

APPLICATION FOR CREDIT AND REFUND
OF EXCESS TAX
BASED ON RETALIATORY COSTS

Company Name:	
Company Address:	
NAIC Number:	FEIN:

CURRENT YEAR CREDIT:

1. Net Virginia Premium License Tax Paid
(Premium Tax amount from Report, after all other credits).....\$ _____
2. Retaliatory Cost Paid (as defined in § 58.1-2510 B of the Code of Virginia).....\$ _____
3. Retaliatory Tax Credit
 - a) 2010 Retaliatory Cost (**Requirements met prior to 1/1/00**) (Line 2 x 100%)...\$ _____
 - b) 2010 Retaliatory Cost (**Requirements met after 1/1/01**) (Line 2 x 60%).....\$ _____
 - c) Carryover Retaliatory Tax Credit from prior year(s).....\$ _____
 - d) Total Retaliatory Tax Credit available this year (Line 3a or 3b plus Line 3c)....\$ _____

IF LINE 3C EXCEEDS LINE 1, CALCULATE BELOW THE EXCESS RETALIATORY TAX CREDIT TO BE REFUNDED (UP TO \$800,000) OR USED NEXT YEAR.

4. Retaliatory Tax Credit for current year (Line 3d).....\$ _____
5. Excess Retaliatory Tax Credit (Line 1 minus Line 3d).....\$(_____)

REFUND REQUEST:

- _____ **Check here if you would like the excess credit to be refunded. This amount cannot exceed \$800,000.**
6. Amount to be refunded.....\$ _____
 7. Carryover Credit to be used next year (Line 5 minus Line 6).....\$ _____

I certify that the above information is true and correct to the best of my knowledge.

_____	_____	_____	_____
Signature	Title	Date	

CERTIFIED PUBLIC ACCOUNTANT STATEMENT:

I certify that the above named insurance company (or group) is a "qualified company" as defined in § 58.1-2510 B of the Code of Virginia and is eligible to apply for the tax credit/refund 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	Date

_____	LICENSE NO. _____
Firm's Name and Address	