

**Schedule 800B**

**2016 GUARANTY FUND ASSESSMENT CREDIT WORKSHEET**

Attach to Form 800. Submit copies of the worksheet if additional space is needed. Include totals of all worksheets on Line 16 of the worksheet. **Do not submit blank form.**

Name of Insurance Company	Federal ID Number	NAIC/License #
---------------------------	-------------------	----------------

	A	B	C	D	E	F	G	H
	Assessment Notice Date	Certificate of Contribution Date	Certificate of Contribution Amount	Allowable Amortized Tax Credit for 2016	Guaranty Fund Assessment Expensed on Federal Income Statement	Effective Federal Income Tax Rate <small>(applies if Yes is checked in Column E)</small>	2016 FIT Benefit <small>(applies if Yes is checked in Column E)</small>	2016 Insurance Premiums License Tax Credit
1					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
2					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
3					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
4					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
6					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
7					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
8					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
9					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
10					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
11					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
12					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
13					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
14					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
15					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
<b>16</b>	<b>Total to be carried to Schedule 800CR. Include totals of all 800B worksheets.....</b>							

Enter on Schedule 800CR, Line 27.

Enter on Schedule 800CR, Line 29.

