

New Hampshire

Department of Revenue Administration 2024 DP-59-A



0DP59A2411862

PAYMENT FORM AND APPLICATION FOR 7-MONTH EXTENSION OF TIME TO FILE INTEREST AND DIVIDENDS TAX RETURN

DO NOT FILE THIS FORM IF LINE 3 IS NEGATIVE OR ZERO THIS IS NOT AN EXTENSION OF TIME TO PAY

MAKE YOUR PAYMENTS ONLINE AT GRANITE TAX CONNECT gtc.revenue.nh.gov/TAP/_/

For the CALENDAR year 2024 or other taxable period beginning: MMDDYYYY MMDDYYYY		ENTITY TYPE - Check One		
and end	ing:	Individual/Joint	Partnership/LLC X Estate	
Last Name				
First Name	M Cocial Coci	ırity Number		
THISTNAME	MI Social Secu	inty Number	Taxpayer Identification Number 3 4 7 8 4 5 2 4 4	
Spouse's Last Name			If issued a DIN, use DIN in the appropriate taxpayer identification box.	
First Name	MI Social Secu	urity Number	DO NOT enter SSN or FEIN	
Name of Partnership, Estate, or LLC				
CLEMENTINE ESTATE				
Number & Street Address				
1 ACADEMY ST				
Address (continued)				
City / Town		State Zip Code + 4 (or 0	Canadian Postal Code)	
CONCORD		NH 0 3 3 0	1	
100% PAYMENT IS DUE ON OR BE	FORE THE DUE DATE OF THE T	AX	ROUND TO THE NEAREST WHOLE DOLLAR	
File online at Granite Tax Connect gtc.revenue.nh.gov/TAP/_/	1 Enter 100% of the Interest and Dividends Tax determined to be due (net of RSA 77-G Education Tax Credit)			
Make check payable to: State of New Hampshire	2(a) Enter credit carried over from pr year and total estimated tax pay	ĥ.	0 0 0	
Mail to: NH DRA PO BOX 1265 CONCORD NH 03302-1265	2(b) Enter payment previously made if applicable		5 0 0	
Enclose, but do not staple or tape your	2 Total advance payments and cre (Line 2(a) plus Line 2(b))	dits	6 5 0 0	
payment to this extension. If negative or zero DO NOT file this application.	3 NET BALANCE DUE: (Line 1 minus Line 2)	PAY THIS AI	MOUNT 5 5 0 0	