

MinnesotaCare Estimated Tax Instructions

Hospital and Surgical Center Taxes

Estimated Tax Payment Requirements

You are required to make estimated tax payments for the year if your total annual MinnesotaCare tax was more than \$500 for the previous year and will be more than \$500 for the current year.

You must make monthly estimated tax payments based on your required annual estimated tax payment.

Required Annual Estimated Tax Payment

The required annual estimated tax payment is the lesser of either:

- 90% of your actual tax for the current year
- 100% of your actual tax for the previous year

To determine your required annual estimated tax payment and the minimum amount you must pay each month, complete the worksheet on Page 2.

Additional Tax Charge for Underpayment of Estimated Tax

If any payment is paid late or is less than the required amount, an additional tax charge (ATC) for underpayment of estimated tax will be assessed.

The Minnesota Department of Revenue's e-Services system will calculate any ATC when you file your annual MinnesotaCare tax return.

Due Dates

Monthly estimated tax payments are due by the 15th day of each month. The first payment for the year is due February 15 and the last payment is due January 15 of the following year.

If a due date falls on a weekend or holiday, payments electronically made or postmarked the next business day are considered timely.

Electronic Payment Requirements

You are required to pay electronically if your tax liability was more than \$10,000 for any one Minnesota business tax during the previous fiscal year (July 1–June 30).

If you are required to pay any Minnesota business tax electronically for one year, you must pay all Minnesota business taxes electronically *for all future years*. We will send you a notice the first year you are required to pay electronically.

A 5% penalty will be assessed on any non-electronic payments if you fail to pay electronically when required.

Electronic Payment Options

e-Services

You can make payments using our online e-Services system or by phone. If you pay through e-Services, you will be able to view a record of your payments online once they are processed.

- To pay online, go to our website at www.revenue.state.mn.us and log in to e-Services.
- To pay by phone, call 1-800-570-3329 to use our automated phone system.

You will need your bank's routing number and your account number. To be timely, you must submit your payment and receive a confirmation number on or before the payment due date. When paying electronically, you may not use an account associated with a foreign bank.

Credit or Debit Card

For a fee, you may charge your payments to your Visa, MasterCard, American Express, or Discover credit or debit card. To do so, have your card ready and go to www.paystatetax.com/mn or call 1-855-947-2966.

ACH Credit

ACH credit payments are initiated by you through your bank. You authorize your bank to transfer funds to the state's bank account. The bank must use ACH file formats, which are available on our website. Your bank may charge you a fee for these payments.

Bank Wire

You can authorize a direct transfer from your bank account to the department. For information on how to make a bank wire transfer, call us at 651-556-3003 or 1-800-657-3909.

MinnesotaCare Estimated Tax Instructions (continued)

Information and Assistance

Website: www.revenue.state.mn.us

Email: MinnesotaCare.tax@state.mn.us

Phone: 651-282-5533

Weekdays, 8 a.m. to 4:30 p.m.

This information is available in alternate formats.

Estimated Tax for Calendar Year _____

Refer to the *MinnesotaCare Provider, Hospital, and Surgical Center Taxes Instructions*.

- 1 **Gross Receipts.** Estimate your total gross receipts for the current year **1** _____
- 2 **Total Exemptions.** Of the amount from Step 1, estimate your total exemptions for the current year **2** _____
- 3 Subtract Step 2 from Step 1. This is your total estimated taxable receipts for the current year **3** _____
- 4 Multiply Step 3 by 1.8% (0.018). This is your estimated tax liability for the current year **4** _____
- 5 Multiply Step 4 by 90% (0.90) **5** _____
- 6 Enter 100% of your actual tax for the previous year (from last year’s annual return) **6** _____
- 7 Enter the amount from Step 5 or Step 6, whichever is less. This is your Required Annual Estimated Tax Payment . . . **7** _____
- 8 Divide Step 7 by 12. This is the minimum estimated tax payment you must pay each month **8** _____

Estimated Tax Payments Made

Record the estimated tax payments you make for the year. You will need this information when you file your annual MinnesotaCare tax return.

Month	Payment Due	Date Paid	Confirmation Number	Amount Paid
January	February 15	_____	_____	_____
February	March 15	_____	_____	_____
March	April 15	_____	_____	_____
April	May 15	_____	_____	_____
May	June 15	_____	_____	_____
June	July 15	_____	_____	_____
July	August 15	_____	_____	_____
August	September 15	_____	_____	_____
September	October 15	_____	_____	_____
October	November 15	_____	_____	_____
November	December 15	_____	_____	_____
December	January 15 of following year	_____	_____	_____