



PCORI Fee (due 7/31/2026)

Background

The Affordable Care Act (ACA) imposes a fee on employers that offer certain types of self-insured health plans, which includes QSEHRA and ICHRA, to help fund the Patient-Centered Outcomes Research Institute (PCORI). The fee is reported and paid to the IRS only once per year, and it is due on July 31st for the previous year's HRA.

The PCORI fee for plans ending in December 2025 is \$3.84 per covered life, based on the average number of lives covered throughout the plan year. Most HRAs with Take Command operate on a plan year that ends on December 31. Please consult your individual plan documents to confirm. The fee is reported on [IRS Form 720](#) which, despite being a quarterly return, only needs to be filed once annually during the 2nd quarter if you have nothing besides the PCORI fee to report. If the PCORI fee owed is \$0 (due to 0 covered lives), IRS Form 720 does not need filed unless other taxes are being reported.

To assist you in complying with this requirement, we have provided 1) some information about filing IRS Form 720 and paying the fee, and 2) an estimate of your fee calculation based on the information in our system.

Note: The below is informational only. We are not licensed tax professionals (we're the health people), and this information is not to be used as tax guidance. Please consult with your licensed tax professional on the usage of this information, calculation of fees, and completion of forms and make any changes that you determine are necessary.

Filing IRS Form 720

Mail Filing

IRS Form 720 needs to be completed, signed, and mailed to the IRS by the HRA plan sponsor (the employer) so that it's **received by July 31st**. The form should be mailed to:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0009

Electronic filing

You can electronically file Form 720 through any electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) participating in the IRS e-file program for excise taxes. For more information on e-file, go to <https://www.irs.gov/ETEC>.



Paying the Fee

The PCORI fee needs to be paid to the IRS by the HRA plan sponsor (the employer). The IRS provides several options for paying this fee. See IRS instructions for additional options. Two primary options are:

1. Payment can be made electronically through [EFTPS](#). Electronic payments must be **scheduled by 8pm ET the day before the due date** to be received timely; *or*
2. Payment can be mailed with Form 720 with check or money order, with Form 720-V, Payment Voucher. Mailed payments should be **received by July 31st**.

Employers should consult their tax or legal professional to ensure they are timely filing and making payments. For more detailed information, see the [IRS Instructions for Form 720](#).

Calculating the Fee

The PCORI fee for plans ending in December 2025 is \$3.84 per covered life, based on the average number of lives covered throughout the plan year. The IRS provides guidance and several different methods that a plan sponsor can use to determine the average number of lives covered by the HRA. One method, the "Snapshot Method", involves using covered lives at dates from each quarter of the plan year.

Based on the information in our system and using the "Snapshot Method", we estimate the following:

{\$Employer Name}		
Snapshot Method	Date Used	Employees Covered on HRA
Q1 2025	{\$date from Q1}	{\$covered lives Q1}
Q2 2025	{\$date from Q2}	{\$covered lives Q2}
Q3 2025	{\$date from Q3}	{\$covered lives Q3}
Q4 2025	{\$date from Q4}	{\$covered lives Q4}
Average Number of Covered Lives:		{\$avg covered lives}
Rate for Avg. Covered Life:		\$3.84
Fee:		{\$fee}

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Take Command

The following pages provide additional information on completing IRS Form 720.

FORM 720, PAGE 1

Check here if: <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Address change	Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">[Company Name]</div> <small>Number, street, and room or suite no. (if you have a P.O. box, see the instructions.)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">[Business Address]</div> <small>City or town, state or province, country, and ZIP or foreign postal code</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">[Business Address]</div>	Quarter ending <div style="border: 1px solid black; padding: 2px; display: inline-block;">June 30</div> Employer identification number <div style="border: 1px solid black; padding: 2px; display: inline-block;">[EIN]</div>	FOR IRS USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>T</td><td></td></tr> <tr><td>FF</td><td></td></tr> <tr><td>FD</td><td></td></tr> <tr><td>FP</td><td></td></tr> <tr><td>I</td><td></td></tr> <tr><td>T</td><td></td></tr> </table>	T		FF		FD		FP		I		T	
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Note: Since this is required to be filed for the second quarter, use June 30 for the "Quarter Ending" date.

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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.		
133	Specified health insurance policies				} [Avg Lives x 3.84]	133		
	(a) With a policy year ending before October 1, 2025		\$3.47					
	(b) With a policy year ending on or after October 1, 2025, and before October 1, 2026		\$3.84					
	Applicable self-insured health plans							
	(c) With a plan year ending before October 1, 2025		\$3.47					
	(d) With a plan year ending on or after October 1, 2025, and before October 1, 2026	[Avg Lives]	\$3.84	[Avg Lives x 3.84]				
				Rate	Tax			
41	Sport fishing equipment (other than fishing rods and fishing poles)			10% of sales price		41		
110	Fishing rods and fishing poles (limits apply, see instructions)			10% of sales price		110		
42	Electric outboard motors			3% of sales price		42		
114	Fishing tackle boxes			3% of sales price		114		
44	Bows, quivers, broadheads, and points			11% of sales price		44		
106	Arrow shafts			\$.65 per shaft		106		
140	Indoor tanning services			10% of amount paid		140		
			Number of gallons	Rate	Tax			
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. Attach Form 6627.					20		
150	Repurchase of corporate stock. Attach Form 7208.					150		
142	Sales of designated drugs during statutory periods.					142		
2 Total. Add all amounts in Part II						\$ [Avg Lives x 3.84]		



FORM 720, PAGE 3

Part III		
3	Total tax. Add Part I, line 1, and Part II, line 2 ▶	3
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
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)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> 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] ▶ [Signer's Title]	
	Signature Date Title	
	Type or print name below signature. ▶ [Signer's Name] Telephone number ▶ [Phone #]	

FORM 720-V, Payment Voucher (only include if paying with check or money order)

Form 720-V Department of the Treasury Internal Revenue Service		Payment Voucher		OMB No. 1545-0023
		Don't staple or attach this voucher to your payment.		2026
1 Enter your employer identification number (EIN). See instructions. [EIN]		2 Enter the amount of your payment. Make your check or money order payable to "United States Treasury." Dollars Cents [Avg Lives x 3.84]		
3 Tax period <input type="checkbox"/> 1st Quarter <input type="checkbox"/> 3rd Quarter <input checked="" type="checkbox"/> 2nd Quarter <input type="checkbox"/> 4th Quarter		4 Enter your business name (individual name if sole proprietor). [Company Name] Enter your address. [Business Address] Enter your city or town, state or province, country, and ZIP or foreign postal code. [Business Address]		

Our goal is to provide a fantastic experience for you and your employees. If you have any questions, we are happy to help! Please contact our Admin Support Team at ClientSuccess@takecommandhealth.com or your Benefits Partner (if applicable).

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