

FORM 207 HCC EXT
Application for Extension of Time to File
Health Care Center Tax Return

207 HCC EXT
▶1998

IMPORTANT! PLEASE READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS APPLICATION

TAXPAYER (Please Type or Print)	Name of Company	Connecticut Tax Registration Number
	Address Number and Street PO Box	Date Received (FOR DEPARTMENT USE ONLY)
	City, Town or Post Office State ZIP Code	Federal Employer Identification Number

THIS IS NOT AN EXTENSION OF TIME TO PAY ANY AMOUNT OF TAX – PENALTIES AND INTEREST MAY APPLY. (SEE INSTRUCTIONS)

I request a six-month extension of time, to September 1, 1999, to file a **Form 207 HCC**, *Connecticut Health Care Tax Return*, for calendar year 1998.

The reason for the Connecticut extension is

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— YOU WILL BE NOTIFIED ONLY IF YOUR REQUEST IS DENIED —

1. Total health care center tax liability for 1998. (You may estimate this amount) NOTE: You must enter an amount on Line 1. If you do not expect to owe tax, enter zero (0)	▶ 1		
2. 1998 Connecticut estimated tax payments and any overpayments credited to 1998	▶ 2		
3. Health care center tax 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		

Make check payable to: COMMISSIONER OF REVENUE SERVICES

Write the company's Connecticut Tax Registration Number and "1998 Form 207 HCC EXT" on your check.

Mail to: Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990

DECLARATION: I declare under the penalties of false statement that I have examined this application and to the best of my knowledge and belief it is true, complete and correct. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of Principal Officer	Title	Date	Telephone Number ()
	Paid Preparer's Signature			Date
	Firm Name and Address			

Form 207 HCC EXT Instructions

Purpose

Use **Form 207 HCC EXT** to request a six-month extension to file a **Form 207 HCC**, *Connecticut Health Care Center Tax Return*.

How to Get an Extension

The health care center can apply for a six-month extension to file the Connecticut Health Care Center Tax Return provided there is reasonable cause for the request.

To obtain a Connecticut filing extension, the Health Care Center must complete Form 207 HCC EXT in its entirety; file it by the due date of the return; **and** pay in full the amount shown on Line 3.

Form 207 HCC EXT **only** extends the **time to file** the Health Care Center Tax Return. Form 207 HCC EXT **does not extend the time to pay** the amount of tax due.

You will be notified only if the extension request is denied.

Penalty and Interest

Interest: Interest accrues at the rate of 1% (.01) per month or fraction thereof from the original due date of the return through the date of payment. Interest due on the underpayment of estimated tax is computed using **Form 207I**, *Underpayment of Estimated Tax*.

Late Payment Penalty: If tax is due, the penalty for late payment is 10% (.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 failure to file any return that is required by law to be filed.

When To File Form 207 HCC EXT

File Form 207 HCC EXT on or before the first day of March.

If the due date falls on a Saturday, Sunday or legal holiday, the next business day will be the due date.

Name, Address, Tax Registration Numbers

Enter the company's name, address, Federal Employer Identification Number and Connecticut Tax Registration Number.

Signature

This form must be signed by a principal officer of the company.

Others Who May Sign

Anyone with a signed Power of Attorney on file may sign on behalf of the principal officer.

If a principal officer is unable, by reason of illness, absence or other good cause, to sign a request for an extension, any person standing in a close personal or business relationship to the principal officer (including an attorney, accountant or enrolled agent) may sign the request on the principal officer's behalf and shall be considered as a duly authorized agent for this purpose, provided the request sets forth the reasons for a signature other than by the principal officer and the relationship existing between the principal officer and the signer.

Where To File:

Mail to: Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990