

**Schedule 800B**

**2016 GUARANTY FUND ASSESSMENT CREDIT WORKSHEET**

Attach to Form 800. Submit copies of the worksheet if additional space is needed. Include totals of all worksheets on Line 16 of the worksheet. **Do not submit blank form.**

Name of Insurance Company	Federal ID Number	NAIC/License #
---------------------------	-------------------	----------------

	A	B	C	D	E	F	G	H
	Assessment Notice Date	Certificate of Contribution Date	Certificate of Contribution Amount	Allowable Amortized Tax Credit for 2016	Guaranty Fund Assessment Expensed on Federal Income Statement	Effective Federal Income Tax Rate (applies if Yes is checked in Column E)	2016 FIT Benefit (applies if Yes is checked in Column E)	2016 Insurance Premiums License Tax Credit
1					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
2					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
3					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
4					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
6					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
7					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
8					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
9					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
10					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
11					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
12					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
13					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
14					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
15					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
<b>16</b>	<b>Total to be carried to Schedule 800CR. Include totals of all 800B worksheets.....</b>							

Enter on Schedule 800CR, Line 27.

Enter on Schedule 800CR, Line 29.

