



DP-153



0DP1532411862

MEDICAID ENHANCEMENT TAX RETURN

MMDDYYYY	MMDDYYYY
Tax Period Begin Date Tax Period	d End Date
TEP 1 - PRINT OR TYPE	
lame of Hospital	Taxpayer Identification Number
lumber & Street Address	Hospital Fiscal Year End Date
Address (continued)	
Cha	7's Code + 4 (or Coredian Books Code)
City / Town Sta	te Zip Code + 4 (or Canadian Postal Code)
TEP 2 - Type of Return (check if applicable)	
Initial Return (1st filing) Amended Return Final Return	Last Day of Business
TEP 3 - Calculate Your Balance Due or Overpayment Rou	and to the nearest whole dollar
1. Gross Charges:	
(a) Inpatient Hospital Services 1(a)	
(b) Outpatient Hospital Services 1(b)	
Total Gross Charges (Sum of Lines 1(a) and 1(b))	1
2. Net Excluded Charges for Outpatient Hospital Services from Form DP-153-SCH, Line	21 2
3. Subtotal (Line 1 minus Line 2)	3
4. Deductions:	
(a) Bad Debts 4(a)	
(b) Charity Care 4(b)	
(4)	
(c) Payor Discounts 4(c)	
Total Deductions (Sum of Lines 4(a), 4(b), and 4(c))	4
5. Net Patient Services Revenue (Line 3 minus Line 4)	5
6. New Hampshire Medicaid Enhancement Tax (Line 5 multiplied by applicable tax rate	e) 6
7. Credits:	
(a) Credit Carryover from prior tax period 7(a)	
(b) Payment made with original return (Amended returns only) 7(b)	
Total Credits (Sum of Lines 7(a) and 7(b))	7
8 Balance of Tax Due (Line 6 less Line 7)	8



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STEP 3 - Calculate Your Balance Due or Overpayment - c	continued
9. Additions: (a) Interest 9(a	(a)
(b) Failure to Pay Penalty 9(b	(b)
(c) Failure to File Penalty 9(c)	
Total Additions (Enter the sum of Lines 9(a), 9(b), and 9(c))	9
10. Balance Due (Line 8 plus Line 9)	10
11. Overpayment: Enter balance due if less than zero	11
12. Apply overpayment to: (a) Credit - Next Year's Tax Liability 12(a)	a)
(b) Refund 12(b	b)
person owning or operating the utility, this declaration is based on all information Signature of Officer (in ink) Print Signatory Name & Title	MMDDYYYY Phone Number
Signature of Preparer	MMDDYYYY
Printed Name of Preparer	Preparer's Tax Identification Number
Preparer's Address	Phone Number
Address (continued)	
City / Town	State Zip Code + 4 (or Canadian Postal Code)

FILE ONLINE AT GRANITE TAX CONNECT

gtc.revenue.nh.gov/TAP/_/

Or mail to: NH DRA

PO BOX 637

CONCORD NH 03302-0637