



# 2019 M11H, Insurance Premium Tax Return for HMOs

Due March 1, 2020

|               |                  |       |   |   |                             |
|---------------|------------------|-------|---|---|-----------------------------|
|               |                  |       |   | Check if: <input type="checkbox"/> Amended Return <input type="checkbox"/> No Activity Return |                             |
| Print or Type | Name of Provider |       | FEIN  |   | Minnesota Tax ID (required) |
|               | Mailing Address  |       | Check if New Address <input type="checkbox"/> |   | NAIC Number                 |
|               | City             | State | ZIP Code                                      | Contact Person  | Daytime Phone               |
|               | Email Address    |       | Website Address                               |   | Fax Number                  |

|   |   |
|---|---|
| Premiums  | <b>1</b> Total gross written premiums (total from NAIC, Schedule T; attach a copy) . . . . . <b>1</b> _____ |
|   | <b>2 a</b> Federal employees health benefits . . . . . <b>2a</b> _____                                      |
|   | <b>b</b> Nontaxable Medicare . . . . . <b>2b</b> _____  |
|   | <b>c</b> Other nontaxable premiums (attach separate itemized schedule) . . . . . <b>2c</b> _____            |
|   | Total nontaxable premiums (add lines 2a, 2b and 2c) . . . . . <b>2</b> _____                                |
| <b>3</b> Subtract line 2 from line 1 . . . . . <b>3</b> _____                           |   |
| <b>4</b> Other adjustments (attach separate itemized schedule) . . . . . <b>4</b> _____ |   |
| <b>5</b> Total taxable premiums (add line 3 and line 4) . . . . . <b>5</b> _____        |   |

|  |   |
|--|---|
| Premium Tax and Payments   | <b>6</b> Premium tax percentage rate (1%) . . . . . <b>6</b> _____ <b>1 %</b>                   |
|  | <b>7</b> Premium tax liability (multiply line 5 by line 6) . . . . . <b>7</b> _____             |
|  | <b>8</b> Minnesota Guaranty Fund Association offset (see instructions) . . . . . <b>8</b> _____ |
|  | <b>9</b> Tax liability (subtract line 8 from line 7) . . . . . <b>9</b> _____                   |
|  | <b>10</b> Premium tax prepayments   |
|  | <b>a</b> Prior year's overpayment . . . . . <b>10a</b> _____                                    |
|  | <b>b</b> Estimated payment March 15 . . . . . <b>10b</b> _____                                  |
|  | <b>c</b> Estimated payment June 15 . . . . . <b>10c</b> _____                                   |
|  | <b>d</b> Estimated payment Sept. 15 . . . . . <b>10d</b> _____                                  |
|  | <b>e</b> Estimated payment Dec. 15 . . . . . <b>10e</b> _____                                   |
| Total payments (add lines 10a through 10e) . . . . . <b>10</b> _____ |   |
| <b>11</b> Subtract line 10 from line 9 . . . . . <b>11</b> _____     |   |

|  |   |
|--|---|
| Amount Due/Overpaid  | <b>12 a</b> Additional charge for underpaying estimated tax (determine from worksheet in the instructions) . . . . . <b>12a</b> _____ |
|  | <b>b</b> Penalty (see instructions) . . . . . <b>12b</b> _____  |
|  | <b>c</b> Interest (see instructions) . . . . . <b>12c</b> _____   |
|  | Total (add lines 12a through 12c) . . . . . <b>12</b> _____   |
| <b>13 TOTAL AMOUNT DUE (or overpaid) (add lines 11 and 12) . . . . . <b>13</b> _____</b> |   |

**If you owe additional tax:**  
 Payment method:  Electronic payment  Check (payable to Minnesota Revenue; write MN tax ID number on check; attach voucher)  
 Enter amount paid \_\_\_\_\_ Date paid \_\_\_\_\_  
 (If amount paid is different from amount due on line 13, attach an explanation.)

**If you overpaid:**  
 Amount on line 13 to be credited to next year's estimated tax . . . . . \_\_\_\_\_  
 Amount on line 13 to be refunded . . . . . \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.

|           |                       |                        |      |               |  |
|-----------|-----------------------|------------------------|------|---------------|--|
| Sign Here | Authorized Signature  | Title                  | Date | Daytime Phone | <input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer. |
|           | Signature of Preparer | Print Name of Preparer | Date | Daytime Phone |  |

## 2019 Insurance Premium Tax Return for HMOs Instructions

For insurance tax laws, see Minnesota Statutes, Chapter 2971 at [www.leg.state.mn.us](http://www.leg.state.mn.us).

