

You will use the “Paid Production by Provider Report” from Practice Director to complete the Receipts and Exemptions portion of the MinnesotaCare Estimated Tax worksheets and MinnesotaCare Tax Instructions

MNCare Estimated Tax 2018

http://www.revenue.state.mn.us/Forms_and_Instructions/Estimated%20Tax%20Provider_18.pdf

1. Run the Paid Production by Provider Report enter the Total Amount listed on the last page on line 1 of your worksheet.
2. Exemptions add the totals of a, b, and c together, and enter the sum on line 2 of your worksheet
 - a. Run the Paid Production by Provider Report for Medicare write down the Total Amount listed on the last page
 - b. Run the Paid Production by Provider Report for Medicaid, write down the Insurance Amount total listed on the last page
 - c. Run the Paid Production by Provider Report for Tricare, write down the Insurance Amount total listed on the last page
3. Complete the remainder of the form lines 3-8 following the directions on the form

MinnesotaCare Estimated Tax Instructions (continued)

Estimated Tax for Calendar Year _____				
<i>Refer to the MinnesotaCare Provider, Hospital, and Surgical Center Taxes Instructions.</i>				
1	Estimate your total gross receipts for the current year	1	_____	_____
2	Estimate your total exemptions for the current year	2	_____	_____
3	Estimated taxable receipts for the current year <i>(subtract step 2 from step 1)</i>	3	_____	_____
4	Estimated MinnesotaCare tax liability for the current year <i>[multiply step 3 by 2% (0.02)]</i>	4	_____	_____
5	Multiply step 4 by 90% (0.90)	5	_____	_____
6	Enter 100% of your actual MinnesotaCare tax for the prior year <i>(from last year's annual return)</i>	6	_____	_____
7	Required Annual Estimated Tax Payment. Enter the amount from step 5 or step 6, whichever is less	7	_____	_____
8	Multiply step 7 by 25% (0.25). This is the minimum estimated tax payment you must pay each quarter	8	_____	_____
Record of Estimated Tax Payments Made				
Record the estimated tax payments you make during the year. You will need this information when you file your annual MinnesotaCare tax return.				
	1st Quarter Due April 15	2nd Quarter Due July 15	3rd Quarter Due October 15	4th Quarter Due January 15
Date paid	_____	_____	_____	_____
Confirmation/check #	_____	_____	_____	_____
Amount paid	_____	_____	_____	_____

MNCare Tax 2017

http://www.revenue.state.mn.us/Forms_and_Instructions/mncare_provider_inst_17.pdf

1. Gross Receipts
 - a. Run the Paid Production by Provider Report enter the Total Amount listed on the last page on “Total Gross Receipts” line of worksheet
2. Exemptions
 - b. Run the Paid Production by Provider Report for Medicare write down the Total Amount listed on the last page
 - c. Run the Paid Production by Provider Report for Medicaid, write down the Insurance Amount total listed on the last page
 - d. Run the Paid Production by Provider Report for Tricare, write down the Insurance Amount total listed on the last page

Worksheet for Filing Provider, Hospital, and Surgical Center Tax Returns

For your convenience, we have included this worksheet to record the amounts you will need to electronically file your annual return. Keep this worksheet for your records. **Do not mail or fax it to the Department of Revenue.**

Record your annual gross receipts and exemption amounts below. Round all amounts to the nearest whole dollar.

Gross Receipts (All exemption amounts must be included in Gross Receipts.)

a **Total Gross Receipts.** Enter the total amount received during the year for providing health care services. See instructions for what to include as gross receipts _____

Exemptions (Do not claim the same receipts on more than one line. See instructions.)

b **Medicare.** Enter the amount received from Medicare, including deductibles, coinsurance, and copayments from patients and/or Medicare supplemental plans for Medicare-covered services _____

c **Other Government Agencies.** Enter the amount received from government agencies in connection with a government program. Do not include payments received from Medical Assistance or MinnesotaCare _____

d **FEHBA/TRICARE.** Enter the amount received under the Federal Employees Health Benefit Act (FEHBA) or TRICARE Program. Do not include deductibles, coinsurance, and copayments _____

Other Providers. Enter the amount received from other health care providers, hospitals, or surgical centers who are liable for the MinnesotaCare tax on the services provided _____

Health Care Research. Enter the amount received from sponsors of health care research for services you provided through a formal program of health care research _____

Grants/Gifts/Donations/Home Health/Other. Enter the amounts received as grants, gifts, and donations (that were not designated for a specific individual or group) and for home health services provided by a registered home health care agency _____

Legend Drugs. See instructions on how to calculate _____

The following amounts will be calculated for you when you file your return electronically. You may record the amounts here for your records.

Total Exemptions _____

Taxable Receipts _____

MinnesotaCare Tax Liability _____