

**DP-14** 



00DP142311862

	MEALS & RENTALS TAX	RETU	JRN			Amended Return
Business Name  License Number Tax Period (MMYYYY)		IF THIS IS YOUR FINAL RETURN, FILE  1 - Business Discontinued  2 - Change in Organization			E FORM CD-100 AND GIVE REASON Last Day of Business MMDDYYYY	
	Due on the 15th day of the month following the close of the tax period.		3 - Busin	ess Sold		
Receipts From Meals and Beverages	1. Tax excluded receipts	1			Round to the nearest whole dollar	
	2. Meals Tax at 8.5% (Multiply Line 1 by .085)	2				
	3. Tax included receipts	3				
	4. Meals Tax at 7.834% (Multiply Line 3 by .07834)	4				
	5. Total Meals Tax (Line 2 plus Line 4)	5				
Receipts From Rentals	6. Room rental receipts	6				
	7. Permanent resident receipts	7				
	8. Taxable room rental receipts (Line 6 minus Line 7)	8				
	9. Total room rental tax (multiply Line 8 by .085 or .07834) Check rate used: .085 .07834	9				
	10. Motor vehicle rental receipts	10				
	11. Total motor vehicle rental tax (multiply Line 10 by .085 or .07834) Check rate used: .085 .07834	11				
	12. Total tax (Line 5 plus Line 9 plus Line 11)	12				
Deductions and Additions	13. Commission (Line 12 multiplied by .03) (See 3% commission eligibility requirements in General Instructions)	13				
	14. Original return payment/credits/estimated payments	14				
	15. Total deductions (Line 13 plus Line 14)	15				
	16. Interest (see instructions)		16			
	17. Penalty for failure to pay (see instructions)		17			
	18. Penalty for failure to file (see instructions)		18			
	<b>19. Total additions</b> (sum of Lines 16, 17, & 18)	19				
	20. Total Due (Line 12 minus Line 15, plus Line 19)  Make checks payable to State of New Hampshire	20				
	21. Tax exempt meals and rental receipts	21				_
the op	penalties of perjury, I declare that I have examined this return and to the best of my belie erator, this declaration is based on all information of which the preparer has knowledge.) ature (in ink) (Failure to sign may result in assessment of penalties)  MMDDYYYY	f it is tru	e, correct	and complete. (If pro	epared l	by a person other than
Signa	ture (in ink) Preparer Other Than Operator MMDDYYYY		Prep	arer Address, City, St	tate, Zip	
Print	Preparer's Name Preparer's Tax ID Number					