

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

**207 HCC EXT**  
**▶2000**

*Important! Please read instructions on reverse before completing this application.*

<b>TAXPAYER</b>  (Please Type or Print)	Name of Company	CT Health Care Center Tax Registration Number
	Address      Number and Street      PO Box	Date Received (FOR DEPARTMENT USE ONLY)
	City, Town or Post Office Box      State      ZIP Code	Federal Employer Identification Number

**This is not an extension of time to pay tax – Penalties and interest may apply (See instructions)**

I request a six-month extension of time, to September 1, 2001, to file **Form 207 HCC**, *Health Care Center Tax Return*, for calendar year 2000.

The reason for the Connecticut extension request is .....

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

1. Total health care center tax liability for 2000. (You may estimate this amount.) NOTE: You <b>must</b> enter an amount on Line 1. If you do not expect to owe tax, enter zero (0) .....	▶ 1		
2. 2000 Connecticut estimated tax payments and any overpayments credited to 2000 .....	▶ 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 Health Care Center Tax Registration Number and "2000 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 penalty of false statement that I have examined this application and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records	Signature of Principal Officer	Title	Date
	Print Name of Principal Officer		Telephone Number (      )
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm Name and Address		Federal Employer Identification Number

# Form 207 HCC EXT Instructions

## Purpose

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

## Request for Extension

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

To request an extension of time to file Form 207 HCC, a health care center must file **Form 207 HCC EXT**, *Application for Extension of Time to File Health Care Center Tax Return*, and pay all the tax it expects to owe on or before March 1, 2001.

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.

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

## Interest and Penalties

In general, interest and penalty apply to any portion of the tax that is not paid on or before the original due date of the return. Interest accrues at the rate of 1% (.01) 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% (.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 that is required by law to be filed.

## Name, Address, and Tax Registration Numbers

Enter the health care center's name, address, Federal Employer Identification Number and Connecticut Health Care Center Tax Registration Number.

## Signatures

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

### Others Who May Sign

Anyone with a signed Power of Attorney 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 will be considered as a duly authorized agent for this purpose. The request must state the reason for a signature other than a principal officer's **and** explain the relationship existing between the principal officer and the signer.

### Paid Preparer Signature

Paid preparers 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 Federal Employer Identification Number (FEIN) in the spaces provided.

## Where To File

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