

**2020 Virginia  
Schedule 800RET**

**Retaliatory Tax Report**



Company Name	FEIN	NAIC/License #
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Section A - Additions to Direct Premiums Written	Column A Virginia Basis	Column B Basis for State of Domicile as of 12/31/20 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> (Enter State Abbreviation)
<b>1. Insurance Premiums License Tax</b> Column A: Enter amount from Form 800, Line 9. Column B: Enclose documentation to support the computation.....	<b>.00</b>	<b>.00</b>
<b>2. Annuity or Fire Marshall Tax (Premium) _____ .00</b>		<b>.00</b>
<b>3. Workers' Compensation Tax (Column A only) .....</b>	<b>.00</b>	
<b>4. Company License or Certificate of Authority Fee .....</b>		<b>.00</b>
<b>5. Annual Corporation Registration Fee .....</b>	<b>.00</b>	<b>.00</b>
<b>6. Annual Statement Filing / Abstract / Publication Fee.....</b>		<b>.00</b>
<b>7. Fee for Safekeeping Deposit.....</b>	<b>.00</b>	<b>.00</b>
<b>8. Corporation Permit Tax.....</b>		<b>.00</b>
<b>9. Capital Stock Tax.....</b>		<b>.00</b>
<b>10. Assessment for Maintenance of Bureau of Insurance.....</b>	<b>.00</b>	<b>.00</b>
<b>11. Fire Programs Fund Assessment .....</b>	<b>.00</b>	<b>.00</b>
<b>12. Flood Fund Assessment.....</b>	<b>.00</b>	<b>.00</b>
<b>13. HEAT Fund Assessment.....</b>	<b>.00</b>	<b>.00</b>
<b>14. Fraud Fund Assessment.....</b>	<b>.00</b>	<b>.00</b>
<b>15. MCHIP Fund Assessment .....</b>	<b>.00</b>	<b>.00</b>
<b>16. Birth-Related Neurological Injury Fund Assessment (BIF) .....</b>	<b>.00</b>	<b>.00</b>
<b>17. Municipal Average Gross Premium Tax</b> Kentucky: 1st Year Premium _____ .00 Alabama: Renewal w/o change _____ .00		<b>.00</b>
<b>18. Municipal Average Fixed Fees .....</b>		<b>.00</b>
<b>19. Agent / Agency Appointment Fees</b> Initial # _____ Renewal # _____	<b>.00</b>	<b>.00</b>
<b>20. Specify in detail other taxes / fees not listed above.</b>		
a.	<b>.00</b>	<b>.00</b>
b.	<b>.00</b>	<b>.00</b>
c.	<b>.00</b>	<b>.00</b>
<b>21. TOTALS .....</b>	<b>.00</b>	<b>.00</b>
<b>22. RETALIATORY TAX DUE</b> – Line 21, Column B minus Line 21, Column A (but not less than zero). Enter on Form 800, Line 17.....		<b>.00</b>

**Enclose completed Schedule 800RET with Form 800.**