### What's New

#### Guaranty Fund Assessment

If you were assessed and made a payment to the Guaranty Fund Assessment (GFA), you may be able to claim a credit on line 8. See line 8 instructions.

### Before You File

#### You Need a Minnesota Tax ID

Your Minnesota tax ID is the seven-digit number you are assigned when you register with the Department of Revenue. You must include your Minnesota tax ID on your return so that your filing and any payments you make are properly credited to your account.

If you do not have a Minnesota tax ID, apply online at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) or call 651-282-5225 or 1-800-657-3605.

It is also important to enter your federal ID number and NAIC number on your return, but not in place of your Minnesota tax ID number.

### Filing Requirements

Any health care provider organized as a nonprofit health plan corporation, health maintenance organization, accountable provider networks (APN) or community integrated service network that writes premiums in Minnesota must file Form M11H, *Insurance Premium Tax Return for HMOs*. (M.S. 2971.05)

### Due Date

File Form M11H with all required attachments and pay any tax due by March 1. Payment extensions are not allowed.

The U.S. postmark date, or date recorded or marked by a designated delivery service, is considered the filing date (private postage meter marks are not valid). When the due date falls on a Saturday, Sunday or legal holiday, returns and payments electronically made or postmarked the next business day are considered timely. When a return or payment is late, the date it is received at the Department of Revenue is treated as the date filed or paid.

**Extension for Filing Return.** If good cause exists, you may request a filing extension.

### Check Boxes

At the top of the form, check if the return is:

**an Amended Return:** Check only if you're amending a previously filed return for the same period. Include all original and corrected premiums on the amended return.

**a No Activity Return:** Check only if you did not have any tax activity during the year. Note: If no amount is due or if you pay electronically, do not send in a voucher.

### Line Instructions

Round amounts to the nearest dollar. Decrease any amount less than 50 cents and increase any amount that is 50 cents or more to the next higher dollar.

If the reported premiums are different from the premiums on the state page or Schedule T, attach a schedule reconciling the difference.

### Line 1

#### Total Premiums

Enter total gross written premiums from NAIC, Schedule T.

### Line 2

#### None Taxable Premiums

**2a.** Enter all premiums from Federal employees health benefits.

**2b.** Enter all nontaxable Medicare premiums.

**2c.** Enter all other nontaxable premiums. Attach a separate itemized schedule.

### Line 4

#### Other Additions

Enter other adjustments to the premiums include risk adjustment payments, broker fees, finance and service charges. Attach a separate itemized schedule.

# 2019 Form M11H Instructions (Continued)

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## Line 8

### Guaranty Fund Assessment

Twenty percent of assessments (less any refunds) made and paid to the Minnesota Life and Health Guaranty Association or the Minnesota Insurance Guaranty Association are allowable offsets against the tax liability for the five years following the payment of the assessment. Contact our office if you have questions about carrying forward credits.

### Estimated Tax Payments

If your estimated premium tax is more than \$500, you must make estimated payments based on the entire estimated amount. To avoid an additional charge for underpaying the tax, your payments must be made on time and be at least one-fourth of the prior year's total annual tax liability, or one-fourth of 80% of the current year's total annual tax liability.

Estimated payments are due quarterly on March 15, June 15, Sept. 15 and Dec. 15. When the due date falls on a weekend or legal holiday, payments made electronically or postmarked on the next business day are considered timely.

### Make a Payment

#### Electronic Payments

If your total insurance taxes and surcharges for the last 12-month period ending June 30 is \$10,000 or more, you're required to pay your tax electronically in all subsequent years.

You must also pay electronically if you're required to pay any Minnesota business tax electronically, such as sales or withholding tax.

To pay electronically, go to the department's website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and log in to e-Services. If you don't have Internet access, call 1-800-570-3329 to pay by phone. You'll need your user name, password and bank routing and account numbers. When paying electronically, you must use an account not associated with any foreign banks.

If you use other electronic payment methods, such as ACH credit method or Fed Wire, instructions are available on our website or by calling Business Registration Office at 651-282-5225 or 1-800-657-3605.

Submit separate payments for each return.

#### Check Payments

If you're not required to pay electronically and are paying by check, visit our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and click on "Make a Payment" and then "By check" to create a voucher. Print and mail the voucher with a check made payable to Minnesota Revenue.

When you pay by check, your check authorizes us to make a one-time electronic fund transfer from your account, and you may not receive your cancelled check.

**Note:** If no amount is due or if you pay electronically, do not send in a voucher.

### Penalties and Interest

**Late Payment.** If you do not pay all the tax due by the due date, a late payment penalty is due. The penalty is 5% of the unpaid tax for any part of the first 30 days the payment is late, and 5% for each additional 30-day period, up to a maximum of 15%.

