

**Form HCP-4**

Hospital Licensing Fee Report

<input type="checkbox"/> June Report	Name		Federal employer identification number	
	Address		For the period ending:	
<input type="checkbox"/> July Remittance	Address 2		October 1, 2013 through September 30, 2014	
	City, town or post office	State	ZIP code	E-mail address

**Calculation of Amount Due:**

1	Gross patient services revenue. See instructions.....	1		
2	Amount of Charity Care, Bad Debts Expense and Contract Allowances...	2		
3	Net patient services revenue. Subtract line 2 from line 1.....	3		
4	Net licensing fee due. Multiply line 3 by 5.862% (0.05862).....	4		
5	Discount for hospitals located in Washington County <b>ONLY</b> . Multiply line 4 by 37% (0.3700).....	5		
6	AMOUNT DUE. Subtract line 5 from line 4.....	6		
7	Interest calculated at 1.5% per month. See instructions.....	7		
8	Penalty calculated at 10%. See instructions .....	8		
9	TOTAL AMOUNT DUE. Add lines 6, 7 and 8.....	9		

**INSTRUCTIONS**

**NOTE: AS OUTLINED IN RIGL 23-17-38.1, THIS RETURN IS DUE BY JUNE 13, 2016 EVEN THOUGH THE REMITTANCE IS NOT DUE UNTIL JULY 11, 2016.**

Check the applicable box regarding which filing this return covers.

**Line 1: Gross Patient Services Revenue.** Enter the amount reported on line 1 of Worksheet G3, Medicare Hospital and Hospital Health Care Complex Cost Report for the Hospital Fiscal Year ending September 30, 2014.

**Line 2: Deductions.** Enter the amount of Charity Care, Bad Debts Expense and Contract Allowances.

**Line 3: Net Patient Services Revenue.** Subtract line 2 from line 1.

**Line 4: Net Licensing Fee Due.** Multiply line 3 by 5.862% (0.05862).

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code
			PTIN

**Line 5: Discount for Washington County hospitals.** Pursuant to RIGL 23-17-38.1, hospitals located in Washington County, Rhode Island shall receive a discount of 37% on the hospital license fee of 5.862%.

**Line 6: Amount Due.** Subtract line 5 from line 4.

**Line 7: Interest.** If remitting after July 11, 2016, multiply line 6 by 1.5% (0.015) times the number of months late. Interest is calculated from July 11, 2016 to the date of remittance at a rate of 18% per annum.

**Line 8: Penalty.** If remitting after July 11, 2016, multiply line 6 by 10% (0.10). Penalty is calculated at 10% of the net licensing fee due.

**Line 9: Total Amount Due.** Add lines 6, 7 and 8.

May the Division of Taxation contact your preparer? YES