DO NOT STAPLE

New Hampshire
Department of
Revenue Administration

DP-156

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0DP1562311862

NURSING FACILITY QUALITY ASSESSMENT RETURN

For Assessment Period: Check one and enter applicable year

☒ January 1 - March 31 ☐ April 1 - June 30 ☐ July 1 - September 30 ☐ October 1 - December 31 Year 2024

STEP 1 - Name, Address, & Taxpayer Identification Number

Facility Name: NURSING TEST NAME

Taxpayer Identification Number: 123456789

Number & Street Address: 123 MAIN ST

Address (continued): UNIT 5

City / Town: CONCORD

State: NH

Zip Code + 4 (or Canadian Postal Code): 03301

STEP 2 - Type of Return (check if applicable)

☒ Initial Return (1st filing) ☐ Amended Return ☐ Final Return Last Day of Business MMDDYYYY

STEP 3 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

1. Net Patient Services Revenues	1	8941564
2. New Hampshire NFQA (Line 1 multiplied by 5.5% (.055))	2	491786
3. Credits: (a) Payment made with extension	3(a)	4564
(b) Credit carried over from prior period	3(b)	566
(c) Original Return Payment (amended returns only)	3(c)	
Total Credits (Sum of Lines 3(a), 3(b), and 3(c))	3	5130
4. Balance of Assessment Due (Line 2 less Line 3)	4	486656
5. Additions: (a) Interest	5(a)	8484
(b) Failure to Pay Penalty	5(b)	
(c) Failure to File Penalty	5(c)	
Total Additions (Sum of Lines 5(a), 5(b), and 5(c))	5	8484
6. Balance Due (Line 4 plus Line 5). If balance due is less than zero, enter on Line 7.	6	495140
7. Apply overpayment amount as credit on subsequent return payment	7	

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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 person owning or operating the utility, this declaration is based on all information of which the preparer has knowledge.

Signature of Officer (in ink)

MMDDYYYY: 0 9 1 8 2 0 2 4

Print Signatory Name & Title: NATHAN WELLS/FACILITY OWNER

Phone Number: 1 2 3 4 5 6 7 8 9 0

Signature of Preparer

MMDDYYYY

Printed Name of Preparer

Preparers Tax Identification Number

Preparer's Address

Phone Number

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

MAIL TO: NH DRA
TAXPAYER SERVICES
PO BOX 637
CONCORD NH 03302-0637