

207HCC ESA - First Installment
Estimated Health Care Center Tax Payment Coupon
 (Rev. 01/16)

Department of Revenue Services
 State of Connecticut
 PO Box 2990
 Hartford CT 06104-2990
Complete this coupon in blue or black ink only.

For Calendar Year Ending

207HCC ESA

CT Insurance Premiums Tax Reg. No. ▶	1	Enter 30% (.30) of the tax shown on prior year Form 207HCC, Line 15.	1		
	2	Enter amount from <i>Schedule 1</i> , Line 4, on back.	2		
Date received (DRS use only) ▶	3	Enter the lesser of Line 1 or Line 2.	3		
	4	Enter overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number (FEIN) ▶	5	Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5		

Please change name or mailing address, or both, if shown incorrectly at right.

Due Date: March 15 of the calendar year above

Make Check Payable To:
 Commissioner of Revenue Services

Pay electronically at www.ct.gov/TSC.

Mail To: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207HCC ESB - Second Installment
Estimated Health Care Center Tax Payment Coupon
 (Rev. 01/16)

Department of Revenue Services
 State of Connecticut
 PO Box 2990
 Hartford CT 06104-2990
Complete this coupon in blue or black ink only.

For Calendar Year Ending

207HCC ESB

CT Insurance Premiums Tax Reg. No. ▶	1	Enter 60% (.60) of the tax shown on prior year Form 207HCC, Line 15.	1		
	2	Enter amount from <i>Schedule 1</i> , Line 4, on back.	2		
Date received (DRS use only) ▶	3	Enter the lesser of Line 1 or Line 2.	3		
	4	Enter amount paid with Form 207HCC ESA plus overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number (FEIN) ▶	5	Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5		

Please change name or mailing address, or both, if shown incorrectly at right.

Due Date: June 15 of the calendar year above

Make Check Payable To:
 Commissioner of Revenue Services

Pay electronically at www.ct.gov/TSC.

Mail To: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207HCC ESC - Third Installment
Estimated Health Care Center Tax Payment Coupon
 (Rev. 01/16)

Department of Revenue Services
 State of Connecticut
 PO Box 2990
 Hartford CT 06104-2990
Complete this coupon in blue or black ink only.

For Calendar Year Ending

207HCC ESC

CT Insurance Premiums Tax Reg. No. ▶	1	Enter 80% (.80) of the tax shown on prior year Form 207HCC, Line 15.	1		
	2	Enter amount from <i>Schedule 1</i> , Line 4, on back.	2		
Date received (DRS use only) ▶	3	Enter the lesser of Line 1 or Line 2.	3		
	4	Enter amount paid with Form 207HCC ESA and 207HCC ESB plus overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number (FEIN) ▶	5	Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5		

Please change name or mailing address, or both, if shown incorrectly at right.

Due Date: September 15 of the calendar year above

Make Check Payable To:
 Commissioner of Revenue Services

Pay electronically at www.ct.gov/TSC.

Mail To: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207HCC ESD - Fourth Installment
Estimated Health Care Center Tax Payment Coupon
 (Rev. 01/16)

Department of Revenue Services
 State of Connecticut
 PO Box 2990
 Hartford CT 06104-2990
Complete this coupon in blue or black ink only.

For Calendar Year Ending

207HCC ESD

CT Insurance Premiums Tax Reg. No. ▶	1	Enter the tax shown on prior year Form 207HCC, Line 15.	1		
	2	Enter amount from <i>Schedule 1</i> , Line 4, on back.	2		
Date received (DRS use only) ▶	3	Enter the lesser of Line 1 or Line 2.	3		
	4	Enter amount paid with Form 207HCC ESA, 207HCC ESB and 207HCC ESC plus overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number (FEIN) ▶	5	Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5		

Please change name or mailing address, or both, if shown incorrectly at right.

Due Date: December 15 of the calendar above

Make Check Payable To:
 Commissioner of Revenue Services

Pay electronically at www.ct.gov/TSC.

Mail To: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

Who Must File This Coupon

Each health care center whose health care center tax, **after** the application of general business tax credits and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more must file this coupon. Other health care centers should not file this coupon.

Due Date

March 15 of the calendar year.

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 general business tax credits and the average monthly net employment gain tax credit; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 15.

Interest

If the payment due with this coupon is not made on or before the due date of this 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 this coupon until the date of payment.

Schedule 1

1.	Enter estimated health care center tax due for the current year prior to the application of any tax credits.	1.	00
2.	Enter estimated general business tax credits, and estimated average monthly net employment gain tax credit to be applied against health care center tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Tax Credit Schedule Part 4, Line 36, Column C.	2.	00
3.	Subtract Line 2 from Line 1.	3.	00
4.	Multiply Line 3 by 27% (.27).	4.	00

207HCC ESA Back (Rev. 01/16)

Who Must File This Coupon

Each health care center whose health care center tax, **after** the application of general business tax credits and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more must file this coupon. Other health care centers should not file this coupon.

Due Date

June 15 of the calendar year.

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 general business tax credits and the average monthly net employment gain tax credit; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 15.

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Schedule 1

1.	Enter estimated health care center tax due for the current year prior to the application of any tax credits.	1.	00
2.	Enter estimated general business tax credits, and estimated average monthly net employment gain tax credit to be applied against health care center tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Tax Credit Schedule Part 4, Line 36, Column C.	2.	00
3.	Subtract Line 2 from Line 1.	3.	00
4.	Multiply Line 3 by 54% (.54).	4.	00

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Who Must File This Coupon

Each health care center whose health care center tax, **after** the application of general business tax credits and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more must file this coupon. Other health care centers should not file this coupon.

Due Date

September 15 of the calendar year.

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 general business tax credits and the average monthly net employment gain tax credit; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 15.

Interest

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Schedule 1

1.	Enter estimated health care center tax due for the current year prior to the application of any tax credits.	1.	00
2.	Enter estimated general business tax credits, and estimated average monthly net employment gain tax credit to be applied against health care center tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Tax Credit Schedule Part 4, Line 36, Column C.	2.	00
3.	Subtract Line 2 from Line 1.	3.	00
4.	Multiply Line 3 by 72% (.72).	4.	00

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Who Must File This Coupon

Each health care center whose health care center tax, **after** the application of general business tax credits and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more must file this coupon. Other health care centers should not file this coupon.

Due Date

December 15 of the calendar year.

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 general business tax credits and the average monthly net employment gain tax credit; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 15.

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Schedule 1

1.	Enter estimated health care center tax due for the current year prior to the application of any tax credits.	1.	00
2.	Enter estimated general business tax credits, and estimated average monthly net employment gain tax credit to be applied against health care center tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Tax Credit Schedule Part 4, Line 36, Column C.	2.	00
3.	Subtract Line 2 from Line 1.	3.	00
4.	Multiply Line 3 by 90% (.90).	4.	00

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