

HOW TO FILE YOUR PCORI FEES 2022

The Affordable Care Act's PCORI fee, set to expire in October 2019, was extended through Sept. 30, 2029 by the Further Consolidated Appropriations Act of 2020. The act imposes a fee on issuers of specified health insurance policies and plan sponsors of self-insured health plans to help fund the Patient-Centered Outcomes Research Institute (PCORI).
The PCORI filing deadline is July 31, 2022.

Who pays the PCORI Fee?

Fully Insured Plan: If your group plan is administered by E.D.I.S. and is enrolled in a fully-insured HRA plan, both the insurance carrier and the plan sponsor pay per enrolled employee.

Self-Funded Plan: If your group plan is administered by E.D.I.S. and is enrolled in a self-funded EDHP™, MVP, or MEC plan, the plan sponsor pays per member.

IMPORTANT NOTE: The insurance carrier is responsible for paying the PCORI Fee on a fully insured plan. The employer is responsible for paying the fee on behalf of a self-insured plan, including an HRA.

How to report & pay the PCORI Fee

Use IRS Form 720 to file and pay your PCORI fees. For plans that ended in the year 2021, use the chart to the right to calculate your fee.

The Form 720 is a quarterly federal excise tax form that is used to report and pay quarterly excise taxes. The Form 720 is filed annually to report and pay the PCORI fee no later than July 31st of the calendar year immediately following the last day of the policy year or plan year to which the fee applies.

Turn the page for step by step guidance.

Last Day of Plan Year	Fee per avg. covered life	Fee Due Date
January 31, 2021	\$2.66	July 31, 2022
February 28, 2021	\$2.66	July 31, 2022
March 31, 2021	\$2.66	July 31, 2022
April 30, 2021	\$2.66	July 31, 2022
May 31, 2021	\$2.66	July 31, 2022
June 30, 2021	\$2.66	July 31, 2022
July 31, 2021	\$2.66	July 31, 2022
August 30, 2021	\$2.66	July 31, 2022
September 30, 2021	\$2.66	July 31, 2022
October 31, 2021	\$2.79	July 31, 2022
November 30, 2021	\$2.79	July 31, 2022
December 31, 2021	\$2.79	July 31, 2022

PCORI FILING GUIDANCE

**First, you will
need to locate
this average
PCORI count
on your E.D.I.S.
statement.**

E.D.I.S.
P.O. Box 7809
Visalia, CA 93290
Phone: 888-886-7973
Fax: 559-733-1314
www.pcorsolutions.com

Bill Date: 03/04/2022
Due Date: Upon Receipt
Invoice: 54321-1

Dunder Mifflin

Scranton CA, 98765

BILLING SUMMARY FOR MARCH 2022

Group Ident	Coverage	Current Month	Past Due	Total Due
474AAA	Medical	445.00	265.00	710.00
Subtotal:		\$445.00	\$265.00	\$710.00

Grand Total: **\$710.00**

Average PCORI Count

IMPORTANT MESSAGE

Employee: 14
Member: 15

Do not adjust for terminations and additions. Adjustments will appear on your next months statement. Please pay as billed.

**Want a complete reconciliation of all claim related transactions to date? Ask us for a Fund Transaction Report.*

474AAA

Dunder Mifflin
321 W. Main St.
Scranton, CA 98765

Please include this with your payment

BILLING SUMMARY FOR MARCH 2022

Due Date: Upon Receipt

Invoice: 54321-1

Amount Due: **\$710.00**

☐ Visa ☐ MasterCard ☐ American Express

Account Number: _____ Exp: _____

Cardholder's Name: _____ CVC: _____

Billing Address: _____

Please remit to:

E.D.I.S.
P.O. Box 7809
Visalia, CA 93290

Signature

Now, you'll need to prepare IRS Form 720

Form 720
(Rev. June 2022)
Department of the Treasury
Internal Revenue Service

Quarterly Federal Excise Tax Return

See the instructions for Form 720.
Go to www.irs.gov/Form720 for instructions and the latest information.

