DO NOT STAPLE New Hampshire Department of



Revenue Administration

WHOLESALERS' OTHER TOBACCO PRODUCTS TAX RETURN

STEP 1 - PRINT OR TYPE	Type of Return (check if applicable)
Tax Period MMYYYY	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

1. Smokeless Tobacco sold or distributed in New Hampshire	1				
2. Loose Tobacco other than RYO sold or distributed in New Hampshire	2				
3. Smokeless and Loose Tobacco (Line 1 plus Line 2)	3				
4. Total Smokeless and Loose Tobacco Tax (Line 3 multiplied by applicable tax rate)	4				
5. Little cigars as defined in RSA 78:1, V (not stamped) (number sold multiplied by applicable proportional tax rate)	5				
6. Total weight in ounces of RYO sold or distributed in New Hampshire	6				
7. Total RYO Tax (see instructions)	7				
8. Total wholesale sales price of all cigars not meeting the definition of a cigarette or little cigar (RSA 78:1, I & V)	8				
9. Total wholesale sales price of all premium cigars (RSA 78:1, IX) sold or distribute in New Hampshire	9				
10. Total wholesale sales price of all taxable cigars (Line 8 minus Line 9)	10				
11. Calculate cigar tax (Line 10 multiplied by applicable tax rate)	11				
12. Total volume in milliliters for closed system e-cigarettes (electronic cigarettes as defined in RSA 78:1, III-a)	12				
13. Total closed system e-cigarette Tax (see instructions)	13				
14. Total wholesale sales price of all open system e-cigarettes (see instructions)	14				
15. Total open system e-cigarette Tax (see instructions)	15				
16. Total tax liability (Add lines 4, 5, 7, 11, 13, & 15)	16				

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Revenue Administration

New Hampshire

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WHOLESALERS' OTHER TOBACCO PRODUCTS TAX RETURN (continued)

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

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) Print Signatory Name & Title	MMDDYYYY	Phone Number	
Signature of Paid Preparer Other Than Taxpayer (in ink)	MMDDYYYY	Preparer's Address, City, State, Zip Code	
Print Preparer's Name	Preparer's Tax ID Number		

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