# DRAFT FORM — NOT FOR FILING

This draft form has been updated to include the most recent changes effective for Tax Year 2026 Virginia returns. If legislative changes or issues arise, we will post a new version of this draft form.

Please continue to monitor **tax.virginia.gov/early-release-forms** for future drafts of this form. Once forms are final, we will post them on our website at **tax.virginia.gov/forms**.

**Virginia**
**Schedule 844**

# Statement of Exemption
# Mutual Assessment
# Property & Casualty Insurers

| Company Name | FEIN | NAIC/License # |
|---|---|---|
| | | |

I certify that the company named above is exempt from paying the Insurance Premiums License Tax on direct premium income as prescribed in *Va. Code* § 58.1-2502. This company operates in the counties and/or cities shown below (please indicate the corresponding population):

| COUNTIES / CITIES | POPULATION |
|---|---|
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Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

| Signature of Officer | Printed Name | Title | Date |
|---|---|---|---|
| | | | |

| Preparer's Name | Preparer's FEIN / PTIN / SSN | Preparer's Phone Number |
|---|---|---|
| | | |