## Schedule 800RET CR

## Application for Retaliatory Costs Tax Credit

Company Name		Federal Employer ID Number	
Address NAI		NAIC/License #	
City,	State and ZIP Code	State of Domicile	
1.	Retaliatory Cost paid, as defined in <i>Va. Code</i> § 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%		
3.	If the Retaliatory Costs Tax Credit was not received for taxable year 2000, enter the amount from Line 1 multiplied by 60%		.00
4.	Retaliatory Costs Tax Credit carryover		.00
5.	Total Retaliatory Costs Tax Credit available (Add Lines 2, 3 and 4)	5	.00
6.	Adjusted Insurance Premiums License Tax from Form 800, Line 11	6	.00
7.	If Line 5 is less than Line 6, enter the amount from Line 5		.00
8.	If Line 5 is greater than Line 6, compute the amount of refundable Retaliatory Credit. If the amount on Line 2 is greater than 0, your refund cannot exceed \$ Enter the amount from Line 5 or \$7,000,000, whichever is less. If the amount is greater than 0, your refund cannot exceed \$800,000. Enter the amount from \$800,000, whichever is less.	Costs Tax 7,000,000. on Line 3 n Line 5 or	.00
9.	Net Amount of refundable Retaliatory Costs Tax Credit.		.00
	a. If you have an amount on Line 7, enter that amount here and on Schedule 800CR, Line 37	9a	.00
	b. If you have an amount on Line 8, add Line 6 and Line 8. Enter here and or Schedule 800CR, Line 37		.00
10.	Carryover Retaliatory Tax Credit. Subtract Line 9b from Line 5. This is the am Retaliatory Tax Credit to be carried forward to taxable year 2014		.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