New Hampshire Department of Revenue Administration



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

PRINT OR TYPE 100% OF TAX PAYMENT IS D	DUE ON OR BEFORE THE ORIGINAL DUE DATE OF THE TAX
For the CALENDAR year 2024 or other taxable period beginning:	ENTITY TYPE Check one of the following:
MMDDYYYY MMDDYYYY	Proprietorship Corporation Partnership
and ending	Fiduciary Non-Profit Organization Combined Group
Proprietor's Last Name	If issued a DIN, use DIN in appropriate taxpayer identification box.
First Name MI	Social Security Number DO NOT enter SSN or FEIN if you have a DIN.
Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name	
Taxpayer Identification Number Principal Business Activit Number & Street Address	ty Code (Federal)
Address (continued)	
City / Town	State Zip Code + 4 (or Canadian Postal Code)
	ROUND TO THE NEAREST WHOLE DOLLAR
1 Enter 100% of the Business Enterprise Tax (BET) determined to be due (ne	et of credit) 1
2 Enter 100% of the Business Profits Tax (BPT) determined to be due (net of	f credit) 2
3 Subtotal (Line 1 plus Line 2)	3
4 LESS: Credit carried over from prior year and total estimated tax payment	ts 4
5 BALANCE DUE: (If negative or zero, <u>DO NOT FILE</u> this form. As long as 100% of the BET paid by the due date, an automatic 7-month extension to file will be gra	
Mail to: Make Check Payable to	

Mail to: NH DRA PO Box 1265 Concord NH 03302-1265 Make Check Payable to: **STATE OF NEW HAMPSHIRE** Enclose but DO NOT staple or tape your payment to this extension

FILE ONLINE AT GRANITE TAX CONNECT gtc.revenue.nh.gov/TAP/_/

