



SMALL BUSINESS CORPORATION ("S" CORP) INFORMATION REPORT

Name of "S" Corporation	Federal Employer ID Number	Calendar Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address	City / Town	
<input type="text"/>	<input type="text"/>	
Address (continued)	State	Zip Code + 4 (or Canadian Postal Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total of all actual distributions made to New Hampshire residents for the period end. \$

Shareholder Name and Address (New Hampshire Residents ONLY)

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Last Name	First Name	MI
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
Number & Street Address		
<input style="width: 99%;" type="text"/>		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Social Security Number

Amount of Distribution

Last Name	First Name	MI
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
Number & Street Address		
<input style="width: 99%;" type="text"/>		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Social Security Number

Amount of Distribution

Last Name	First Name	MI
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
Number & Street Address		
<input style="width: 99%;" type="text"/>		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Social Security Number

Amount of Distribution

If additional space is required,  
attach another sheet.

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.

Signature (in ink) of Officer	Print Signatory Name & Title	MMDDYYYY
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>

Signature (in ink) of Paid Preparer Other Than Taxpayer	MMDDYYYY	
<input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Print Preparer's Name	Preparer's Tax ID Number	
<input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Number & Street Address		
<input style="width: 99%;" type="text"/>		
Address (continued)		
<input style="width: 99%;" type="text"/>		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

DO NOT FILE WITH BUSINESS  
RETURN. MAIL UNDER SEPARATE  
COVER TO ADDRESS BELOW.

FILE ONLINE AT GRANITE TAX CONNECT  
[gtc.revenue.nh.gov/TAP/ /](https://gtc.revenue.nh.gov/TAP/)

Or Mail To: NH DRA  
PO BOX 637  
CONCORD NH 03302-0637