

DP-165



ODP1652411862

| RESEARCH & DEVELOPM | ENT TAX CREDIT APP | PLICATION |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|
| MMDDYYYY Tax Period Begin Date | Tax Period End Date | MDDYYYY |
| PRINT OR TYPE Name (Principal NH Filer if Combined Group): | | Taxpayer Identification Number |
| Number & Street Address | | DIN FEIN SSN |
| Address (continued) | | |
| City / Town State Zip Code + 4 | 4 (or Canadian Postal Code) | |
| Contact Name | Contact Phone Number | |
| ENTITY TYPE: CORPORATION COMBINED GROUP FIDUC | ARY NON-PROFIT | PARTNERSHIP PROPRIETORSHIP |
| A Qualified Manufacturing Research & Development expenditures (wag Attach copy of Federal Form 6765, Credit for Increasing Research Activities | es only) per Federal Return. | A |
| B Qualified Manufacturing Research & Development expenditures (wag | es only) attributable to NH | В |
| C Amount of Research & Development Credit requested (Line B x 10%) r | not to exceed \$50,000 | C |
| DO NOT SUBMIT THIS APPLICATI | ON WITHOUT THE FEDERAL | FORM 6765 |
| Under penalties of perjury, I declare that I have examined this application and complete. If prepared by a person other than the taxpayer, this declaration is b POA: By checking this box and signing below, you author TAXPAYER'S SIGNATURE & INFORMATION | ased on all information of whic | th the preparer has knowledge. |
| Signature (in ink) | MMDD | рүүүү |
| Print Signatory Name & Title | | |
| Email Address | Phon | e Number |
| PAID PREPARER'S SIGNATURE & INFORMATION | | |
| Signature of Preparer (in ink) | ММС | YYYY |
| Printed Name of Preparer | Preparer Identificat | tion Number Phone Number |
| | | |
| Preparer's Address | City / Town | State Zip Code + 4 (or Canadian Postal Code |