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

2015 Virginia Insurance Premiums License Tax Return

Company Name	Federal Employer ID Number
Address	NAIC/License #
City, State and ZIP Code	State of Domicile as of 12/31/2015

Check boxes that apply: ☐ Name change ☐ Address change ☐ Amended return ☐ Involved in merger/acquisition.

If involved in a merger/acquisition, enter the date recognized: In the State of Domicile _____ In Virginia _____

Schedule T Information: Enter the amount included in your direct premium income reported on Schedule T of the NAIC Annual Statement. If there is premium income that is not included, complete Schedule 800ADJ, Section A, Lines 1 and 2.

A. Uninsured Motorist Premium Distribution 00

B. Virginia Property Insurance Association (FAIR Plan Premium Distribution) 00

INCOME

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
4. Total Subtractions from Schedule 800ADJ, Section B, Line 10. . . . . 4. .00
5. **Premium Income and Adjustments**. Subtract Line 4 from Line 3 . . . . . 5. .00

TAX COMPUTATION

		a - Taxable Premium Amount	**b** - Tax
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 ☐ . . . . . 7.	.00	.00
8.	Other Insurance 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	.00
9.	**Total Tax.** Add Line 6b, Line 7b and Line 8b		9. .00

PAYMENTS/CREDITS

10. Nonrefundable Tax Credits from Schedule 800CR, Part XI, Line 41. . . . . 10. .00
11. Adjusted Insurance Premiums License Tax. Subtract Line 10 from Line 9. . . . . 11. .00
12. Estimated Tax Paid for Taxable Year 2015 . . . . . 12. .00
13. Refundable Retaliatory Costs Tax Credit from Schedule 800CR, Part XII, Line 42 . . . . . 13. .00
14. **Total Payments and Credits.** Add Line 12 and Line 13. . . . . 14. .00

REFUND OR TAX DUE

15. Insurance Premiums License Tax Owed.
If Line 11 is greater than Line 14. Subtract Line 14 from Line 11 . . . . . 15. .00
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
19. Total Adjustments and Retaliatory Tax. Add Line 17 and Line 18 . . . . . 19. .00
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

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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/Address	FEIN	NAIC/License #

Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Officer	Printed Name	Title	Date

Preparer's Name	Preparer's Phone Number	Preparer's FEIN/PTIN/SSN	Vendor Code

☐ By checking this box, I authorize the Department to discuss this return with the preparer listed above.