

Form 207 HCC

Health Care Center Tax Return

2014

(Rev. 12/14)

Complete this return in blue or black ink only.

General Information A. Check if this is an amended return.

B. Change of: Address Domicile, enter new domicile: _____

C. If this is a short period, enter period covered by this return: _____

D. If this is a final return, is the health care center: No longer licensed in Connecticut; out of business
 Merged/reorganized ▶ _____

E. The health care center is currently in: ▶ Receivership ▶ Rehabilitation Enter survivor's CT Tax Registration No. _____

Taxpayer Please type or print.	Name of company		Connecticut Tax Registration Number	
	Address	Number and street	PO Box	Date received (DRS use only)
	City or town	State	ZIP code	Federal Employer ID Number (FEIN)

1.	Total net direct subscriber charges less returned charges, including cancellations: See instructions. ▶	1		00
Subscriber charges received from:				
DEDUCTIONS	2. The State of Connecticut to provide health care coverage for state employees, retirees, or their dependents ▶	2		00
	3. The State of Connecticut to provide health care coverage for retired teachers, their spouses, or their surviving spouses covered by plans offered by the State Teachers' Retirement System ▶	3		00
	4. Connecticut municipalities to provide health coverage for their employees and dependents..... ▶	4		00
	5. Nonprofit organizations or community action agencies to provide health coverage for their employees and dependents ▶	5		00
	6. The federal government to provide coverage for Medicare patients..... ▶	6		00
	7. The State of Connecticut to provide health care coverage for Medicaid recipients ▶	7		00
	8. The State of Connecticut to provide health care coverage for eligible beneficiaries under the HUSKY Plan, Part A; HUSKY Plan, Part B; or the HUSKY Plus programs ▶	8		00
	9. The federal Employees Health Benefits Fund to provide coverage for qualified enrollees..... ▶	9		00
	10. Individuals eligible for a health coverage tax credit and individuals eligible for a retirement benefit from the Connecticut municipal employees' retirement system and their dependents ▶	10		00
	11. Total deductions: Add Lines 2 through 10. ▶	11		00
	12. Subtract Line 11 from Line 1..... ▶	12		00
13. Tax: Multiply Line 12 by 1.75% (.0175)..... ▶	13		00	
14. Enter amount from form CT-207K, Part 4, Line 36, Column C. ▶	14		00	
15. Net tax: Subtract Line 14 from Line 13. If less than zero, enter zero "0." ▶	15		00	
16. Enter prior year overpayment(s). ▶	16		00	
17. Payments made with estimated tax payment coupons Form 207 HCC ESA, ESB, ESC, and ESD ▶	17		00	
18. Payments made with extension request Form 207/207 HCC EXT ▶	18		00	
19. Total prior payments: Add Lines 16, 17, and 18. ▶	19		00	
20. If Line 19 is greater than Line 15, enter amount overpaid. ▶	20		00	
21. Amount to be: credited to 2015 estimated tax ▶(21a) \$ _____ refunded ▶(21b) \$ _____	21		00	
For faster refund, use Direct Deposit by completing Lines 21c, 21d, and 21e.				
21c. Checking ▶ <input type="checkbox"/> Savings ▶ <input type="checkbox"/>	21d. Routing number ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
21e. Account number ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	21f. Will this refund go to a bank account outside the U.S.? ▶ <input type="checkbox"/> Yes			
22. If Line 15 is greater than Line 19, enter amount owed. ▶	22		00	
23. If late: penalty ▶(23a) \$ _____ plus interest ▶(23b) \$ _____ See instructions. ▶	23		00	
24. Interest on underpayment of estimated tax: Attach Form 207I . See instructions. ▶	24		00	
25. Balance due with this return. Make check payable to Commissioner of Revenue Services ▶	25		00	

Visit the Department of Revenue Services (DRS) website at www.ct.gov/TSC to pay electronically.

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here Keep a copy of this return for your records.	Signature of principal officer		Title	Date
	Print name of principal officer		Telephone number ()	
	Email address of principal officer			
	Paid preparer's signature		Date	Preparer's SSN or PTIN
	Firm name and address			FEIN

Form 207HCC Instructions

General Instructions

Complete this return in blue or black ink only.

Due Date: This return is due on or before March 1, 2015, for health care center tax liability for calendar year 2014.

Attachments: Attach the following to this return:

- The Statement of Revenue and Expenses from the Annual Statement filed with the Connecticut Insurance Department;
- A copy of Schedule T;
- 2014 Form 207I, if applicable; and
- 2014 Form CT-207K, if applicable.

Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your return and schedules.

Filing an Amended Return: To file an amended return, complete a new Form 207 HCC using the correct figures and information for the reporting period. Enter the amount paid with the original return on Line 18.

Line Instructions

Line 1: Enter total net direct subscriber charges received during calendar year 2014 on any new or renewal contract.

Line 2: Enter net direct subscriber charges received during calendar year 2014 on any contract or policy entered into with the State of Connecticut to provide health care coverage to state employees, retirees, or their dependents.

Line 3: Enter net direct subscriber charges received during calendar year 2014 on any contract or policy entered into with the State of Connecticut on or after February 1, 2000, to provide health care coverage to retired teachers, their spouses, or their surviving spouses covered by plans offered by the State Teachers' Retirement System.

