



ESTIMATED PROPRIETORSHIP BUSINESS TAX

1	ESTIMATED TAX BASE AND/OR TAXABLE BUSINESS PROFITS	BET (a)	BPT (b)
	(a) BET Taxable Base After Apportionment	1 4 5 0 0 0	
	(b) New Hampshire Taxable Business Profits		2 4 6 5 0 0
2	TAX		
	(a) Line 1(a) x .0055	7 9 8	
	(b) Line 1(b) x .075		1 8 4 8 8
3	CREDITS		
	(a) RSA 162-L:10 (CDFA New 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 77-A:5, XVII and RSA 77 E:3-f (Granite Patron of the Arts Tax Credit)		
	(g) RSA 400-A (Insurance Tax Credit)		
	(h) RSA 77-A:5, X (BET Credit)		
	(i) RSA 188-E:9-a (CTE Centers Tax Credit)		
	(j) RSA 21-I:103 (Granite State Paid Family and Medical Leave Plan Tax Credit)		
	(k) Total Credits (Sum of Lines 3(a) through 3(j))	0	0
4	ESTIMATED TAX FOR THE CURRENT YEAR (Line 2 minus Line 3(k))	7 9 8	1 8 4 8 8
5	OVERPAYMENT FROM PREVIOUS TAXABLE PERIOD		
6	BALANCE OF BUSINESS TAXES DUE (Line 4 minus Line 5)	7 9 8	1 8 4 8 8

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			2 0 0	4 6 2 2	4 8 2 2	April 15, 2026
2			2 0 0	4 6 2 2	4 8 2 2	June 15, 2026
3			2 0 0	4 6 2 2	4 8 2 2	September 15, 2026
4			2 0 0	4 6 2 2	4 8 2 2	December 15, 2026

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 **2026** or other taxable period beginning: MMDDYYYY and ending: MMDDYYYY

Proprietor's Last Name

THOMPSON

Taxpayer Identification Number

First Name

BARBARA

MI

G

Social Security Number

0 0 2 4 4 7 8 8 8

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

24 CENTRE ST

Address (continued)

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 1

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 2 0 0

1/4 BPT 2 4 6 2 2

Amount of
Payment 3 4 8 2 2

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 2

For the CALENDAR year **2026** or other taxable period beginning: MMDDYYYY and ending: MMDDYYYY

Proprietor's Last Name

THOMPSON

First Name

BARBARA

MI

G

Social Security Number

0 0 2 4 4 7 8 8 8

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

24 CENTRE ST

Address (continued)

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 1

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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 2 0 0

1/4 BPT 2 4 6 2 2

Amount of
Payment 3 4 8 2 2

DO NOT FILE A \$0 ESTIMATE



New Hampshire
Department of
Revenue Administration

2026
NH-1040-ES



1040ES2611862

ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 3

For the CALENDAR year **2026** or other taxable period beginning: MMDDYYYY and ending: MMDDYYYY

Proprietor's Last Name

THOMPSON

Taxpayer Identification Number

First Name

BARBARA

MI

G

Social Security Number

0 0 2 4 4 7 8 8 8

**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

24 CENTRE ST

Address (continued)

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 1

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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 2 0 0

1/4 BPT 2 4 6 2 2

Amount of
Payment 3 4 8 2 2

DO NOT FILE A \$0 ESTIMATE



New Hampshire
Department of
Revenue Administration

2026
NH-1040-ES



1040ES2611862

ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 4

For the CALENDAR year **2026** or other taxable period beginning: MMDDYYYY and ending: MMDDYYYY

Proprietor's Last Name

THOMPSON

First Name

BARBARA

MI

G

Social Security Number

0 0 2 4 4 7 8 8 8

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

24 CENTRE ST

Address (continued)

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 1

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

1/4 BET 1 2 0 0

1/4 BPT 2 4 6 2 2

Amount of
Payment 3 4 8 2 2

DO NOT FILE A \$0 ESTIMATE