

207 HCC ESA - First Installment

Estimated Health Care Center Tax Payment Coupon
(Rev. 12/08)

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

For Calendar Year Ending

207 HCC ESA

Connecticut Tax Registration Number	1	Enter 30% (.30) of the tax shown on 2008 Form 207 HCC, Line 16.	1	
	2	Enter amount from <i>Schedule 1</i> , Line 5 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, 2009
Make Checks Payable To: Commissioner of Revenue Services
Mail To: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207 HCC ESB - Second Installment

Estimated Health Care Center Tax Payment Coupon
(Rev. 12/08)

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

For Calendar Year Ending

207 HCC ESB

Connecticut Tax Registration Number	1	Enter 60% (.60) of the tax shown on 2008 Form 207 HCC, Line 16.	1	
	2	Enter amount from <i>Schedule 1</i> , Line 5 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 207 HCC 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, 2009
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. 12/08)

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

For Calendar Year Ending

207 HCC ESC

Connecticut Tax Registration Number	1	Enter 80% (.80) of the tax shown on 2008 Form 207 HCC, Line 16.	1	
	2	Enter amount from <i>Schedule 1</i> , Line 5 on back.	2	
Date Received (DRS Use Only)	3	Enter the lesser of Line 1 or Line 2.	3	
	4	Enter amount paid with Forms 207 HCC ESA and 207 HCC 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, 2009
Make Checks Payable To: Commissioner of Revenue Services
Mail To: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207 HCC ESD - Fourth Installment

Estimated Health Care Center Tax Payment Coupon
(Rev. 12/08)

Department of Revenue Services
State of Connecticut
PO Box 2990
Hartford CT 06140-2990

For Calendar Year Ending

207 HCC ESD

Connecticut Tax Registration Number	1	Enter the tax shown on 2008 Form 207 HCC, Line 16.	1	
	2	Enter amount from <i>Schedule 1</i> , Line 5 on back.	2	
Date Received (DRS Use Only)	3	Enter the lesser of Line 1 or Line 2.	3	
	4	Enter amount paid with Forms 207 HCC ESA, 207 HCC ESB, and 207 HCC 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, 2009
Make Checks Payable To: Commissioner of Revenue Services
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*, as defined in **Special Notice 2003(16)**, *2003 Legislation Affecting the Health Care Center Tax*, for calendar year 2009 will be \$1,000 or more must file this coupon.

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.

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 that will be shown on its 2009 Form 207 HCC, **after** the application of general business tax credits; **or**
- 100% of the tax shown on your 2008 Form 207 HCC, Line 16.

Schedule 1

1	Enter estimated health care center tax due for calendar year 2009 prior to the application of general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2009. May not exceed amount entered on Line 2	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 27% (.27).	00

207 HCC ESA Back (Rev. 12/08)

Who Must File This Coupon

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- 90% of the tax that will be shown on its 2009 Form 207 HCC, **after** the application of general business tax credits; **or**
- 100% of the tax shown on your 2008 Form 207 HCC, Line 16.

Schedule 1

1	Enter estimated health care center tax due for calendar year 2009 prior to the application of general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2009. May not exceed amount entered on Line 2	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 54% (.54).	00

207 HCC ESB Back (Rev. 12/08)

Who Must File This Coupon

Each health care center whose health care center tax, after the application of *general business tax credits*, as defined in **Special Notice 2003(16)**, *2003 Legislation Affecting the Health Care Center Tax*, for calendar year 2009 will be \$1,000 or more must file this coupon.

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- 90% of the tax that will be shown on its 2009 Form 207 HCC, **after** the application of general business tax credits; **or**
- 100% of the tax shown on your 2008 Form 207 HCC, Line 16.

Schedule 1

1	Enter estimated health care center tax due for calendar year 2009 prior to the application of general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2009. May not exceed amount entered on Line 2	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 72% (.72).	00

207 HCC ESC Back (Rev. 12/08)

Who Must File This Coupon

Each health care center whose health care center tax, after the application of *general business tax credits*, as defined in **Special Notice 2003(16)**, *2003 Legislation Affecting the Health Care Center Tax*, for calendar year 2009 will be \$1,000 or more must file this coupon.

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- 90% of the tax that will be shown on its 2009 Form 207 HCC, **after** the application of general business tax credits; **or**
- 100% of the tax shown on your 2008 Form 207 HCC, Line 16.

Schedule 1

1	Enter estimated health care center tax due for calendar year 2009 prior to the application of general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2009. May not exceed amount entered on Line 2	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 90% (.90).	00

207 HCC ESD Back (Rev. 12/08)