

**Schedule 800RET CR**

**Virginia Application for  
Retaliatory Costs Tax Credit**

**For Calendar Year  
2018**

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. Enclose a separate schedule if more space is needed.

	<u>Name</u>	<u>FEIN</u>	<u>NAIC</u>	<u>Amount</u>
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 2019. . . . . **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