



ESTIMATED PARTNERSHIP BUSINESS TAX

1	ESTIMATED TAX BASE AND/OR TAXABLE BUSINESS PROFITS	BET (a)	BPT (b)
	(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	BET	Amount of Each Installment (1/4 of Line 6 above)	BPT	Total Due (BET and/or BPT)	Calendar Year Dates
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

MAKE YOUR PAYMENTS ONLINE
AT GRANITE TAX CONNECT
gtc.revenue.nh.gov/TAP/_/



For the CALENDAR year **2025** or other taxable period:

MMDDYYYY to MMDDYYYY

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

Taxpayer Identification Number

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

If issued a DIN, use DIN in ID box.
DO NOT use FEIN

Name of Partnership/Limited Liability Company

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

Number & Street Address

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

Address (continued)

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

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

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



1065ES2511862

Enclose, but do not staple or tape
your payment to this estimate.
Do not file a \$0 estimate.

1/4 BET	1								
1/4 BPT	2								
Amount of Payment	3								

MAKE CHECK PAYABLE TO: State of New Hampshire
MAIL TO: NH DRA, PO Box 1265, Concord, NH 03302-1265

NH-1065-ES 2025
Version 1 06/2024

MAKE YOUR PAYMENTS ONLINE AT GRANITE TAX CONNECT gta.revenue.nh.gov/TAP/.

Cut along this line to submit Estimated Partnership Business Tax. Keep the Estimated Tax Worksheet for your records.



For the CALENDAR year **2025** or other taxable period:

MMDDYYYY to MMDDYYYY

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

Taxpayer Identification Number

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

If issued a DIN, use DIN in ID box.
DO NOT use FEIN

Name of Partnership/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								
1/4 BPT	2								
Amount of Payment	3								

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NH-1065-ES 2025
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2025
NH-1065-ES

**ESTIMATED PARTNERSHIP
BUSINESS TAX - PAYMENT FORM 3**

For the CALENDAR year **2025** or other taxable period:

MMDDYYYY

MMDDYYYY

to

Taxpayer Identification Number

**If issued a DIN, use DIN in ID box.
DO NOT use FEIN**

Name of Partnership/Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)



1065ES2511862

Enclose, but do not staple or tape
your payment to this estimate.
Do not file a \$0 estimate.

1/4 BET 1

1/4 BPT 2

Amount of
Payment 3

MAKE CHECK PAYABLE TO: State of New Hampshire
MAIL TO: NH DRA, PO Box 1265, Concord, NH 03302-1265

MAKE YOUR PAYMENTS ONLINE AT GRANITE TAX CONNECT gta.revenue.nh.gov/TAP/ /.

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2025
NH-1065-ES

**ESTIMATED PARTNERSHIP
BUSINESS TAX - PAYMENT FORM 4**

For the CALENDAR year **2025** or other taxable period:

MMDDYYYY

MMDDYYYY

to

Taxpayer Identification Number

**If issued a DIN, use DIN in ID box.
DO NOT use FEIN**

Name of Partnership/Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)



1065ES2511862

Enclose, but do not staple or tape
your payment to this estimate.
Do not file a \$0 estimate.

1/4 BET 1

1/4 BPT 2

Amount of
Payment 3

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