

2015 Virginia Insurance
Premiums License Tax
Schedule of Adjustments



Company Name	Federal Employer ID Number	NAIC/License #
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Section A - Additions to Direct Premiums Written - to the extent not included on Form 800, Line 1.

1. Uninsured Motorist Premium Distribution	1.	_____	.00		
2. Virginia Property Insurance Association (FAIR Plan) Premium Distribution	2.	_____	.00		
3. Additional Finance and Service Charges Not Included in Premiums	3.	_____	.00		
4. Other Additions - Enter addition code and amount.					
	4a.	<table border="1"><tr><td></td><td></td></tr></table>			4a. _____ .00
	4b.	<table border="1"><tr><td></td><td></td></tr></table>			4b. _____ .00
	4c.	<table border="1"><tr><td></td><td></td></tr></table>			4c. _____ .00
5. Total Additions - Add Section A, Lines 1 - 4c. Enter on Form 800, Line 2	5.	_____	.00		

Section B - Subtractions from Direct Premiums Written - to the extent included on Form 800, Line 1.

6. Workers' Compensation Premiums. Do not include Workers' Compensation Finance and Services charges	6.	_____	.00		
7. Federal Employees Health Benefits Program Premiums	7.	_____	.00		
8. Medicare Premiums - Individuals and Groups. Do not include Medicare Part D Premiums	8.	_____	.00		
9. Other Subtractions - Enter subtraction code and amount.					
	9a.	<table border="1"><tr><td></td><td></td></tr></table>			9a. _____ .00
	9b.	<table border="1"><tr><td></td><td></td></tr></table>			9b. _____ .00
	9c.	<table border="1"><tr><td></td><td></td></tr></table>			9c. _____ .00
	9d.	<table border="1"><tr><td></td><td></td></tr></table>			9d. _____ .00
10. Total Subtractions - Add Section B, Lines 6 - 9d. Enter on Form 800, Line 4	10.	_____	.00		

Section C - Adjustments

11. Addition to Tax from Form 800C, Line 17	11.	_____	.00
12. Penalty for Late Payment			
12a. Insurance Premiums License Tax Penalty	12a.	_____	.00
12b. Retaliatory Tax Penalty	12b.	_____	.00
13. Interest	13.	_____	.00
14. Fee for Late Filing	14.	_____	.00
15. Total Adjustments - Add Section C, Lines 11 - 14. Enter on Form 800, Line 18	15.	_____	.00

Attach completed Schedule 800ADJ to Form 800. Do not submit blank form.