Line 4: Enter net direct subscriber charges received during calendar year 2014 on any contract or policy entered into on or after July 1, 2001, to provide health care coverage for employees of a Connecticut municipality and their dependents under a plan procured under Conn. Gen. Stat. §5-259(i).

Line 5: Enter net direct subscriber charges received during calendar year 2014 on any contract or policy entered into: (A) On or after July 1, 2001, to provide health care coverage for employees of a Connecticut nonprofit organization and their dependents under a plan procured under Conn. Gen. Stat. §5-259(i); and (B) On or after July 1, 2005, to provide health care coverage for employees of a community action agency and their dependents under a plan procured under Conn. Gen. Stat. §5-259(i).

Line 6: Enter net direct subscriber charges received during calendar year 2014 from the federal government to provide health care coverage for Medicare patients.

Line 7: Enter net direct subscriber charges received during calendar year 2014 from a contract or policy entered into with the State of Connecticut to provide health care coverage to Medicaid recipients.

Line 8: Enter net direct subscriber charges received during calendar year 2014 from any contract or policy entered into with the State of Connecticut on or after April 1, 1998, to provide health care coverage to eligible beneficiaries under the HUSKY Plan, Part A; HUSKY Plan, Part B; or the HUSKY Plus programs.

Line 9: Enter net direct subscriber charges received during calendar year 2014 from the federal Employee Health Benefits Fund to provide health care coverage for U.S. government employees, retired U.S. government employees, certain former U.S. government employees and eligible members of their families.

Line 10: Enter net direct subscriber charges received during calendar year 2014 on any contract or policy entered into: (A) On or after July 1, 2003, to provide health care coverage for individuals eligible for a health coverage tax credit and their dependents under a plan procured under Conn. Gen. Stat. §5-259(i); and (B) On or after July 1, 2005, to provide health care coverage for individuals eligible for a retirement benefit from the Connecticut municipal employees' retirement system and their dependents under a plan procured under Conn. Gen. Stat. §5-259(i).

Line 14: If your company is claiming Connecticut tax credits, **Form CT-207K, Insurance/Health Care Tax Credit Schedule**, must be completed and attached to this return.

Line 17: Enter estimated payments made with **Forms 207 HCC ESA, ESB, ESC, and ESD**.

Line 18: Enter payment made with **Form 207/207 HCC EXT, Application for Extension of Time to File Domestic Insurance Premiums Tax Return or Health Care Center Tax Return**. To request an extension of time to file Form 207 HCC, you must file Form 207/207 HCC EXT and pay all the tax you expect to owe on or before March 1, 2015.

Line 19: If Line 15 is greater than Line 19, subtract Line 19 from Line 15. This is the amount of tax you owe.

Line 21: Add Line 21a and Line 21b. **Your election to credit your overpayment to your 2015 estimated health care center tax or to have your overpayment refunded to you is irrevocable.**

Line 21a: Enter the amount of overpayment you want applied to your 2015 estimated health care center tax. The overpayment will be treated as an estimated tax payment made on the fifteenth day of March of the calendar year it is being applied to if this return is filed on time or if the tax return is filed within the extension period if a timely request for extension was filed. **A request to apply an overpayment to the following year is irrevocable.**

Line 21b: Enter the amount of overpayment you want refunded to you.

Lines 21c through 21e: Get your refund faster by choosing **direct deposit**. Complete Lines 21c, 21d, and 21e to have your refund directly deposited into your checking or savings account.

Enter your nine-digit bank routing number and your bank account number in Lines 21d and 21e. Your bank routing number is the first nine-digit number printed on your check or savings withdrawal slip. Your bank account number generally follows the bank routing number. Do not include the check number as part of your account number. Bank account numbers can be up to 17 characters. If any of the bank information you supply for direct deposit does not match or you close the applicable bank account prior to the deposit of the refund, your refund will automatically be mailed.

The diagram shows a check with the following information: Name of Depositor, Street Address, City, State, Zip Code, Date, Per to the order of, \$, Name of your Bank, Street Address, City, State, Zip Code. Below the check, the routing number 092125789 and account number 091 025 025413 are circled, with arrows pointing to the labels 'Routing Number' and 'Account Number' respectively. The check number 0101 is also shown.

Line 21f: Federal banking rules require DRS to request information about foreign bank accounts when the taxpayer requests the direct deposit of a refund into a bank account. If the refund is to be deposited in a bank outside of the United States, DRS will mail the refund.

Line 23a: Late Payment Penalty: Multiply Line 22 by 10%. Enter the result or \$50, whichever is greater.

Line 23b: Multiply Line 22 by 1% per month or fraction of a month from the original due date of the return to the date of payment.

Line 24: If estimated tax was underpaid, complete and attach **Form 207I, Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax**, and enter the amount from Line 22 of Form 207I.

Line 25: Add the amounts from Lines 22, 23, and 24.

Make check payable to **Commissioner of Revenue Services**. Write "2014 Form 207 HCC" and your Connecticut Tax Registration Number on the front of your check. DRS may submit your check to your bank electronically. Mail to the address on the front of this return.

Signature: The treasurer of the company, or a principal officer of the company, must sign Form 207 HCC.

Paid Preparer Signature: A paid preparer must sign and date Form 207 HCC. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and their firm's Federal Employer ID Number (FEIN) in the spaces provided.

Pay Electronically: Visit www.ct.gov/TSC to make a direct tax payment. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. If you pay electronically, you must still file your return on or before the due date.



For More Information: Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); or
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications: Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.