Check here if:
☐ Final return
☐ Address change

Name
Your Company Name

Quarter ending
June 2022

Number, street, and room or suite no.
(If you have a P.O. box, see the instructions.)
Company's Street Address

Employer identification number
55-5555555

City or town, state or province, country, and ZIP or foreign postal code
City, State, Zip

STEP 1

At the top of page 1, enter your company's information. You will list quarter ending as June 2022.

1 Total. Add all amounts in Part I. Complete Schedule A unless one-time filing

Part II

IRS No.	Patient-Centered Outcomes Research Fee (see instructions)	(a) Avg. number of lives covered (see inst.)	(b) Rate for avg. covered life	(c) Fee (see instructions)	Tax	IRS No.
	Specified health insurance policies					
	(a) With a policy year ending before October 1, 2021		\$2.66			
	(b) With a policy year ending on or after October 1, 2021, and before October 1, 2022		\$2.79			
133	Applicable self-insured health plans					133
	(c) With a plan year ending before October 1, 2021	<i>14</i>	\$2.66	<i>37.24</i>	<i>37.24</i>	
	(d) With a plan year ending on or after October 1, 2021, and before October 1, 2022		\$2.79			

STEP 2

On Page 2, Part II, Line 133 (b) Applicable Self-Insured Health Plans, in the column (a), enter your avg. employee count. In column "(c) Fee" enter your total fee owed. In "Tax" column, enter total fee owed again.

STEP 3

On Page 2, Part II, Line 2 Total, enter the total fee owed again.

64	Inland waterways fuel use tax		\$.29		64
125	LUST tax on inland waterways fuel use (see instructions)		.001		125
51	Section 40 fuels (see instructions)				51
117	Biodiesel sold as but not used as fuel				117
20	Floor Stocks Tax —Ozone-depleting chemicals (floor stocks). Attach Form 6627.				20
2	Total. Add all amounts in Part II			<i>\$ 37.24</i>	

Form 720 (Rev. 6-2022)

STEP 4

Part III, Line 3, enter total fee owed. Enter the same number again on Line 10 "Balance Due." Then sign and date.

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Part III

3	Total tax. Add Part I, line 1, and Part II, line 2	3	37.24
4	Claims (see instructions; complete Schedule C)	4	
5	Deposits made for the quarter	5	
<input type="checkbox"/> Check here if you used the safe harbor rule to make your deposits.			
6	Overpayment from previous quarters	6	
7	Enter the amount from Form 720-X included on line 6, if any	7	
8	Add lines 5 and 6	8	
9	Add lines 4 and 8	9	
10	Balance Due. If line 3 is greater than line 9, enter the difference. Pay the full amount with the return (see instructions)	10	37.24
11	Overpayment. If line 9 is greater than line 3, enter the difference. Check if you want the overpayment: <input type="checkbox"/> Applied to your next return, or <input type="checkbox"/> Refunded to you.	11	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☐ **No**

Designee name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature _____ Date 7/15/22 Title CEO

Type or print name below signature. Your Name Telephone number _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____

Form **720** (Rev. 6-2022)

STEP 5

Page 8 Payment Voucher
Fill out Name, Address,
Total Amount Owed,
EIN and Highlight
"2nd Quarter"

Form **720-V** (2022)

▼ Detach here and mail with your payment and Form 720. ▼

Form 720-V Department of the Treasury Internal Revenue Service **Payment Voucher** OMB No. 1545-0023

20**22**

1 Enter your employer identification number (EIN). See instructions.

2 Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury."

Dollars 37 Cents 24

3 Tax Period

☐ 1st Quarter ☐ 3rd Quarter

☒ 2nd Quarter ☐ 4th Quarter

4 Enter your business name (individual name if sole proprietor).

Your Company Name

Enter your address. Company's Street Address

City or town, state or province, country, and ZIP or foreign postal code City, State, Zip

SUBMIT

Send pages 1,2 and Payment Voucher with payment (Payable to "United States Treasury") to:
Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0009

PCORI Fee payments are due July 31, 2022.
(July 31st falls on a Sunday this year, therefore, payments may be submitted on Monday, Aug. 1, 2022)

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

CUSTOMER SERVICE INFO.

Mon.-Fri. | 8a-5p

☎ 888-886-7973

🌐 www.employerdriven.com