

**HCP-4**  
**HOSPITAL**  
**LICENSING**  
**FEE**

**State of Rhode Island and Providence Plantations**  
**Department of Revenue - Division of Taxation**

**HOSPITAL LICENSING FEE REPORT**  
**Due on June 17, 2013**  
**§ 23-17-38.1**

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TITLE	PHONE NUMBER
FEDERAL IDENTIFICATION NUMBER		
RETURN FOR THE PERIOD OF: <b>OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011</b>		EMAIL 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 5.35% (0.0535).....	4.		
5. Interest calculated at 1.5% per month. See instructions.....	5.		
6. Penalty calculated at 10%. See instructions .....	6.		
7. TOTAL AMOUNT DUE. Add lines 4, 5 and 6.....	7.		

**INSTRUCTIONS**

**NOTE: AS OUTLINED IN R.I.G.L. 23-17-38.1, THIS RETURN IS DUE BY JUNE 17, 2013 EVEN THOUGH THE REMITTANCE IS NOT DUE UNTIL JULY 15, 2013.**

**Line 4: Net Licensing Fee Due.** Multiply line 3 by 5.35% (0.0535).

**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, 2011.

**Line 5: Interest.** If remitting after July 15, 2013, multiply line 4 by 1.5% (0.015) times the number of months late. Interest is calculated from July 15, 2013 to the date of remittance at a rate of 18% per annum.

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

**Line 6: Penalty.** If remitting after July 15, 2013, multiply line 4 by 10% (0.10). Penalty is calculated at 10% of the net licensing fee due.

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

**Line 7: Total Amount Due.** Add lines 4, 5 and 6.

**PAYMENTS MUST BE MADE BY ELECTRONIC FUNDS TRANSFER (EFT).  
 QUESTIONS REGARDING EFT TRANSFERS 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  \_\_\_\_\_  
 Phone number

**MAILING ADDRESS: RHODE ISLAND DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5811**