Clear Form

MONTANA
HUF
Rev. 12-07

Hospital Utilization Fee

15-66-101, MCA
Return and Instructions

Line 3: This report is due on or before the 31st day following the end of your filing period.
Line 7: Enter total number of inpatient bed days for the period of January 01, 2007 through June 30, 2007.
Line 8: Enter hospital utilization fee due. Multiply line 7 by the rate of $27.70.
Line 9: Enter total number of inpatient bed days for the period of July 01, 2007 through December 31, 2007.
Line 10: Enter hospital utilization fee due. Multiply line 9 by the rate of $47.00.
Line 11: Enter total hospital utilization fees (sum of lines 8 and 10).
Line 12: Enter amount of interest and penalty if applicable. The late payment penalty accrues at 1.2% a month, not to exceed 12% of the tax due. In addition, a late filing penalty of $50 or the amount of the tax due, whichever is less, also applies if the return is filed late. If payment is delinquent interest will apply at 12% per year, calculated daily, from the original due date of this report until paid.
Line 13: Enter total amount due (sum of lines 11 and 12).
Line 14: Enter amount paid with this return. This is the amount on line 13.

Questions? Call us at (406) 444-6900

Make check payable to the Department of Revenue. Mail this return and payment to:
Department of Revenue, PO Box 5835, Helena, MT 59604-5835

---------- Cut on this line ----------

Montana Department of Revenue
Hospital Utilization Fee (HUF)

1. FEIN	2. Account ID
3. Period: Due:	4. If this is an amended return, check here. ☐

5. If you are no longer in business and want your account cancelled, check this box ☐ and enter the final date. _____

6. If your mailing address has changed, check this box ☐ and print your new address below:

_____
_____
_____

Signature _____
Title _____
Phone _____ Date _____

Name _____
Address _____
Address _____
City, State Zip _____

Above space is for department use only

7. Total number of inpatient bed days, 01/01/2007 to 06/30/2007.	
8. Hospital utilization fee (line 7 x $27.70)	$ |
9. Total number of inpatient bed days, 07/01/2007 to 12/31/2007.	
10. Hospital utilization fee (line 9 x $47.00)	$ |
11. Total fees (sum of lines 8 and 10)	$ |
12. Penalty and interest	$ |
13. Total amount due with return (sum of lines 11 and 12)	$ |

14. Enter amount paid with this return. cents □,□□□,□□□.□□

Montana Department of REVENUE

Hospital Utilization Fee
(HUF)
Payment Instructions

Attention: Montana Department of Revenue Cashier

Complete the payment voucher below to ensure proper credit of your payment. If you are paying fees for multiple periods, submit a separate check or money order and a separate voucher for each period. On the memo line of your check, please note your FEIN or account ID and the reporting period for which the payment applies.

Boxes 1 and 2 – Print an "X" in one box only for the type of payment you are remitting:
Check box 1, if your payment is for an original return for any period.
Check box 2, if your payment is for an amended return.
Box 3 – Enter the reporting period for which this payment applies.
Box 4 – Enter your federal employer identification number (FEIN).
Box 5 – Enter the amount you are remitting. (This amount should be the same amount as reported on line 14 of your return).

Name_____

Address _____

_____

City, State, Zip Code _____

Phone _____

Mail this form with your payment and return (if applicable) to:

Department of Revenue
PO Box 5805
Helena, MT 59604-5805

Questions? Call (406) 444-6900.

Make check or money order payable to the Department of Revenue.

Hospital Utilization Fee
Payment Form

☐ 1. Original return

☐ 2. Amended return

3. Period ending — month / day / year

4. Federal employer identification number (FEIN)

5. Amount paid