

**2024 Virginia  
Schedule 800ADJ**

**Insurance Premiums License Tax  
Schedule of Adjustments**



Company Name	FEIN	NAIC/License #
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**SECTION A – Additions to Direct Premiums Written – to the extent not included on Form 800, Line 1.**

- 1. Uninsured Motorist Premium Distribution ..... **1.** \_\_\_\_\_ **.00**
- 2. Virginia Property Insurance Association (FAIR Plan) Premium Distribution ..... **2.** \_\_\_\_\_ **.00**
- 3. Additional Finance and Service Charges Not Included in Premiums ..... **3.** \_\_\_\_\_ **.00**
- 4. Other Additions – Enter addition code and amount.
 

<b>4a.</b>			<b>4a.</b>		<b>.00</b>
<b>4b.</b>			<b>4b.</b>		<b>.00</b>
<b>4c.</b>			<b>4c.</b>		<b>.00</b>
- 5. Total Additions** – Add Section A, Lines 1-4c. Enter on Form 800, Line 2..... **5.** \_\_\_\_\_ **.00**

**SECTION B – Subtractions from Direct Premiums Written – to the extent included on Form 800, Line 1.**

- 6. Workers' Compensation Premiums. Do not include Workers' Compensation Finance and Services charges ..... **6.** \_\_\_\_\_ **.00**
- 7. Federal Employees Health Benefits Program Premiums ..... **7.** \_\_\_\_\_ **.00**
- 8. Medicare Premiums – Individuals and Groups. Do not include Medicare Part D Premiums ..... **8.** \_\_\_\_\_ **.00**
- 9. Other Subtractions – Enter subtraction code and amount.
 

<b>9a.</b>			<b>9a.</b>		<b>.00</b>
<b>9b.</b>			<b>9b.</b>		<b>.00</b>
<b>9c.</b>			<b>9c.</b>		<b>.00</b>
<b>9d.</b>			<b>9d.</b>		<b>.00</b>
- 10. Total Subtractions** – Add Section B, Lines 6-9d. Enter on Form 800, Line 4..... **10.** \_\_\_\_\_ **.00**

**SECTION C – Adjustments**

- 11. Addition to Tax from Form 800C, Line 17 ..... **11.** \_\_\_\_\_ **.00**
- 12. Penalty for Late Payment
  - 12a.** Insurance Premiums License Tax Penalty..... **12a.** \_\_\_\_\_ **.00**
  - 12b.** Retaliatory Tax Penalty..... **12b.** \_\_\_\_\_ **.00**
- 13. Interest..... **13.** \_\_\_\_\_ **.00**
- 14. Fee for Late Filing..... **14.** \_\_\_\_\_ **.00**
- 15. Total Adjustments** – Add Section C, Lines 11-14. Enter on Form 800, Line 18 ..... **15.** \_\_\_\_\_ **.00**

**Enclose completed Schedule 800ADJ with Form 800. Do not submit blank form.**