



**Form 207 HCC ESA**  
**2020 Estimated Connecticut  
Health Care Center Tax**  
Payment Coupon - First Installment

**A**

**2020**  
(Rev. 01/20)

See instructions.

For calendar year ending	<input type="text"/>	Connecticut Insurance Premiums Tax Registration Number	<input type="text"/>	Federal Employer ID Number (FEIN)	<input type="text"/>
Name of company	<input type="text"/>				
Address of company (number and street)	<input type="text"/>		PO Box	<input type="text"/>	
City, town, or post office	State	ZIP code	Payment amount due		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00		

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** March 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Complete this form in blue or black ink only. Do not use staples.

**Who Must File These Coupons**

Each health care center whose health care center tax, **after** the application of guaranty association assessment offsets and general business tax credits, for the calendar year will be \$1,000 or more **must** file these coupons. Other health care centers should not file these coupons.

Do **not** mail Form 207 HCC ES payment coupons if no payment is due or the payment is made electronically.

**Due Date**

**March 15 of the calendar year for Form 207 HCC ESA and June 15 of the calendar year for Form 207 HCC ESB.**

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 guaranty association assessment offsets and general business tax credits; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 17.

**Interest**

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

Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

**Visit the DRS website at [portal.ct.gov/TSC](http://portal.ct.gov/TSC) to pay this return electronically.**



**Form 207 HCC ESB**  
**2020 Estimated Connecticut  
Health Care Center Tax**  
Payment Coupon - Second Installment

**B**

**2020**  
(Rev. 01/20)

See instructions.

For calendar year ending	<input type="text"/>	Connecticut Insurance Premiums Tax Registration Number	<input type="text"/>	Federal Employer ID Number (FEIN)	<input type="text"/>
Name of company	<input type="text"/>				
Address of company (number and street)	<input type="text"/>		PO Box	<input type="text"/>	
City, town, or post office	State	ZIP code	Payment amount due		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00		

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** June 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

### Schedule 1 - First Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17, multiplied by 30% (.30).
2. Estimated health care center tax due for the current year **prior to** the application of any tax credits.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year first installment:** Multiply Line 4 by 27% (.27).
6. **First installment due:** Lesser of Line 1 or Line 5.
7. Overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6.  
Enter amount here and on Form 207 HCC ESA, *Payment amount due* line.

1.		.00
2.		.00
3.		.00
4.		.00
5.		.00
6.		.00
7.		.00
8.		.00

Form 207HCC ESA Back (Rev. 01/20)

**Visit the DRS website at [portal.ct.gov/TSC](http://portal.ct.gov/TSC) to pay this return electronically.**

### Schedule 1 - Second Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17, multiplied by 60% (.60).
2. Estimated health care center tax due for the current year **prior to** the application of any tax credits.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year second installment:** Multiply Line 4 by 54% (.54).
6. **Second installment due:** Lesser of Line 1 or Line 5.
7. Amount paid with Form 207 HCC ESA plus overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6.  
Enter amount here and on Form 207 HCC ESB, *Payment amount due* line.

1.		.00
2.		.00
3.		.00
4.		.00
5.		.00
6.		.00
7.		.00
8.		.00

Form 207HCC ESB Back (Rev. 01/20)



**Form 207 HCC ESC**  
**2020 Estimated Connecticut**  
**Health Care Center Tax**  
Payment Coupon - Third Installment



**2020**  
(Rev. 01/20)

See instructions.

For calendar year ending	<input type="text"/>	Connecticut Insurance Premiums Tax Registration Number	<input type="text"/>	Federal Employer ID Number (FEIN)	<input type="text"/>
Name of company	<input type="text"/>				
Address of company (number and street)	<input type="text"/>		PO Box	<input type="text"/>	
City, town, or post office	State	ZIP code	Payment amount due		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00		

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** September 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Complete this form in blue or black ink only. Do not use staples.

**Who Must File These Coupons**

Each health care center whose health care center tax, **after** the application of guaranty association assessment offsets and general business tax credits, for the calendar year will be \$1,000 or more **must** file these coupons. Other health care centers should not file these coupons.

Do **not** mail Form 207 HCC ES payment coupons if no payment is due or the payment is made electronically.

**Due Date**

**September 15 of the calendar year for Form 207 HCC ESC and December 15 of the calendar year for Form 207 HCC ESD.**

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 guaranty association assessment offsets and general business tax credits; **or**
- 100% of the tax shown on its prior year Form 207 HCC, Line 17.

**Interest**

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

Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

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**Form 207 HCC ESD**  
**2020 Estimated Connecticut**  
**Health Care Center Tax**  
Payment Coupon - Fourth Installment



**2020**  
(Rev. 01/20)

See instructions.

For calendar year ending	<input type="text"/>	Connecticut Insurance Premiums Tax Registration Number	<input type="text"/>	Federal Employer ID Number (FEIN)	<input type="text"/>
Name of company	<input type="text"/>				
Address of company (number and street)	<input type="text"/>		PO Box	<input type="text"/>	
City, town, or post office	State	ZIP code	Payment amount due		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00		

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** December 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

### Schedule 1 - Third Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17, multiplied by 80% (.80).	1.	<input type="text"/>	.00
2. Estimated health care center tax due for the current year <b>prior to</b> the application of any tax credits.	2.	<input type="text"/>	.00
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on <b>Form CT-207K, Insurance/Health Care Center Tax Credit Schedule</b> , Part 4, Line 36, Column C.	3.	<input type="text"/>	.00
4. <b>Subtotal:</b> Subtract Line 3 from Line 2.	4.	<input type="text"/>	.00
5. <b>Current year third installment:</b> Multiply Line 4 by 72% (.72).	5.	<input type="text"/>	.00
6. <b>Third installment due:</b> Lesser of Line 1 or Line 5.	6.	<input type="text"/>	.00
7. Amount paid with Forms 207 HCC ESA and 207 HCC ESB plus overpayment from prior year applied to estimated tax for current year.	7.	<input type="text"/>	.00
8. <b>Payment due with this coupon:</b> Subtract Line 7 from Line 6. Enter amount here and on Form 207 HCC ESC, <i>Payment amount due</i> line.	8.	<input type="text"/>	.00

Form 207HCC ESC Back (Rev. 01/20)

**Visit the DRS website at [portal.ct.gov/TSC](http://portal.ct.gov/TSC) to pay this return electronically.**

### Schedule 1 - Fourth Installment Calculation



1. Tax shown on prior year Form 207 HCC, Line 17.	1.	<input type="text"/>	.00
2. Estimated health care center tax due for the current year <b>prior to</b> the application of any tax credits.	2.	<input type="text"/>	.00
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against health care center tax due for the current year. General business tax credits may not exceed amount entered on <b>Form CT-207K, Insurance/Health Care Center Tax Credit Schedule</b> , Part 4, Line 36, Column C.	3.	<input type="text"/>	.00
4. <b>Subtotal:</b> Subtract Line 3 from Line 2.	4.	<input type="text"/>	.00
5. <b>Current year fourth installment:</b> Multiply Line 4 by 90% (.90).	5.	<input type="text"/>	.00
6. <b>Fourth installment due:</b> Lesser of Line 1 or Line 5.	6.	<input type="text"/>	.00
7. 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.	7.	<input type="text"/>	.00
8. <b>Payment due with this coupon:</b> Subtract Line 7 from Line 6. Enter amount here and on Form 207 HCC ESD, <i>Payment amount due</i> line.	8.	<input type="text"/>	.00

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