



SMALL BUSINESS CORPORATION ("S" CORP) INFORMATION REPORT

Name of "S" Corporation, Federal Employer ID Number, Calendar Year, Number & Street Address, City / Town, Address (continued), State, Zip Code + 4 (or Canadian Postal Code)

Total of all actual distributions made to New Hampshire residents for the period end. \$

Shareholder Name and Address (New Hampshire Residents ONLY)

Shareholder 1: Last Name, First Name, MI, Social Security Number, Number & Street Address, Amount of Distribution, City / Town, State, Zip Code + 4 (or Canadian Postal Code)

Shareholder 2: Last Name, First Name, MI, Social Security Number, Number & Street Address, Amount of Distribution, City / Town, State, Zip Code + 4 (or Canadian Postal Code)

Shareholder 3: Last Name, First Name, MI, Social Security Number, Number & Street Address, Amount of Distribution, City / Town, State, Zip Code + 4 (or Canadian Postal Code)

Shareholder 4: Last Name, First Name, MI, Social Security Number, Number & Street Address, Amount of Distribution, City / Town, State, Zip Code + 4 (or Canadian Postal Code)



**New Hampshire**  
Department of  
Revenue Administration

**DP-9**



000DP92421862

Last Name  First Name  MI   
 Number & Street Address   
 City / Town  State  Zip Code + 4 (or Canadian Postal Code)

Social Security Number   
 Amount of Distribution

Last Name  First Name  MI   
 Number & Street Address   
 City / Town  State  Zip Code + 4 (or Canadian Postal Code)

Social Security Number   
 Amount of Distribution

Last Name  First Name  MI   
 Number & Street Address   
 City / Town  State  Zip Code + 4 (or Canadian Postal Code)

Social Security Number   
 Amount of Distribution

**If additional space is required,  
attach another sheet.**

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.

Signature (in ink) of Officer  Print Signatory Name & Title  MMDDYYYY

Signature (in ink) of Paid Preparer Other Than Taxpayer  MMDDYYYY   
 Print Preparer's Name  Preparer's Tax ID Number   
 Number & Street Address   
 Address (continued)   
 City / Town  State  Zip Code + 4 (or Canadian Postal Code)

**DO NOT FILE WITH BUSINESS  
RETURN. MAIL UNDER SEPARATE  
COVER TO ADDRESS BELOW.**

**FILE ONLINE AT GRANITE TAX CONNECT**  
[gtc.revenue.nh.gov/TAP/ /](https://gtc.revenue.nh.gov/TAP/)

Or Mail To: NH DRA  
PO BOX 637  
CONCORD NH 03302-0637