New Hampshire

Department of Revenue Administration



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

DO NOT FILE THIS FORM IF LINE 3 IS NEGATIVE OR ZERO THIS IS NOT AN EXTENSION OF TIME TO PAY

MAKE YOUR PAYMENTS ONLINE AT GRANITE TAX CONNECT gtc.revenue.nh.gov/TAP/_/

For the CALENDAR year 2024 or other taxable period beginning: MMDDYYYY MMDDYYYY		ENTITY TYPE - Check One	
and end		Individual/Joint Partnership/LL	C Estate
Last Name			
First Name	MI Social Secu	rity Number Taxpaye	r Identification Number
Spouse's Last Name			ed a DIN, use DIN in the propriate taxpayer dentification box.
First Name	MI Social Secu	rity Number DO I	NOT enter SSN or FEIN
Name of Partnership, Estate, or LLC			
Number & Street Address			
Address (continued)			
City / Town		State Zip Code + 4 (or Canadian Postal Cod	e)
100% PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX ROUND TO THE NEAREST WHOLE DOLLAR			
File online at Granite Tax Connect gtc.revenue.nh.gov/TAP/_/	1 Enter 100% of the Interest and D RSA 77-G Education Tax Credit)	ividends Tax determined to be due (net of	
Make check payable to: State of New Hampshire	2(a) Enter credit carried over from pri year and total estimated tax pay		
Mail to: NH DRA PO BOX 1265	2(b) Enter payment previously made, if applicable		
CONCORD NH 03302-1265 Enclose, but do not staple or tape your	2 Total advance payments and cre (Line 2(a) plus Line 2(b))	dits	
payment to this extension. If negative or zero DO NOT file this application.	3 NET BALANCE DUE: (Line 1 minus Line 2)	PAY THIS AMOUNT	

