

**2025 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> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <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> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <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> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> | | | | | | | 4c. .00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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. | | | | | | | | | | |
| 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> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <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> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <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> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <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> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> | | | | | | | | | 9d. .00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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.