

**INSURANCE TAX UNIT**

Arizona Department of Insurance  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269

Phone: (602) 364-3997 | Fax: (602) 364-3989  
[www.azinsurance.gov](http://www.azinsurance.gov)

**AHCCCS CONTRACTOR  
QUARTERLY PREMIUM TAX REPORT  
CALENDAR YEAR \_\_\_\_\_**

<b>ORIGINAL REPORT</b>	TC 1
<b>SUPPLEMENTAL REPORT</b>	TC 2

AHCCCS Contractor Complete Name (select from drop-down list)		Federal Employer ID Number
Preparer's Name		Title
Toll-free/Collect Phone Number	Fax Number	E-mail Address

**You must file this report and pay estimated premium taxes on or before each due date shown below.**  
ARS §§ 36-2905 and 36-2944.01. See Form E-QTR.INSTRUCTION for further assistance.

**1. Check the (one) box that corresponds to the quarter for which you are filing this report.**

CHECK ONE	FOR CONTRACTOR CAPITATION IN	DUE DATE FOR TAX REPORT AND PAYMENT	OFFICE USE ONLY	
			PERIOD	PAY CODE
	QUARTER 1: January 1 through March 31	March 15	1	74
	QUARTER 2: April 1 through June 30	June 15	4	76
	QUARTER 3: July 1 through September 30	September 15	19	78
	QUARTER 4: October 1 through December 31	December 15	20	79

**2. Enter the AHCCCS Plan ID Number and the estimated amount of total capitation including reinsurance and any other reimbursements that the Arizona Health Care Cost Containment System paid you for this quarter for each plan type.**

AHCCCS Plan Type	Plan ID Number	Estimated Amount	
Acute Care			AC
Ventilator Dependent			VD
Elderly & Physically Disabled			EPD
<b>LINE 2 TOTAL</b>			QT

**3. PREMIUM TAX DUE = 2% X LINE 2 TOTAL amount above**

**4. CIVIL PENALTY AND INTEREST:** If you pay the PREMIUM TAX DUE on Line 3 after the DUE DATE, complete Lines 4a, 4b, 4c and 4d.

**4a Postmark or OPTins entry date:** \_\_\_\_\_

**4b Late Payment Penalty:** 5% X Line 3 or \$25, whichever is greater \_\_\_\_\_

**4c Interest:** = 1% X Line 3 for each full/partial month that your payment is late. \_\_\_\_\_

**4d TOTAL PENALTY AND INTEREST DUE:** Line 4a + Line 4c \_\_\_\_\_ 26

**5. PRIOR QUARTER ADJUSTMENT :** Complete and attach Page 2 if not \$0.00.

See Page 2 for details.

**6. TOTAL PAYMENT DUE:** Sum of Lines 3, 4c and 5 \_\_\_\_\_

**You can electronically file tax reports and pay taxes via the NAIC OPTins system.** Visit the NAIC Web site at [https://external-apps.naic.org/optins\\_static/index.html](https://external-apps.naic.org/optins_static/index.html) or call (816) 783-8990

**To pay by check:** Make your check payable to **Arizona Department of Insurance** and mail it with this form to the address above.

AHCCCS Contractor Complete Name	Federal Employer ID Number
---------------------------------	----------------------------

**PRIOR QUARTER ADJUSTMENT:** You should complete and file this page when the amount of total capitation you estimated in your prior Quarterly Premium Tax Report is more than 10% less than the actual amount you received from AHCCCS for that quarter. You may choose to not report an adjustment if the actual capitation that AHCCCS paid you in a prior quarter was less than the estimate you reported. You may incur penalty and interest charges if you reduce your total capitation for a prior quarter and the total of your tax payments for the calendar year is consequently less than the amount of tax you owe according to data that AHCCCS provides us.

**Do not complete or file this page if you enter \$0.00 on Line 5 of Page 1.**

**Check the (one) box that corresponds to the prior quarter that you are adjusting with this report.**

ADJUSTING CAPITATION AMOUNT RECEIVED IN		
<input type="checkbox"/> QUARTER 1 January 1 through March 31	<input type="checkbox"/> QUARTER 2 April 1 through June 30	<input type="checkbox"/> QUARTER 3 July 1 through September 30

**For each plan type, enter the AHCCCS Plan ID Number , estimated amount of total capitation that you previously reported and the actual total capitation you received including reinsurance and any other reimbursement paid to you by AHCCCS for the quarter for which you are adjusting the capitation amount.**

[a] AHCCCS Plan Type	[b] Plan ID Number	[c] Actual total capitation for the prior quarter	[d] Previously reported estimated capitation for the prior quarter	[e] Difference (column [c] minus column [d])	
Acute Care					ACA
Ventilator Dependent					VDA
Elderly & Physically Disabled					EPA
TOTAL					QTA
TAX ON DIFFERENCE (TOTAL X 2%)					