

STATE OF WEST VIRGINIA
State Tax Department, Tax Account Administration Div
P.O. Box 773
Charleston, WV 25323-0773



 Name

 Address

 City State Zip

Account #: _____

MONTHLY ESTIMATE OF BROAD BASED HEALTH CARE RELATED TAXES

WV/HCP-3E
 rL302 v.4-Web

Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirements by mail. Please visit www.wvtax.gov for additional information.

Period Ending:		Due Date:	See back of return for instructions and information.		
CODE	TAXABLE SERVICE	TAXABLE AMOUNT	RATE	TAX DUE	
1	Ambulatory Surgical	.	0.0175	.	
2	Independent Lab/X-Ray Services	.	0.05	.	
3	Inpatient Hospital Services	.	0.025	.	
4	Intermediate Care Facility/MR	.	0.055	.	
5	Nursing Facility Services (Nursing Homes)	.	0.0572	.	
6	Outpatient Hospital Services	.	0.025	.	
		1. Total Tax Due (Add Codes 1 through 6)		.	
		2. Credit for Overpayment from Prior Year Annual Return		.	
		3. Tax Due (Line 1 minus Line 2)		.	

SIGNATURE _____

DATE _____

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 773, Charleston, WV 25323-0773
FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.wvtax.gov
 File online at <https://mytaxes.wvtax.gov>



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Letter Id: L0739522560

Instructions for Completing Monthly Estimate of Broad Based Health Care Related Taxes

- 1 Enter Taxable Amount for each Taxable Service performed during the Taxable Period.
- 2 Multiply the Taxable Amount by the Rate for each Taxable Service performed and enter the Tax Due for that Taxable Service.
- 3 Add the Tax Due for each Taxable Service and enter on Line 1, Total Tax Due.
- 4 Enter the Credit for Overpayment from Prior Year Annual Return on Line 2.
- 5 Subtract the Line 2 Credit for Overpayment from Prior Year Annual Return from Line 1 Total Tax Due to calculate Line 3, Tax Due.