



WHOLESALEERS' OTHER TOBACCO PRODUCTS TAX RETURN

STEP 1 - PRINT OR TYPE

Tax Period MMYYYY

Type of Return (check if applicable)

Amended Return Final Return Tobacco Tax from returned product taken as a credit in this return

STEP 2 - PRINT OR TYPE

Wholesaler

License Number

Number & Street Address (Mailing Address)

Taxpayer Identification Number

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

STEP 3 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

Table with 16 rows for calculating tax liability, including items like Smokeless Tobacco, Loose Tobacco, and Cigar Tax.



WHOLESALEERS' OTHER TOBACCO PRODUCTS TAX RETURN (continued)

Credits:																						
17(a). Advance payments	17(a)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
17(b). Credit carried over from prior period	17(b)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
17(c). Paid with original return (Amended return only)	17(c)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
18. Enter the sum of Lines 17(a) through 17(c)	18	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
19. Enter the balance of Line 16 minus Line 18	19	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Additions to tax:																						
20(a). Interest	20(a)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
20(b). Failure to Pay	20(b)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
20(c). Failure to File	20(c)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
21. Enter the sum of Lines 20(a) through 20(c)	21	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
22. Balance due with this return (Line 19 plus Line 21) Make check payable to: State of New Hampshire	PAY THIS AMOUNT 22	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
23. Overpayment (If balance due is less than zero, enter on Line 23)	23	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Apply Overpayment to:																						
24(a). Credit applied to next tax period	24(a)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
24(b). Refund	DO NOT PAY 24(b)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

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 taxpayer this declaration is based on all information of which the preparer has knowledge.

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

Signature of Wholesaler (in ink)	MMDDYYYY	Phone Number																																								
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Print Signatory Name & Title																																										
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Signature of Paid Preparer Other Than Taxpayer (in ink)	MMDDYYYY	Preparer's Address, City, State, Zip Code																				
<input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<input style="width: 100%; height: 100%;" type="text"/>
Print Preparer's Name	Preparer's Tax ID Number																					
<input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

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