



**ELECTRONIC FUNDS TRANSFER ACH CREDIT REGISTRATION FOR BUSINESS TAX PAYMENTS**

**GENERAL INSTRUCTIONS**

**PRENOTE TEST**

All taxpayers participating in New Hampshire's ACH CREDIT program are required to complete a successful Prenote Test at least 10 calendar days prior to the due date of their first ACH CREDIT payment. Do not send payment via ACH CREDIT until you have received confirmation of a successful prenote.

New Hampshire Department of Revenue Administration's Bank Account information will be provided to you along with the Department's approval for the New Hampshire EFT ACH CREDIT program.

**WHEN TO FILE**

This form must be filed at least 30 days prior to the due date of your first ACH CREDIT payment. Any changes in the registration information must be provided to the Department at least 30 days prior to the change. Any changes of financial institution and contacts require additional prenote tests.

**WHO CAN FILE**

The New Hampshire ACH CREDIT program is limited to filers making payments for Business Enterprise Tax and Business Profits Tax liabilities.

**WHAT TO FILE**

Any business taxpayer interested in making tax payments via ACH CREDIT, must submit this form to register as an ACH CREDIT taxpayer with the New Hampshire Department of Revenue Administration. The information provided on this form should include the name, address and telephone number of the primary and secondary contact person(s) for ACH CREDIT purposes. In addition, this form should be used to report any changes in your registration information (i.e., a change in taxpayer contact, telephone number, etc.).

**WHERE TO FILE**

New Hampshire Department of Revenue Administration, Taxpayer Services Division, PO Box 637, Concord, NH 03302-0637.

**NEED HELP?**

Call Taxpayer Services at (603) 230-5920, Monday through Friday, 8:00am-4:30pm. Hearing or speech impaired individuals may call TDD Access: Relay NH at 1-800-735-2964. .

**PRINT OR TYPE**

Taxpayer First Name

Taxpayer Last Name

Taxpayer Identification Number

--	--	--	--	--	--	--	--	--	--

Business Name

DIN     FEIN     SSN

Number and Street Address

Address Continued

City/Town

State

Zip/Postal Code

Primary Contact First Name

Primary Contact Last Name

Primary Contact Email

Primary Contact Phone Number

Primary Contact Fax Number

Secondary Contact First Name

Secondary Contact Last Name

Secondary Contact Email

Secondary Contact Phone Number

Secondary Contact Fax Number

Please check one of the following:     New Registration     Change Request

ENTITY TYPE (Check one of the following):

NOTE: If you are filing as a Combined group, you must check Combined Group.

Corporation-2     Combined Group-6     Fiduciary-4     Non-Profit-5     Partnership-3     Proprietorship-1

MAIL

TO: NH DRA, TAXPAYER SERVICES, PO BOX 637, CONCORD NH 03302-0637

THIS REGISTRATION IS FOR THE ACH CREDIT PROGRAM ONLY.  
YOU DO NOT HAVE TO REGISTER TO FILE ACH DEBIT.

Reset Form