Schedule 800RET CR

Application for Retaliatory Costs Tax Credit

For Calendar Year 2016

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

1. Retaliatory Cost paid, as defined in *Va. Code* § 58.1-2510. . . . .   1. _____ .00

2. If the Retaliatory Costs Tax Credit was received for taxable year 2000, enter the amount from Line 1 multiplied by 100%. . . . .   2. _____ .00

3. If the Retaliatory Costs Tax Credit was not received for taxable year 2000, enter the amount from Line 1 multiplied by 60%. . . . .   3. _____ .00

4. Retaliatory Costs Tax Credit carryover. . . . .   4. _____ .00

5. Total Retaliatory Costs Tax Credit available (Add Lines 2, 3, and 4). . . . .   5. _____ .00

6. Provide details on the schedule below to allocate the credit amount available on Line 5. Attach a separate schedule if more space is needed.

	Name	FEIN	NAIC	Amount
a.	_____	_____	_____	_____ .00
b.	_____	_____	_____	_____ .00
c.	_____	_____	_____	_____ .00
d.	_____	_____	_____	_____ .00
e.	_____	_____	_____	_____ .00
f.	_____	_____	_____	_____ .00

6. Retaliatory Costs Tax Credit allocated. Add Lines 6a through 6f. . . . .   6. _____ .00

7. Remaining Retaliatory Costs available for refund. Subtract Line 6 from Line 5 . . . .   7. _____ .00

8. Refundable Retaliatory Costs Tax Credit Allowed. Enter lesser of the Remaining Retaliatory Costs available from Line 7 or the Retaliatory Costs Tax Credit Limit (listed below).

   Retaliatory Costs Tax Credit Limit.

   ☐ The amount on Line 2 is greater than $0. Your refund cannot exceed $7,000,000.

   ☐ The amount on Line 3 is greater than $0. Your refund cannot exceed $800,000. . . . . . .   8. _____ .00

9. Retaliatory Cost Tax Credit. Add the Retaliatory Costs Tax Credit amount allocated to Parent Company from Line 6 and the Retaliatory Costs Tax Credit Allowed from Line 8. Enter here and on Schedule 800CR, Line 42 . . . .   9. _____ .00

10. Carryover Retaliatory Tax Credit. Line 5 minus the sum of Line 6 and Line 8. This is the amount of Retaliatory Tax Credit to be carried forward to taxable year 2017. . . . . . .   10. _____ .00

I certify that the above information is true and correct to the best of my knowledge.

Signature	Phone Number
Title	Date

Certified Public Accountant Statement:

I certify that the above named insurance company (or group) is a "qualified company" as defined by *Va. Code* § 58.1-2510 B and is eligible to apply for the credit for Retaliatory Costs paid to other states by:

☐ Having an increase, as of December 31, 1997, of at least 325 qualified full-time employees above the company's employment level in Virginia on December 31, 1996;

OR

☐ Having more than 100 qualified full-time employees in Virginia during the entire taxable year, beginning on or after January 1, 2001.

Signature of Authorized Representative	Phone Number
Firm Name and Address	Date