Montana Department of REVENUE

Clear Form

MONTANA
HUF
Rev 01 16

Hospital Facility Utilization Fee

15-66-101, MCA

Return and Instructions

Line 7: Enter total number of inpatient bed days for the period indicated on line 3.

Line 8: Enter hospital facility utilization fee due. Multiply line 7 by the rate of $50.00.

Line 9: 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 10: Enter total amount due (sum of lines 8 and 9).

Line 11: Enter amount paid with this return. This is the amount on line 10.

If you have questions, please call us toll free at (866) 859-2254 (in Helena, 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 Facility Utilization Fee (HUF)

1. FEIN	2. Account ID
3. Period Ending **January 31, 20 __ __**	4. If this is an amended return, check here. ❑

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

6. If your mailing address has changed, check the 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 for the year	
8. Hospital utilization fee (line 7 x $50.00)	$ |
9. Penalty and interest	$ |
10. Total amount due with return (sum of lines 8 and 9)	$ |

11. Enter amount paid with this return. ☐,☐☐☐,☐☐☐.☐☐ cents