



WHOLESALERS' OTHER TOBACCO PRODUCTS TAX RETURN

STEP 1 - PRINT OR TYPE

Tax Period MMYYYY

Type of Return (check if applicable)

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

Table with 16 rows for calculating tax liability, including items like Smokeless Tobacco, Loose Tobacco, and Cigar Tax.



WHOLESALEERS' OTHER TOBACCO PRODUCTS TAX RETURN (continued)

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

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)	MMDDYYYY	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Signatory Name & Title		
<input type="text"/>		

Signature of Paid Preparer Other Than Taxpayer (in ink)	MMDDYYYY	Preparer's Address, City, State, Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Preparer's Name	Preparer's Tax ID Number	
<input type="text"/>	<input type="text"/>	

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