

DO NOT STAPLE



New Hampshire Department of Revenue Administration

DP-156



0DP1562311862

NURSING FACILITY QUALITY ASSESSMENT RETURN

For Assessment Period: Check one and enter applicable year

January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31 Year

STEP 1 - Name, Address, & Taxpayer Identification Number

Facility Name Taxpayer Identification Number Number & Street Address Address (continued) City / Town State Zip Code + 4 (or Canadian Postal Code)

STEP 2 - Type of Return (check if applicable)

Initial Return (1st filing) Amended Return Final Return Last Day of Business MMDDYYYY

STEP 3 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

Table with 7 rows for calculating balance due: 1. Net Patient Services Revenues, 2. New Hampshire NFQA, 3. Credits, 4. Balance of Assessment Due, 5. Additions, 6. Balance Due, 7. Apply overpayment amount.



NURSING FACILITY QUALITY ASSESSMENT RETURN

STEP 4 - Signatures

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the person owning or operating the utility, this declaration is based on all information of which the preparer has knowledge.

Signature of Officer (in ink)

Print Signatory Name & Title

Signature of Preparer

Printed Name of Preparer

Preparer's Address

Address (continued)

City / Town

State

MMDDYYYY

Phone Number

MMDDYYYY

Preparers Tax Identification Number

Phone Number

Zip Code + 4 (or Canadian Postal Code)

MAIL TO: NH DRA
 TAXPAYER SERVICES
 PO BOX 637
 CONCORD NH 03302-0637