Department of Revenue Services State of Connecticut PO Box 2990 Hartford CT 06104-2990

Form 207 HCC Health Care Center Tax Return

2012

(Rev. 12/12) Complete this return in blue or black ink only.

Gen	eral Info	rmation					
A.	☐ Chec	ck if this is an amended return.					
B. Change of: Address Domicile, enter new domicile:							
C.	C. If this is a short period, enter period covered by this return:						
D.	D. If this is a final return, is the health care center:						
☐ Merged/reorganized ►							
E. The health care center is currently in: ▶ ☐ Receivership ▶ ☐ Rehabilitation Enter survivor's CT Tax Registration No.							
Тахр	oayer Na	r Name of company			Connecticut Tax Registration Number		
DIO	ase Ad	Address DO Day			Date received (DRS use only)		
1	pe			,	,,		
	· —	y or town State ZIP code	Federal E	Federal Employer ID Number (FEIN)			
			>				
1.	Total ne	t direct subscriber charges less returned charges, including cancellations: See instruction	ns ►	1	00		
	Sub	scriber charges received from:					
	2. The State of Connecticut to provide health care coverage for state employees, retirees, or their dependents ▶			2	00		
		State of Connecticut to provide health care coverage for retired teachers, their spouses,					
ဟ		viving spouses covered by plans offered by the State Teachers' Retirement System		3 4	00		
Z		necticut municipalities to provide health coverage for their employees and dependents		4	00		
9	and dependents			5	00		
5		federal government to provide coverage for Medicare patients		6	00		
DEDUC		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						
		n, 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			1.0			
		Connecticut municipal employees' retirement system and their dependents		10	00		
40		al deductions: Add Lines 2 through 10.		11	00		
12.		t Line 11 from Line 1		12	00		
13.		Itiply Line 12 by 1.75% (.0175)		13	00		
14.				14	00		
15. 16.	Enter prior year overpayment(s).			16	00		
17.				17	00		
18.				18	00		
19.	Total prior payments: Add Lines 16, 17, and 18.			19	00		
20.		9 is greater than Line 15, enter amount overpaid.		20	00		
21.		to be: credited to 2013 estimated tax ►(21a) \$ refunded ►(21b) \$		21	00		
	7 4110 4110	For faster refund, use Direct Deposit by completing Lines 21c, 21d, and 21e.			00		
		g ► Savings ► 21d. Routing number ► 21f. Will this refund go to 5 is greater than Line 19, enter amount owed.	to a bank account out	tside the U.S.	? ▶ ☐ Yes		
23.		·	ructions	23	00		
24.		on underpayment of estimated tax: Attach Form 207I. See instructions.		24	00		
25.		due with this return. Make check payable to Commissioner of Revenue Services		25	00		
	Baiarioo	Visit the Department of Revenue Services (DRS) website at www.ct.gov/					
my kr more	nowledge than \$5,0	declare under penalty of law that I have examined this return (including any accompanyi and belief, it is true, complete, and correct. I understand the penalty for willfully delivering 100, imprisonment for not more than five years, or both. The declaration of a paid preparer	ng schedules and s a false return or do	statements)	RS is a fine of no		
of which the preparer has any knowledge. Signature of principal officer Title			I	Date			
Sign Here		- Signature of principal critical		24.0			
		·			Telephone number		
Кеер а сору		Print name of principal officer copy		Telephone number			
of this return		atura -		Droporor'o CCN as DTIN			
for your		Paid preparer's signature		Preparer's SSN or PTIN			
records.		Firm name and address		FEIN			
TENY							

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, 2013, for health care center tax liability for calendar year 2012.

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;
- 2012 Form 207I, if applicable; and
- 2012 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.

Spouces in a Same Sex Marriage: Any reference to spouses includes spouces in a same sex marriage.

Line Instructions

Line 1: Enter total net direct subscriber charges received during calendar year 2012 on any new or renewal contract.

Line 2: Enter net direct subscriber charges received during calendar year 2012 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 number printed on your check Routing Number 2012 on any contract or policy entered into with the State of Connecticut on or savings withdrawal slip. Your or after February 1, 2000, to provide health care coverage to retired teachers, bank account number generally follows the bank routing number. Do not include Teachers' Retirement System.

on any contract or policy entered into on or after July 1, 2001, to provide health deposit of the refund, your refund will automatically be mailed. care coverage for employees of a Connecticut municipality and their dependents Line 21f: Federal banking rules require DRS to request information about foreign under a plan procured under Conn. Gen. Stat. §5-259(i).

on any contract or policy entered into: (A) On or after July 1, 2001, to provide States, DRS will mail the refund. health care coverage for employees of a Connecticut nonprofit organization and Line 23a: Late Payment Penalty: Multiply Line 22 by 10%. Enter the result their dependents under a plan procured under Conn. Gen. Stat. §5-259(i); and or \$50, whichever is greater. (B) On or after July 1, 2005, to provide health care coverage for employees of Line 23b: Multiply Line 22 by 1% per month or fraction of a month from the a community action agency and their dependents under a plan procured under original due date of the return to the date of payment. Conn. Gen. Stat. §5-259(i).

Line 6: Enter net direct subscriber charges received during calendar year 2012 from the federal government to provide health care coverage for Medicare patients.

Line 7: Enter net direct subscriber charges received during calendar year 2012 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 2012 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 2012 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 2012 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, 2013.

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 2013 estimated health care center tax or to have your overpayment refunded to you is irrevocable.

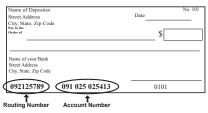
Line 21a: Enter the amount of overpayment you want to be credited to your 2013 estimated health care center tax as of March 1, 2013, or the date that this return is filed, whichever is later. Therefore, if this return is filed after March 15, 2013, your estimated health care center payment for March 15, 2013, will not be timely made.

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 (092125789)



their spouses, or their surviving spouses covered by plans offered by the State 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 Line 4: Enter net direct subscriber charges received during calendar year 2012 deposit does not match or you close the applicable bank account prior to the

bank accounts when the taxpayer requests the direct deposit of a refund into Line 5: Enter net direct subscriber charges received during calendar year 2012 a bank account. If the refund is to be deposited in a bank outside of the United

Line 24: If estimated tax was underpaid, complete and attach Form 2071, Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax, and enter the amount from Line 22 of Form 2071.

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

Make check payable to Commissioner of Revenue Services. Write "2012 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.