

207HCC ESA - First Installment

Estimated Health Care Center Tax Payment Coupon
(Rev. 12/01)

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207HCC ESA
For Calendar Year Ending

CT Health Care Center Tax Reg. No. ▶	1	Tax shown on 2001 Form 207HCC , Line 17	▶	1		
	2	Multiply the tax that will be shown on 2002 Form 207HCC by 90% (.90)	▶	2		
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3		
Federal Employer ID Number ▶	4	Multiply Line 3 by 30% (.30)	▶	4		
	5	Overpayment from prior year applied to this estimate	▶	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6		

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

Due Date: March 15

Make Checks Payable To:
Commissioner of Revenue Services

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. 12/01)

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207HCC ESB
For Calendar Year Ending

CT Health Care Center Tax Reg. No. ▶	1	Tax shown on 2001 Form 207HCC , Line 17	▶	1		
	2	Multiply the tax that will be shown on 2002 Form 207HCC by 90% (.90)	▶	2		
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3		
Federal Employer ID Number ▶	4	Multiply Line 3 by 60% (.60)	▶	4		
	5	Amount paid with Form 207HCC ESA plus overpayment from prior year	▶	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6		

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

Due Date: June 15

Make Checks Payable To:
Commissioner of Revenue Services

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. 12/01)

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207HCC ESC
For Calendar Year Ending

CT Health Care Center Tax Reg. No. ▶	1	Tax shown on 2001 Form 207HCC , Line 17	▶	1		
	2	Multiply the tax that will be shown on 2002 Form 207HCC by 90% (.90)	▶	2		
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3		
Federal Employer ID Number ▶	4	Multiply Line 3 by 80% (.80)	▶	4		
	5	Amount paid with Forms 207HCC ESA and 207HCC ESB plus overpayment from prior year	▶	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6		

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

Due Date: September 15

Make Checks Payable To:
Commissioner of Revenue Services

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. 12/01)

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207HCC ESD
For Calendar Year Ending

CT Health Care Center Tax Reg. No. ▶	1	Tax shown on 2001 Form 207HCC , Line 17	▶	1		
	2	Multiply the tax that will be shown on 2002 Form 207HCC by 90% (.90)	▶	2		
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3		
Federal Employer ID Number ▶	4	Amount paid with Forms 207HCC ESA, 207HCC ESB, and 207HCC ESC plus overpayment from prior year	▶	4		
	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

Make Checks Payable To:
Commissioner of Revenue Services

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

Instructions

Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2002 **Form 207HCC**;
or
- (2) 100% of the tax shown on your 2001 Form 207HCC, Line 17.

Payment Due With This Coupon

Thirty percent (30%) of the required annual payment less any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 30% (.30) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

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Instructions

Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2002 **Form 207HCC**;
or
- (2) 100% of the tax shown on your 2001 Form 207HCC, Line 17.

Payment Due With This Coupon

Sixty percent (60%) of the required annual payment less any estimated payment made with Form 207HCC ESA and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 60% (.60) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

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Instructions

Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2002 **Form 207HCC**;
or
- (2) 100% of the tax shown on your 2001 Form 207HCC, Line 17.

Payment Due With This Coupon

Eighty percent (80%) of the required annual payment less any estimated payments made with Forms 207HCC ESA and 207HCC ESB, and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 80% (.80) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

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Instructions

Who Must File This Coupon

Each health care center whose expected current year tax liability is \$1,000 or more must file this coupon.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2002 **Form 207HCC**;
or
- (2) 100% of the tax shown on your 2001 Form 207HCC, Line 17.

Payment Due With This Coupon

One hundred percent (100%) of the required annual payment less any estimated payments made with Forms 207HCC ESA, 207HCC ESB, and 207HCC ESC and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 100% (1.0) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

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