73A060 (01/2021)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

HEALTH CARE PROVIDER TAX RETURN

TEAM KENTUCKY™

01

NAME AND ADDRESS

AMENDED ☐

Period Beginning:

Period Ending:

Return Due:

Account No.:

FOR OFFICIAL USE ONLY

Example: Write numbers like this.

1 2 3 4 5 6 7 8 9 0

See reverse for Class Definitions

	Class	Gross Revenues (whole dollars)		Tax Rate	Amount of Tax
1.	01		00	X	1.
2.	12		00	X 2.0%	2.
3.	14		00	X 5.5%	3.
4.	30		00	X 0.0%	4.
5.	31		00	X 0.0%	5.
6.	32		00	X 5.5%	6.
7.	33		00	X 5.5%	7.

See reverse for Class Definitions

Nursing Facility Services

	Class	Non-Medicare Patient Bed Days		Tax Rate	Amount of Tax
8.	15			X $3.64	8.
9.	77			X $1.82	9.
10.	88			X $4.12	10.
11.	99			X $12.85	11.

12. **Tax Due.** Add amounts on lines 1 through 11 _____ 12.

13. **Less:** Preauthorized credits __ __/__ __/__ __ (MM DD YY) _____ 13.

14. **Net Tax Due** _____ 14.

15. Penalties (see instructions) _____ 15.

16. Interest (see instructions) (DAILY INTEREST RATE: 0.000137) _____ 16.

17. **Total Amount Due.** Add amounts on lines 14, 15 and 16

(Please do not staple check to return.) _____ 17.

IMPORTANT: *Return must be postmarked by the 20th of the month following the taxable month to avoid the assessment of penalty and interest. Remit total amount due. Make check payable to:* **Kentucky State Treasurer.** *Mail to:* **Department of Revenue, Frankfort, Kentucky 40619.**

FOR OFFICIAL USE ONLY

I declare, under penalty of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature of President or Other Principal Officer, Partner or Proprietor Date

Signature of Tax Return Preparer and Title Date

DO NOT WRITE BELOW THIS LINE

FOR ADDITIONAL INFORMATION, CONTACT THE EXCISE TAX SECTION, (502) 564-6823.

Class Code Definitions

01 - Hospitals
12 - Home Health Agency Services
14 - ICF-MR Services
33 - Supports for Community Living Services

Classes Taxable for Periods Beginning July 1, 2005

30 - Regional Community Mental Health & Mental Retardation Services
31 - Psychiatric Residential Treatment Facility Services
32 - Medicaid Managed Care Organization Services

Nursing Facility Services Class Definitions

15 - Hospital Based Nursing Facilities

77 - Non-Hospital Based Nursing Facility with 60 or fewer beds and a designation as an intermediate care or nursing home facility.
OR
Non-Hospital Based Nursing Facility with 40 or fewer beds.

88 - Non-Hospital Based Nursing Facility with Total Patient Days greater than 60,000

99 - Non-Hospital Based Nursing Facility with Total Patient Days less than or equal to 60,000

If you are filing an amended return, mark the box in the top center of the form and attach supporting documentation.