W4); and the Schedule A (Form 1040) page is at [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA). If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not in a Search box. Note that these are friendly shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications at [IRS.gov/FormsComments](https://www.irs.gov/FormsComments). We cannot respond to all comments due to the high volume we receive. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

U.S. Life Insurance Company Income Tax Return

For calendar year 2018 or tax year beginning _____, 2018, ending _____, 20_____

2018

▶ Go to www.irs.gov/Form1120L for instructions and the latest information.

A Check if:	Name	B Employer identification number
1 Consolidated return (attach Form 851) <input type="checkbox"/>	Number, street, and room or suite no. If a P.O. box, see instructions.	C Date incorporated
2 Life-nonlife consolidated return <input type="checkbox"/>		
3 Schedule M-3 (Form 1120-L) attached <input type="checkbox"/>		
	City or town, state or province, country, and ZIP or foreign postal code	D Check applicable box if an election has been made under section(s):
E Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return <input type="checkbox"/> 953(c)(3)(C) <input type="checkbox"/> 953(d)		

Income	1	Gross premiums, etc., less return premiums, etc. Enter balance	1	
	2	Net decrease, if any, in reserves (Schedule F, line 12)	2	
	3	Decrease in reserves under section 807(f)	3	
	4	Investment income (Schedule B, line 6) (see instructions)	4	
	5	Net capital gain (Schedule D (Form 1120), line 18)	5	
	6	Income from a special loss discount account (attach Form 8816)	6	
	7	Other income (attach statement)	7	
	8	Life insurance company gross income. Add lines 1 through 7	8	
Deductions <small>(See instructions for limitations on deductions.)</small>	9	Death benefits, etc.	9	
	10	Net increase, if any, in reserves (Schedule F, line 12)	10	
	11	Increase in reserves under section 807(f)	11	
	12	Deductible policyholder dividends under section 808	12	
	13	Assumption by another person of liabilities under insurance, etc., contracts	13	
	14	Dividends reimbursable by taxpayer	14	
	15a	Interest ▶ _____ b Less tax-exempt interest expense ▶ _____ c Bal ▶ _____	15c	
	16	Deductible policy acquisition expenses (Schedule G, line 20)	16	
	17	Reserved for future use	17	
	18	Other deductions (see instructions) (attach statement)	18	
	19	Add lines 9 through 18	19	
	20	Subtotal. Subtract line 19 from line 8	20	
21a	Dividends-received and other special deductions (Schedule A, line 22)	21a		
21b	Plus: b. Net operating loss deduction (see instructions) (attach statement)	21c		
22	Gain or (loss) from operations. Subtract line 21c from line 20	22		
23	Life insurance company taxable income (LICTI). Enter line 22 here	23		
24	Phased inclusion of balance of policyholders surplus account (see instructions)	24		
Tax, Refundable Credits, and Payments	25	Taxable income. Add lines 23 and 24 (see instructions)	25	
	26	Total tax. (Schedule K, line 10)	26	
	27	2018 Net 965 tax liability paid from Form 965-B, Part II, column (k), line 2	27	
	28a	2017 overpayment credited to 2018	28a	
	b	Prior year(s) special estimated tax payments to be applied	28b	
	c	2018 estimated tax payments	28c	
	d	Less 2018 refund applied for on Form 4466	28d	
	e		28e	
	f	Tax deposited with Form 7004	28f	
	g	Credits: (1) Form 2439 ▶ _____ (2) Form 4136 ▶ _____	28g	
	h	U.S. income tax paid or withheld at source (attach Form 1042-S)	28h	
	i	2018 Net 965 tax liability from Form 965-B, Part I, column (d), line 2	28i	
j	Refundable credit from Form 8827, line 8c	28j		
29	Estimated tax penalty. Check if Form 2220 is attached <input type="checkbox"/>	29		
30	Amount owed. If line 28k is smaller than the total of lines 26, 27, and 29, enter amount owed	30		
31	Overpayment. If line 28k is larger than the total of lines 26, 27, and 29, enter amount overpaid	31		
32	Enter amount from line 31: Credited to 2019 estimated tax ▶ _____ Refunded ▶ _____	32		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____	Date _____	Title _____	May the IRS discuss this return with the preparer shown below? See Instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------	------------	-------------	--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

Schedule A Dividends, Inclusions, Dividends-Received Deduction, and Other Special Deductions (see instructions)

Dividends subject to proration		(a) Dividends and inclusions	(b) %	(c) Deductions ((a) times (b))
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	1	50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)	2	65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations	3	see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	4	23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	5	26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain foreign sales corporations (FSCs)	6	50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs	7	65	
8	Dividends from wholly-owned foreign subsidiaries and certain FSCs	8	100	
9	Dividends from certain affiliated companies	9	100	
10	Gross dividends-received deduction. Add lines 1 through 9	10		
11	Company share percentage	11		0.7
12	Prorated amount. Line 10 times line 11	12		
Dividends not subject to proration				
13	Affiliated company dividends	13	see instructions	
14	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)	14	100	
15	Dividends from foreign corporations not included on line 3, 6, 7, 8, or 14 (including hybrid dividends)	15		
16	Section 965(a) inclusion	16	see instructions	
17a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)	17a	100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)	17b		
c	Other inclusions from CFCs under subpart F not included on line 16, 17a, 17b, or 18 (attach Form(s) 5471) (see instructions)	17c		
18	Global intangible low-taxed income (GILTI) (attach Form(s) 5471 and 8992)	18		
19	Other corporate dividends	19		
20	Total dividends and inclusions. Add lines 1 through 19, column (a). Enter here and on Schedule B, line 2	20		
21	Section 250 deduction (attach Form 8993)	21		
22	Total deductions. Add lines 12, 13, 14, 16, 17a, and 21, column (c). Enter here and on page 1, line 21a	22		

