DO NOT ATTACH TO RETURN



New Hampshire Department of Revenue Administration





000DP92311862

SMALL BUSINESS CORPORATION ("S" CORP) INFORMATION REPORT

Name of "S" Corporation	Federal Emp	ployer ID Number	Calendar Year
Number & Street Address	City / Town		
Address (continued)	State	Zip Code + 4 (or Cana	adian Postal Code)
Total of all actual distributions made to New Hampshire residents for the period end	\$		

Shareholder Name and Address (New Hampshire Residents ONLY)

Last Name	First Name	MI	Social Security Number
Number & Street Address			Amount of Distribution
City / Town	State Zip Code + 4 (or Canadian Postal Cod	de)	
Last Name	First Name	MI	Social Security Number
Number & Street Address			Amount of Distribution
City / Town	State Zip Code + 4 (or Canadian Postal Cod	de)	
Last Name	First Name	MI	Social Security Number
Number & Street Address			Amount of Distribution
City / Town	State Zip Code + 4 (or Canadian Postal Cod	de)	
Last Name	First Name	MI	Social Security Number
Number & Street Address			Amount of Distribution
City / Tour	Ctata		
City / Town	State Zip Code + 4 (or Canadian Postal Cod	de)	

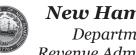
New Hampshire Department of Revenue Administration





Last Name	First Name	MI	Social Security Number
Number & Street Address			Amount of Distribution
City / Town	State Zip Code + 4 (or Canad	ian Postal Code)	
Last Name	First Name	MI	Social Security Number
Number & Street Address			Amount of Distribution
City / Taxing	State Zin Code + 4 (or Canadi		Amount of Distribution
City / Town	State Zip Code + 4 (or Canad	an Postal Code)	
Last Name	First Name	MI	Social Security Number
Number & Street Address			
			Amount of Distribution
City / Town	State Zip Code + 4 (or Canad	an Postal Code)	
Last Name	First Name	MI	Social Security Number
Number & Street Address			
			Amount of Distribution
City / Town	State Zip Code + 4 (or Canad		
			If additional space is required, attach another sheet.
Under penalties of perjury, I declare t	nat I have examined this return and to	o the best of my b	elief it is true, correct and complete. (If
prepared by a person other than the	axpayer, this declaration is based on	all information of	which the preparer has knowledge.)
Signature (in ink) of Officer	Print Signatory Name	& Title	MMDDYYYY

Signature (in ink) of Paid Preparer Other Than Taxpayer	MMDDYYYY	DO NOT FILE WITH BUSINESS
Print Preparer's Name	Preparer's Tax ID Number	RETURN. MAIL UNDER SEPARATE COVER TO ADDRESS BELOW.
Number & Street Address		
		FILE ONLINE AT GRANITE TAX CONNECT
Address (continued)		WWW.REVENUE.NH.GOV/GTC
		Or Mail To: NH DRA
City / Town State	Zip Code + 4 (or Canadian Postal Code)	PO BOX 637 CONCORD NH 03302-0637







INSTRUCTIONS

WHO MUST FILE

The report must be completed by every subchapter "S" corporation which has made actual or constructive distributions to its New Hampshire shareholders during the year, per RSA 77:17-a.

WHAT TO FILE

Actual distributions from "S" corporations made to New Hampshire residents are taxable to the individual recipient under New Hampshire Interest & Dividends Tax law. "S" corporations are required to use this form to report such distributions. Report any actual distributions from current year or prior year accumulated profits (as defined in RSA 77 and Rev 901). Do not report the shareholders' proportionate share of the "S" corporation's income (loss) as shown on the individual or shareholders' Federal Schedule K-1.

NOTE: If more than 8 shareholders received actual distributions from the "S" corporation during the period, attach an additional sheet listing the required information for each additional shareholder.

WHEN TO FILE

This report is due annually on or before May 1st, after the end of the year. Pursuant to RSA 77:17-a, a list of New Hampshire shareholders during the preceding year together with the amount of dividends paid to each must be reported on this form.

WHERE TO FILE

File online using Granite Tax Connect at www.revenue.nh.gov/gtc or mail to NH DRA, PO Box 637, Concord, NH 03302-0637.

FORMS SHALL NOT BE FILED BY FAX OR EMAIL

