Form 800 Department of Taxation PO Box 26179

Richmond, VA 23260-6179

2013 Virginia Insurance Premiums License Tax Return



Company Name			Federal Employer ID Number			
Ad	dress	s N	NAIC/License #			
Cit	y, Sta	ate and ZIP Code S	State of Domicile			
Check boxes that apply: Name change Address change Amended return Involved in me						
If involved in a merger/acquisition, enter the date recognized: In the State of Domicile In Virginia						
Schedule T Information: Enter the amount included in your direct premium income reported on Schedule T of the NAIC Annual Statement. If there is premium income that is not included, complete Schedule 800ADJ, Section A, Lines 1 and 2.						
unc	A. Uninsured Motorist Premium Distribution					
Ш	В.	Virginia Property Insurance Association (FAIR Plan Premium Distribution)		.00_		
	1.	Amount of Direct Premium Written Income Reported on Schedule T and Allocated to	Virginia	1(
	2.	Total Additions from Schedule 800ADJ, Section A, Line 5		2		
INCOME	3.	Total (Add Line 1 and Line 2).		3		
Z	4.	Total Subtractions from Schedule 800ADJ, Section B, Line 10		4(
	5.	Premium Income and Adjustments (Subtract Line 4 from Line 3)		5.		
		a - Taxable Premium Amount b - Tax				
TAX COMPUTATION	6.	Insurance Premiums License Tax at 2.25% Column a. Enter the amount from Sch. 800A, Line 12, Column C. Column b. Enter the amount from Sch. 800A, Line 13, Column C6.	0	0 .0		
	7.	Insurance Premiums License Tax at 1% Column a. Enter the amount from Sch. 800A, Line 12, Column D. Column b. Enter the amount from Sch. 800A, Line 13, Column D. If you are an exempt mutual assessment property and casualty insurer, check the box, enter "0" for tax, and attach Schedule 844 7.				
	8.	Insurance Premiums License Tax 0.75%	.0	.0		
		Column a. Enter the amount from Sch. 800A, Line 12, Column E. Column b. Enter the amount from Sch. 800A, Line 13, Column E 8.	.0	.00		
	9.	Total Tax (Add Line 6b, Line 7b and Line 8b)		9.		
PAYMENTS/CREDITS	10.	Nonrefundable Tax Credits from Schedule 800CR, Part X, Line 36		10		
	11.	Adjusted Insurance Premiums License Tax (Subtract Line 10 from Line 9)		11.		
	12.	Estimated Tax Paid for Taxable Year 2013		12.		
	13.	Refundable Retaliatory Costs Tax Credit from Schedule 800CR, Part XI, Line 37		13		
	14.	Total Payments and Credits (Add Line 12 and Line 13)				
REFUND OR TAX DUE	15.	Insurance Premiums License Tax Owed. If Line 11 is greater than Line 14, subtract Line 14 from Line 11		15.		
	16.	Insurance Premiums License Tax Overpaid. If Line 14 is greater than Line 11, subtract Line 11 from Line 14				
	17.	Retaliatory Tax Due from Schedule 800RET, Line 22				
		Total Adjustments from Schedule 800ADJ, Section C, Line 15				
	19.	Total Adjustments and Retaliatory Tax (Add Line 17 and Line 18)				
	20.	Total Amount You Owe. See Instructions.		20.		
		If You Have an Overpayment of Tax on Line 16, Subtract Line 19 from Line 16. This Is		21.		
				(

2013 Virginia Insurance Premiums License Tax Return



Company Name

Federal Employer ID Number

Schedule of Merger/Acquisition List the name/address, FEIN and NAIC/License Number of any company included in this return as a result of a merger/acquisition. Submit copies of this schedule if additional space is needed.				
Company Name/Address	FEIN	NAIC/License #		

Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of Officer
 Printed Name
 Title
 Date

 Preparer's Name
 Preparer's Phone Number
 Preparer's FEIN/PTIN/SSN
 Vendor Code

By checking this box, I authorize the Department to discuss this return with the preparer listed above.