



ESTIMATED PROPRIETORSHIP BUSINESS TAX

	BET (a)	BPT (b)
1 ESTIMATED TAX BASE AND/OR TAXABLE BUSINESS PROFITS		
(a) BET Taxable Base After Apportionment		
(b) New Hampshire Taxable Business Profits After Apportionment		
2 TAX		
(a) Line 1(a) x .0055		
(b) Line 1(b) x .075		
3 CREDITS		
(a) RSA 162-L:10 (CDFA Investment Tax Credit)		
(b) RSA 162-N (Economic Revitalization Zone Tax Credit)		
(c) RSA 162-P (Research & Development Tax Credit)		
(d) RSA 162-Q (Coos County Job Creation Tax Credit)		
(e) RSA 77-G (Education Tax Credit)		
(f) RSA 400-A (Insurance Tax Credit)		
(g) RSA 77-A:5, X (BET Credit)		
(h) RSA 188-E:9-a (CTE Centers Tax Credit)		
(i) RSA 21-I:103 (Granite State Paid Family and Medical Leave Plan Tax Credit)		
(j) Total Credits (Sum of Lines 3(a) through 3(i))		
4 ESTIMATED TAX FOR THE CURRENT YEAR (Line 2 minus Line 3(j))		
5 OVERPAYMENT FROM PREVIOUS TAXABLE PERIOD		
6 BALANCE OF BUSINESS TAXES DUE (Line 4 minus Line 5)		

COMPUTATION AND RECORD OF PAYMENTS

	Date Paid	Amount of Each Installment		Total Due (BET and/or BPT)	Calendar Year Dates
		BET	BPT		
1					April 15, 2025
2					June 15, 2025
3					Sept. 15, 2025
4					Dec. 15, 2025

IMPORTANT
THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY
IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET

FILE ONLINE AT GRANITE TAX CONNECT
gtc.revenue.nh.gov/TAP/_/



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 1

For the CALENDAR year **2025** or other taxable period beginning: and ending:

Proprietor's Last Name

Taxpayer Identification Number

First Name MI Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

DO NOT CUT. SUBMIT THIS ENTIRE PAGE.

FILE ONLINE AT GRANITE TAX CONNECT
gtc.revenue.nh.gov/TAP/_/

Or mail to:
NH DRA
PO Box 1265
Concord NH 03302-1265

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 2

For the CALENDAR year **2025** or other taxable period beginning: and ending:

Proprietor's Last Name

First Name MI Social Security Number

Taxpayer Identification Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

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Concord NH 03302-1265

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1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 3

For the CALENDAR year **2025** or other taxable period beginning: and ending:

Proprietor's Last Name <input type="text"/>			Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
First Name <input type="text"/>	MI <input type="text"/>	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

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1/4 BET	1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1/4 BPT	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amount of Payment	3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 4

For the CALENDAR year **2025** or other taxable period beginning: and ending:

Proprietor's Last Name

Taxpayer Identification Number

First Name MI Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

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Concord NH 03302-1265

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STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE