



MEALS & RENTALS TAX RETURN

Amended Return

Business Name

License Number Due on the 15th day of the month following the close of the tax period. Tax Period (MMYYYY)

IF THIS IS YOUR FINAL RETURN, FILE FORM CD-100 AND GIVE REASON:

1 - Business Discontinued Last Day of Business
 2 - Change in Organization MMDDYYYY
 3 - Business Sold

Receipts From Meals and Beverages

Round to the nearest whole dollar

1. Tax excluded receipts	1	<input style="width: 100%;" type="text"/>		
2. Meals Tax at 8.5% (Multiply Line 1 by .085)	2	<input style="width: 100%;" type="text"/>		
3. Tax included receipts	3	<input style="width: 100%;" type="text"/>		
4. Meals Tax at 7.834% (Multiply Line 3 by .07834)	4	<input style="width: 100%;" type="text"/>		
5. Total Meals Tax (Line 2 plus Line 4)	5	<input style="width: 100%;" type="text"/>		

Receipts From Rentals

6. Room rental receipts	6	<input style="width: 100%;" type="text"/>		
7. Permanent resident receipts	7	<input style="width: 100%;" type="text"/>		
8. Taxable room rental receipts (Line 6 minus Line 7)	8	<input style="width: 100%;" type="text"/>		
9. Total room rental tax (multiply Line 8 by .085 or .07834) Check rate used: <input type="checkbox"/> .085 <input type="checkbox"/> .07834	9	<input style="width: 100%;" type="text"/>		
10. Motor vehicle rental receipts	10	<input style="width: 100%;" type="text"/>		
11. Total motor vehicle rental tax (multiply Line 10 by .085 or .07834) Check rate used: <input type="checkbox"/> .085 <input type="checkbox"/> .07834	11	<input style="width: 100%;" type="text"/>		
12. Total tax (Line 5 plus Line 9 plus Line 11)	12	<input style="width: 100%;" type="text"/>		

Deductions and Additions

13. Commission (Line 12 multiplied by .03) (See 3% commission eligibility requirements in General Instructions)	13	<input style="width: 100%;" type="text"/>		
14. Original return payment/credits/estimated payments	14	<input style="width: 100%;" type="text"/>		
15. Total deductions (Line 13 plus Line 14)	15	<input style="width: 100%;" type="text"/>		
16. Interest (see instructions)	16	<input style="width: 100%;" type="text"/>		
17. Penalty for failure to pay (see instructions)	17	<input style="width: 100%;" type="text"/>		
18. Penalty for failure to file (see instructions)	18	<input style="width: 100%;" type="text"/>		
19. Total additions (sum of Lines 16, 17, & 18)	19	<input style="width: 100%;" type="text"/>		
20. Total Due (Line 12 minus Line 15, plus Line 19) Make checks payable to State of New Hampshire	20	<input style="width: 100%;" type="text"/>		
21. Tax exempt meals and rental receipts	21	<input style="width: 100%;" type="text"/>		

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 operator, this declaration is based on all information of which the preparer has knowledge.)

Signature (in ink) (Failure to sign may result in assessment of penalties) MMDDYYYY Phone Number

Signature (in ink) Preparer Other Than Operator MMDDYYYY Preparer Address, City, State, Zip

Print Preparer's Name Preparer's Tax ID Number