

Schedule 800RET CR

**Virginia Application for
Retaliatory Costs Tax Credit**

**For Calendar Year
2017**

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. Enclose a separate schedule if more space is needed.

	<u>Name</u>	<u>FEIN</u>	<u>NAIC</u>	<u>Amount</u>
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 2018. 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