

**2020 Virginia  
Schedule 800ADJ**

**Insurance Premiums License Tax  
Schedule of Adjustments**



Company Name	FEIN	NAIC/License #
--------------	------	----------------

**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.                                  |   |     |  |         |
| 4a.   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> |     |  | 4a. .00 |
|   |   |     |  |         |
| 4b.   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> |     |  | 4b. .00 |
|   |   |     |  |         |
| 4c.   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> |     |  | 4c. .00 |
|   |   |     |  |         |
| 5. <b>Total Additions</b> – 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.  |   |     |  |         |
| 9a.   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> |     |  | 9a. .00 |
|   |   |     |  |         |
| 9b.   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> |     |  | 9b. .00 |
|   |   |     |  |         |
| 9c.   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> |     |  | 9c. .00 |
|   |   |     |  |         |
| 9d.   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> |     |  | 9d. .00 |
|   |   |     |  |         |
| 10. <b>Total Subtractions</b> – 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. <b>Total Adjustments</b> – 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.**