

**HCP-64**  
**OUTPATIENT**  
**FACILITY**  
**SURCHARGE**

**State of Rhode Island and Providence Plantations**  
**Department of Revenue - Division of Taxation**  
**OUTPATIENT HEALTH CARE FACILITY SURCHARGE RETURN**

Due on or before the 25th day of the following month

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
FEDERAL EMPLOYER IDENTIFICATION NUMBER		
RETURN FOR THE PERIOD OF:		
	MONTH	YEAR

**Calculation of Amount Due:**

1. Net patient services revenue received .....	1.	
2. Outpatient health care facility surcharge - line 1 time 2% (0.02) .....	2.	
3. Interest - (1.5% per month) see instructions .....	3.	
4. Penalty - (10%) see instructions .....	4.	
5. Total interest and penalty amount .....	5.	
6. TOTAL AMOUNT DUE (Add lines 2 and 5) .....	6.	

**INSTRUCTIONS**

Line 1: **Net Patient Services Revenue Received** - Enter the amount of all monies and other consideration received for patient care services for the month being reported on this return.

Line 2: **Outpatient Health Care Facility Surcharge** - Multiply Line 1 times 2.0% (0.02)

Line 3: **Interest** - If remitting after the due date, multiply Line 2 times 1.5% (0.015) times the number of months late. Interest is calculated from the due date of the return to the date of remittance at a rate of 18% per annum.

Line 4: **Penalty** - If remitting after the due date, multiply Line 2 time 10% (0.10). Penalty is calculated at 10% of the surcharge due.

Line 5: **Total Interest and Penalty Amount** - Add lines 3 and 4.

Line 6: **Total Amount Due** - Add line 2 and 5.

**EFFECTIVE OCTOBER 31, 2007, PAYMENTS MUST BE MADE BY ELECTRONIC FUNDS TRANSFER (EFT). QUESTIONS REGARDING EFT MAY BE DIRECTED TO (401)574-8484.**

Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
 Date Signature of authorized officer Title

\_\_\_\_\_  
 Date Signature of preparer Address of preparer

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES  NO  \_\_\_\_\_  
 Phone number

MAILING ADDRESS: RHODE ISLAND DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5814