

copy of

this return for your records. Paid preparer's signature

Firm's name

Firm's address

(Rev. 12/24) 207HCCEXT 1224W 01 9999



Form 207 HCC EXT

Application for Extension of Time to File Connecticut Health Care Center Tax Return

2024

myconne



File and pay Form 207 HCC EXT electronically using myconneCT at portal.ct.gov/DRS-myconneCT Name of company Connecticut Tax Registration Number Number and street PO Box ZIP code Federal Employer ID Number (FEIN) City, town, or post office State This is not an extension of time to pay your tax. Penalties and interest may apply. See instructions. I request a 12-month extension of time to March 1 of the succeeding calendar year, to file a Connecticut health care center tax return for calendar year above. The reason for the Connecticut extension request is: Notification will be sent only if the extension request is denied. 1. Total tax liability for the calendar year: You may estimate this amount. You must enter an .00 2. Calendar year Connecticut estimated tax payments and any overpayments .00 3. Balance due: Subtract Line 2 from Line 1. Pay in full with this form. If Line 2 is greater than Line 1, enter zero "0." 3. ▶ .00 Declaration: I declare under the penalty of law that I have examined this return 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 the Department of Revenue Services (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. Signature of principal officer Title Date (MMDDYYYY) Sign Here Print name of principal officer Telephone number Keep a

Date (MMDDYYYY)

Preparer's SSN or PTIN

Firm's FEIN

Telephone number



Form 207 HCC EXT Instructions

General Instructions

Use Form 207 HCC EXT, Application for Extension of Time to File Connecticut Health Care Center Tax Return, to request a 12-month extension to file your Connecticut health care center tax return.

Filing and Paying Electronically



File and pay Form 207 HCC EXT electronically using **myconneCT**. DRS **myconneCT** allows taxpayers to electronically file, pay and manage state tax responsibilities.

Filing and Paying by Mail

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

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 DRS.

Make check payable to **Commissioner of Revenue Services**. Write **"2024 Form 207 HCC EXT"** and your Connecticut Tax Registration Number on the front of your check.

Sign your check and paper clip it to the front of your return. **Do not send cash.**

DRS may submit your check to your bank electronically.

Mail to: Department of Revenue Services

State of Connecticut

PO Box 2990

Hartford CT 06104-2990

Failure to file or failure to pay the proper amount of tax due will result in penalty and interest charges. It is to your advantage to file when your return is due whether or not you are able to make full payment.

Request for Extension

A health care center may request a 12-month extension to file its Connecticut tax return provided there is reasonable cause for the request.

To request an extension of time to file a Connecticut health care center tax return, check the applicable box on the front of this form. File Form 207 HCC EXT and pay all the tax you expect to owe on or before March 1 of the succeeding calendar year.

Form 207 HCC EXT **only** extends the **time to file** your tax return. Form 207 HCC EXT **does not** extend the time to pay the amount of tax due.

We will notify you only if the extension request is denied.

Name, Address, and Tax Registration Number

Enter the company's name, address, Federal Employer Identification Number (FEIN), and Connecticut Tax Registration Number in the spaces provided.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off only the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50), then round the total to \$5.00 and enter it on a line.

Interest and Penalties

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return. If the tax is not paid when due, interest will accrue at the rate of 1% per month or fraction of a month from the original due date of the return until the tax is paid in full.

Late Payment Penalty: If tax is due, the penalty for late payment is 10% of the tax due or \$50, whichever is greater.

Late Filing Penalty: If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

Signature

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

Paid Preparer Signature

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

E-Services Update

Use **myconneCT** to file taxes, make payments, view filing history, and communicate with the agency simply and more efficiently on virtually any mobile device, including laptops, tablets, and smartphones, 24 hours a day, 7 days a week. For updated information, please visit the DRS website at **portal.ct.gov/DRS-myconneCT**.