



Form 207 HCC ESA
**2022 Estimated Connecticut
Health Care Center Tax**
Payment Coupon - First Installment



2022
(Rev. 01/22)

See instructions.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		
Address of company (number and street) <input type="text"/>		PO Box <input type="text"/>
City, town, or post office <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
Payment amount due <input type="text"/> .00		

Complete Schedule 1, on reverse, to calculate your payment amount.

Due date: March 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Visit us at portal.ct.gov/DRS for more information.

File and pay Form 207 HCC ES electronically using myconnectCT at portal.ct.gov/DRS-myconnectCT.



If you file by mail, complete this form in blue or black ink only. Do not use staples.

Who Must File These Coupons

Each health care center whose health care center tax, **after** the application of guaranty association assessment offsets and general business tax credits, for the calendar year will be \$1,000 or more **must** file these coupons. Other health care centers should not file these coupons.

Do **not** mail Form 207 HCC ES payment coupons if no payment is due or the payment is made electronically.

Due Date

March 15 of the calendar year for Form 207 HCC ESA and June 15 of the calendar year for Form 207 HCC ESB.

If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Required Annual Payment

For estimated health care center tax purposes, a health care center's required annual payment is the lesser of:

- 90% of the tax shown on its current year Form 207 HCC **after** the application of guaranty association assessment offsets and general business tax credits; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 17.

Interest

If a payment due with these coupons is not made on or before the due date of the coupon, interest will accrue at the rate of 1% per month or fraction of a month on the amount not paid from the due date of the coupon until the date of payment.

Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).



Form 207 HCC ESB
**2022 Estimated Connecticut
Health Care Center Tax**
Payment Coupon - Second Installment



2022
(Rev. 01/22)

See instructions.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		
Address of company (number and street) <input type="text"/>		PO Box <input type="text"/>
City, town, or post office <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
Payment amount due <input type="text"/> .00		

Complete Schedule 1, on reverse, to calculate your payment amount.

Due date: June 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Visit us at portal.ct.gov/DRS for more information.

Schedule 1 - First Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17, multiplied by 30% (.30).
2. Estimated health care center tax due for the current year **prior to** the application of any tax credits.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year first installment:** Multiply Line 4 by 27% (.27).
6. **First installment due:** Lesser of Line 1 or Line 5.
7. Overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6.
Enter amount here and on Form 207 HCC ESA, *Payment amount due* line.

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3.		.00
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6.		.00
7.		.00
8.		.00

Visit us at portal.ct.gov/DRS for more information.



Visit the DRS website at portal.ct.gov/DRS-myconneCT to file and pay this return electronically.

Schedule 1 - Second Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17, multiplied by 60% (.60).
2. Estimated health care center tax due for the current year **prior to** the application of any tax credits.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year second installment:** Multiply Line 4 by 54% (.54).
6. **Second installment due:** Lesser of Line 1 or Line 5.
7. Amount paid with Form 207 HCC ESA plus overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6.
Enter amount here and on Form 207 HCC ESB, *Payment amount due* line.

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6.		.00
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Visit us at portal.ct.gov/DRS for more information.

Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990
207HCCES 0122W 01 9999



Form 207 HCC ESC
2022 Estimated Connecticut
Health Care Center Tax
Payment Coupon - Third Installment



2022
(Rev. 01/22)

See instructions.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		
Address of company (number and street) <input type="text"/>		PO Box <input type="text"/>
City, town, or post office <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
		Payment amount due <input type="text"/> .00

Complete Schedule 1, on reverse, to calculate your payment amount.

Due date: September 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Visit us at portal.ct.gov/DRS for more information.

File and pay Form 207 HCC ES electronically using myconnectCT at portal.ct.gov/DRS-myconnectCT.



If you file by mail, complete this form in blue or black ink only. Do not use staples.

Who Must File These Coupons

Each health care center whose health care center tax, **after** the application of guaranty association assessment offsets and general business tax credits, for the calendar year will be \$1,000 or more **must** file these coupons. Other health care centers should not file these coupons.

Do **not** mail Form 207 HCC ES payment coupons if no payment is due or the payment is made electronically.

Due Date

September 15 of the calendar year for Form 207 HCC ESC and December 15 of the calendar year for Form 207 HCC ESD.

If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Required Annual Payment

For estimated health care center tax purposes, a health care center's required annual payment is the lesser of:

- 90% of the tax shown on its current year Form 207 HCC **after** the application of guaranty association assessment offsets and general business tax credits; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 17.

Interest

If a payment due with these coupons is not made on or before the due date of the coupon, interest will accrue at the rate of 1% per month or fraction of a month on the amount not paid from the due date of the coupon until the date of payment.

Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990
207HCCES 0122W 01 9999



Form 207 HCC ESD
2022 Estimated Connecticut
Health Care Center Tax
Payment Coupon - Fourth Installment



2022
(Rev. 01/22)

See instructions.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		
Address of company (number and street) <input type="text"/>		PO Box <input type="text"/>
City, town, or post office <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
		Payment amount due <input type="text"/> .00

Complete Schedule 1, on reverse, to calculate your payment amount.

Due date: December 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Visit us at portal.ct.gov/DRS for more information.

Schedule 1 - Third Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17, multiplied by 80% (.80).
2. Estimated health care center tax due for the current year **prior to** the application of any tax credits.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year third installment:** Multiply Line 4 by 72% (.72).
6. **Third installment due:** Lesser of Line 1 or Line 5.
7. Amount paid with Forms 207 HCC ESA and 207 HCC ESB plus overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6. Enter amount here and on Form 207 HCC ESC, *Payment amount due* line.

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5.		.00
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7.		.00
8.		.00

Form 207HCC ESC Back (Rev. 01/22)

Visit us at portal.ct.gov/DRS for more information.



Visit the DRS website at portal.ct.gov/DRS-myconneCT to file and pay this return electronically.

Schedule 1 - Fourth Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17.
2. Estimated health care center tax due for the current year **prior to** the application of any tax credits.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year fourth installment:** Multiply Line 4 by 90% (.90).
6. **Fourth installment due:** Lesser of Line 1 or Line 5.
7. Amount paid with Forms 207 HCC ESA, 207 HCC ESB and 207 HCC ESC plus overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6. Enter amount here and on Form 207 HCC ESD, *Payment amount due* line.

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6.		.00
7.		.00
8.		.00

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