Form 800 Department of Taxation PO Box 26179 Richmond, VA 23260-6179

2016 Virginia Insurance Premiums License Tax Return



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Company Name Federal B				Employer ID Number		
Ad	dress	s	NAIC/License #			
Cit	y, Sta	ate and ZIP Code	Federal Employer ID Number NAIC/License #			
		le T Information: Enter the amount included in your direct premium income reported in income that is not included, complete Schedule 800ADJ, Section A, Lines 1 and 2.	l on Schedule T of	the NAIC Ar	nnual Statement. If there is	
	A.	Uninsured Motorist Premium Distribution			.00_	
	В.	Virginia Property Insurance Association (FAIR Plan Premium Distribution)			.00_	
OR TAX DUE PAYMENTS/CREDITS TAX COMPUTATION INCOME DATE OF DAT	1.	Amount of Direct Premium Written Income Reported on Schedule T and Allocated to	Virginia	1	.00.	
	2.	Total Additions from Schedule 800ADJ, Section A, Line 5		2	.00	
	3.	Total. Add Line 1 and Line 2		3.	.00	
Z	4.	Total Subtractions from Schedule 800ADJ, Section B, Line 10		4.	.00	
	5.	Premium Income and Adjustments. Subtract Line 4 from Line 3				
K COMPUTATION		a - Taxable	e Premium Amount			
	6.	Insurance Premiums License Tax at 2.25% Column a. Enter the amount from Sch. 800A, Line 12, Column C. Column b. Enter the amount from Sch. 800A, Line 13, Column C 6.	.(00	.00.	
	7.	Insurance Premiums License Tax at 1% Column a. Enter the amount from Sch. 800A, Line 12, Column D. Column b. Enter the amount from Sch. 800A, Line 13, Column D.				
		If you are an exempt mutual assessment property and casualty insurer, check the box, enter Premium Income on Line 7a and "0" for tax on Line 7b, and attach Schedule 844	.0	00	.00.	
¥	8.	Other Health Services Plan Premiums License Tax at 2.25% Column a. Enter the amount from Sch. 800A, Line 12, Column E. Column b. Enter the amount from Sch. 800A, Line 13, Column E 8.			.00.	
	9.	Total Tax. Add Line 6b, Line 7b and Line 8b		9.		
_	10.	Nonrefundable Tax Credits from Schedule 800CR, Part XI, Line 41		10.		
	11.	Adjusted Insurance Premiums License Tax. Subtract Line 10 from Line 9		11.		
	12.	Estimated Tax Paid for Taxable Year 2016		12.		
	13.	Refundable Retaliatory Costs Tax Credit from Schedule 800CR, Part XII, Line 42		13.	.00	
PA≺	14.	Total Payments and Credits. Add Line 12 and Line 13		14.	.00.	
OR	15.	Insurance Premiums License Tax Owed. If Line 11 is greater than Line 14. Subtract Line 14 from Line 11		– 15.		
	16.	Insurance Premiums License Tax Overpaid. If Line 14 is greater than Line 11. Subtract Line 11 from Line 14		16.	.00	
	17.	Retaliatory Tax Due from Schedule 800RET, Line 22		17.	.00.	
	18.	Total Adjustments from Schedule 800ADJ, Section C, Line 15		18.	.00.	
REFUND	19.	Total Adjustments and Retaliatory Tax. Add Line 17 and Line 18		19.	.00.	
REFI	20.	Total Amount You Owe. See Instructions.		20.	.00.	
	21.	If You Have an Overpayment of Tax on Line 16. Subtract Line 19 from Line 16 This	Is Your Refund	21.	.00.	
				_	.00	

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Company Name		Federal Employer ID Number				
Schedule of Merger/Acquisition List the name/address, FEIN and NAIC/License Number of any company included in this return as a result of a merger/acquisition. Submit copies of this schedule if additional space is needed.						
Company Name/Addr	ess	FEIN	NAIC/License #			
der penalty of perjury, I declare that I have	examined this report and to the best of my k	nowledge and belief, it is true, correct a	and complete.			
gnature of Officer	Printed Name	Title	Date			
eparer's Name	Preparer's Phone Number	Preparer's FEIN/PTIN/SS	N Vendor Code			