Schedule B Investment Income (see instructions)

1	Interest (excluding tax-exempt interest)	1		
2	Total dividends and inclusions (Schedule A, line 20, column (a))	2		
3	Rents	3		
4	Royalties	4		
5	Leases, terminations, etc.	5		
6	Investment income. Add lines 1 through 5. Enter here and on page 1, line 4	6		

Schedule F Increase (Decrease) in Reserves (section 807) (see instructions)

	(a) Beginning of tax year		(b) End of tax year	
	1	2	3	4
1 Life insurance reserves				
2 Unearned premiums and unpaid losses				
3 Supplementary contracts				
4 Dividend accumulations and other amounts				
5 Advance premiums				
6 Special contingency reserves				
7 Add lines 1 through 6				
8 Increase (decrease) in reserves under section 807. Subtract line 7, column (a), from line 7, column (b)			8	
9 Tax-exempt interest and the increase in policy cash value of section 264(f) policies as defined in section 805(a)(4)(F)				
10 Policyholders' share percentage			10	30%
11 Policyholders' share of tax-exempt interest and the increase in policy cash value of section 264(f) policies as defined in section 805(a)(4)(F). Multiply line 9 by line 10			11	
12 Net increase (decrease) in reserves. Subtract line 11 from line 8. If an increase, enter here and on page 1, line 10. If a decrease, enter here and on page 1, line 2			12	

Schedule G Policy Acquisition Expenses (section 848) (see instructions)

	(a) Annuity		(b) Group life insurance	(c) Other
	1	2		
1 Gross premiums and other consideration				
2 Return premiums and premiums and other consideration incurred for reinsurance				
3 Net premiums. Subtract line 2 from line 1				
4 Net premium percentage				
5 Multiply line 3 by line 4				
6 Combine line 5, columns (a), (b), and (c), and enter here. If zero or less, enter -0- on lines 7 and 8			6	
7 Unused balance of negative capitalization amount from prior years			7 ()	
8 Combine lines 6 and 7. If zero or less, enter -0-			8	
9 General deductions (attach statement)			9	
10 Enter the lesser of line 8 or line 9			10	
11 Deductible general deductions. Subtract line 10 from line 9. Enter here and include on page 1, line 18			11	
12 If the amount on line 6 is negative, enter it as a positive amount. If the amount on line 6 is positive, enter -0-			12	
13 Unamortized specified policy acquisition expenses from prior years			13	
14 Deductible negative capitalization amount. Enter the lesser of line 12 or line 13			14	
15a Tentative 60-month specified policy acquisition expenses. Enter amount from line 10, but not more than \$5 million			15a	
b Limitation			15b	
16 Phase-out amount. Subtract line 15b from line 10. If zero or less, enter -0-			16	
17a Current year 60-month specified policy acquisition expenses. Subtract line 16 from line 15a. If zero or less, enter -0-			17a	
b Enter 10% of line 17a			17b	
18a Current year 180-month specified policy acquisition expenses. Subtract line 17a from line 10			18a	
b Enter 3.34% of line 18a			18b	
19 Enter the applicable amount of amortization from specified policy acquisition expenses capitalized in prior years and deductible this year. Attach statement			19	
20 Deductible policy acquisition expenses. Add lines 14, 17b, 18b, and 19. Enter here and on page 1, line 16			20	

Schedule K Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax		2	
3	Base erosion minimum tax (attach Form 8991)		3	
4	Add lines 2 and 3		4	
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (attach Form 8834)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	
8	Foreign corporations—tax on income not effectively connected with U.S. business		8	
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Other (attach statement)		9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 26		10	

Schedule L Part I—Total Assets (see instructions)

	(a) Beginning of tax year	(b) End of tax year
1 Real property	1	
2 Stocks	2	
3 Proportionate share of partnership and trust assets	3	
4 Other assets (attach statement)	4	
5 Total assets. Add lines 1 through 4	5	

Part II—Total Assets and Total Insurance Liabilities (section 842(b)(2)(B)(i)) (see instructions)

Note: The information provided in Part II should conform with the “Assets” and “Liabilities, Surplus, and Other Funds” sections of the NAIC Annual Statement.

	(a) Beginning of tax year	(b) End of tax year
1 Subtotals for assets	1	
2 Total assets	2	
3 Reserve for life policies and contracts	3	
4 Reserve for accident and health policies	4	
5 Liability for deposit-type contracts	5	
6 Life policy and contract claims	6	
7 Accident and health policy and contract claims	7	
8 Policyholder’s dividend and coupon accumulations	8	
9 Premiums and annuity considerations received in advance less discount	9	
10 Surrender values on canceled policies	10	
11 Part of other amounts payable on reinsurance assumed	11	
12 Part of aggregate write-ins for liabilities. (Only include items or amounts includible in “total insurance liabilities on U.S. business” as defined in section 842(b)(2)(B)(i))	12	
13 Separate accounts statement	13	
14 Total insurance liabilities. Add lines 3 through 13	14	

