



## Nursing Facility Utilization Fee

15-60-101, MCA

Name \_\_\_\_\_ 1. FEIN   -

Address \_\_\_\_\_ 2. Account ID         -   -

Address \_\_\_\_\_ 3. Period ending   /   /

City \_\_\_\_\_ 4. If this is an amended return, check this box.

State \_\_\_\_\_ Zip \_\_\_\_\_

5. If you are no longer in business and want your account canceled, enter your final date of operations.   /   /

6. If your address has changed, check this box

and print your new address \_\_\_\_\_

|                   | a.                   | b.                   | c.                   | d.                   | e.                   | f.                   |
|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                   | Bed Days Available   | Bed Days Occupied    | Bed Days Medicaid    | Bed Days Medicare    | Bed Days Other       | Bed Days Private Pay |
| 7. First Month    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Second Month   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Third Month    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Quarter Total | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

11. Total bed days subject to fee (line 10, column b.) The total on line 10 column b. must equal the sum of line 10, columns c, d, e, and f. ....

12. Total fee due. Multiply line 11 by \$11.30 .....  .

13. Penalty. See instructions .....  .

14. Interest. See instructions .....  .

15. Total fee due. Add lines 12, 13 and 14 .....  .

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

## Nursing Facility Utilization Fee Instructions

- Lines 7 through 9: Enter monthly bed day information.
- Line 10: Enter quarter totals (sum of lines 7, 8 and 9).
- Line 11: Total bed days subject to fee (line 10, column b).
- Line 12: Multiply line 11 times rate.
- Lines 13 and 14: If your return/payment is delinquent, you are subject to penalty and interest. Interest on late payments accrues until paid at a rate of 12% per year, computed from the original due date of the return. Late payment penalty is 0.5% a month on the unpaid tax, not to exceed 12%. Late file penalty is the greater of \$50 or 5% of the net tax due for each month during which there is a failure to file the return, not to exceed an amount up to 25% of the tax due.
- Line 15: Enter total amount due (sum of lines 12, 13 and 14).

**Questions?** Call us at 444-6900 in the Helena area or toll free at (866) 859-2254.



# Nursing Facility Utilization Fee Payment Instructions

## e-Pay

### TransAction Portal

<https://tap.dor.mt.gov>

- Pay and file online
- e-check (free) or credit/debit card (small fee)

**Now Mobile!**



### ACH Credit Program

[revenue.mt.gov](https://revenue.mt.gov) under Online Services

Send payments from your financial institution. See our website for more information.

## Pay by check

### Help us apply your payment accurately!

- Fill out the voucher below.
  - Provide your full FEIN and Montana Account ID.
  - Identify the Period End Date that corresponds with the return you are filing.
- If you are paying for multiple tax periods, use separate vouchers for each tax period and specify the amount you want applied to that period.

- Make your check payable to Montana Department of Revenue.
- Remove your check stub.
- Write your FEIN or Account ID with period end date in the memo line of your check.
- Detach the voucher below and mail it with your check to:

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

- Cut line -

## Nursing Facility Utilization Fee Payment Voucher

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

FEIN

Account ID

Period End Date

Choose one:

Original Return

Amended Return

Amount Paid

**Pay online at [revenue.mt.gov](https://revenue.mt.gov)**