Schedule 800RET CR

Application for Retaliatory Costs Tax Credit

For Calendar Year 2016

Company Name	Federal Employer ID Number
Address	NAIC/License #
City, State, and ZIP Code	State of Domicile

1. Retaliatory Cost paid, as defined in *Va. Code* § 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%. . . . . 2. _____ .00
3. If the Retaliatory Costs Tax Credit was not received for taxable year 2000, enter the amount from Line 1 multiplied by 60%. . . . . 3. _____ .00
4. Retaliatory Costs Tax Credit carryover. . . . . 4. _____ .00
5. Total Retaliatory Costs Tax Credit available (Add Lines 2, 3, and 4). . . . . 5. _____ .00
6. Provide details on the schedule below to allocate the credit amount available on Line 5. Attach a separate schedule if more space is needed.

	Name	FEIN	NAIC	Amount
a.				.00
b.				.00
c.				.00
d.				.00
e.				.00
f.				.00

6. Retaliatory Costs Tax Credit allocated. Add Lines 6a through 6f. . . . . 6. _____ .00
7. Remaining Retaliatory Costs available for refund. Subtract Line 6 from Line 5 . . . . . 7. _____ .00
8. Refundable Retaliatory Costs Tax Credit Allowed. Enter lesser of the Remaining Retaliatory Costs available from Line 7 or the Retaliatory Costs Tax Credit Limit (listed below).

   Retaliatory Costs Tax Credit Limit.

   ☐ The amount on Line 2 is greater than $0. Your refund cannot exceed $7,000,000.

   ☐ The amount on Line 3 is greater than $0. Your refund cannot exceed $800,000. . . . . 8. _____ .00
9. Retaliatory Cost Tax Credit. Add the Retaliatory Costs Tax Credit amount allocated to Parent Company from Line 6 and the Retaliatory Costs Tax Credit Allowed from Line 8. Enter here and on Schedule 800CR, Line 42 . . . . . 9. _____ .00
10. Carryover Retaliatory Tax Credit. Line 5 minus the sum of Line 6 and Line 8. This is the amount of Retaliatory Tax Credit to be carried forward to taxable year 2017. . . . . 10. _____ .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