**Late Filing.** Add a late filing penalty to the late payment penalty if your return is not filed by the due date. The penalty is 5% of the unpaid tax. When added to the late payment penalty, the maximum combined penalty is 20%.

**Payment Method.** If you're required to pay electronically and do not, an additional 5% penalty applies to payments not made electronically, even if a paper check is sent on time.

**Interest.** You must pay interest on the unpaid tax plus penalty from the due date until the total is paid. The interest rate for calendar year 2020 is 5%. The rate may change for future years.

To figure how much interest you owe, use the following formula with the appropriate interest rate:

$$\text{Interest} = (\text{tax} + \text{penalty}) \times \# \text{ of days late} \times \text{interest rate} \div 365$$

### Mailing Your Return

Mail your return and all required attachments to:

Minnesota Department of Revenue  
Mail Station 1780  
600 N. Robert St.  
St. Paul, MN 55145-1780

For express deliveries, use our street address:

Minnesota Department of Revenue  
600 N. Robert St.  
St. Paul, MN 55101

# 2019 Form M11H Instructions (Continued)

## Business Information Changes

Be sure to let us know within 30 days if you change mailing addresses, phone numbers, or any other business information. To do so, go our website, log in to e-Services and update your profile information. By notifying us, we will be able to let you know of any changes in Minnesota tax laws and filing requirements.

## Information and Assistance

Website: [www.revenue.state.mn.us](http://www.revenue.state.mn.us)  
 Email: [insurance.taxes@state.mn.us](mailto:insurance.taxes@state.mn.us)  
 Phone: 651-556-3024

This material is available in other formats.

**For questions about licensing and regulations**, contact the Minnesota Department of Health:

Website: [www.health.state.mn.us/facilities/insurance/managedcare/index.html](http://www.health.state.mn.us/facilities/insurance/managedcare/index.html)  
 Email: [health.mcs@state.mn.us](mailto:health.mcs@state.mn.us)  
 Phone: 651-201-5100 or 1-800-657-3916  
 Fax: 651-201-5186

## Worksheet Instructions

### Step 5

Payments of estimated tax are applied against any underpayments of required estimated payments in the order that the estimated payments were due.

For example, if your first estimated payment is underpaid by \$100 and you deposit \$200 for your second estimated payment, \$100 of your second payment is applied to the first estimated payment. The additional charge for the first estimated payment is computed from the first estimated payment's due date to the date the second payment is made.

Also, the second estimated payment will then be underpaid by \$100 (assuming that the second payment is \$200) until sufficient repayments are received to eliminate the underpayment.

If more than one payment has been made for a required estimated payment, attach a separate computation for each payment.

Credit the excess of any overpayment for a period on step 5 of the next payment period.

### Step 10

If there is no underpayment on step 7, enter "none" on step 10 for that period.

### Worksheet: Additional Charge for Underpaying Estimated Tax

1 Enter 80% of the total annual tax liability from line 7 of your 2019 Form M11H.  
 If your tax liability was \$500 or less, you do not owe an additional charge. . . . . 1 \_\_\_\_\_

2 Enter the amount from line 7 of your 2018 Form M11H. If you were not required to file a 2018  
 return, you do not owe an additional charge. . . . . 2 \_\_\_\_\_

#### Due Dates

March 15      June 15      Sept. 15      Dec. 15

3 Enter one-fourth of step 1 or step 2 (whichever is less)  
 in each column . . . . . 3 \_\_\_\_\_

4 Amounts paid on or before the due date for each period. Include  
 credits applied, such as prior year's overpayment . . . . . 4 \_\_\_\_\_

5 Overpayment of previous installment (*see worksheet instructions*) . . . 5 \_\_\_\_\_

6 Add steps 4 and 5 . . . . . 6 \_\_\_\_\_

7 Underpayment (or overpayment). Subtract step 6 from step 3 . . . . . 7 \_\_\_\_\_

8 Date underpayment is paid or March 1, 2020, whichever is earlier . . . . 8 \_\_\_\_\_

9 Number of days from the due date to the date on step 8 . . . . . 9 \_\_\_\_\_

10 Additional charge ( $step\ 9 \div 365 \times interest\ (see\ below) \times step\ 7$ ) . . . . . 10 \_\_\_\_\_

11 **TOTAL.** Add amounts in each column on step 10.  
 Enter the result here and on Form M11H, line 10a . . . . . 11 \_\_\_\_\_

**If step 11 is zero**, keep this worksheet for your records. Do not send it with your return.

**If it is more than zero**, attach a copy of the worksheet to your Form M11H.

**Interest:** 2019 = .05; 2020 = .05