



ESTIMATED PROPRIETORSHIP BUSINESS TAX

1	ESTIMATED TAX BASE AND/OR TAXABLE BUSINESS PROFITS	BET (a)	BPT (b)
	(a) BET Taxable Base After Apportionment	2 5 4 5 0 0	
	(b) New Hampshire Taxable Business Profits		1 9 5 7 5 0
2	TAX		
	(a) Line 1(a) x .0055	1 4 0 0	
	(b) Line 1(b) x .075		1 4 6 8 1
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))	1 4 0 0	1 4 6 8 1
5	OVERPAYMENT FROM PREVIOUS TAXABLE PERIOD		
6	BALANCE OF BUSINESS TAXES DUE (Line 4 minus Line 5)	1 4 0 0	1 4 6 8 1

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			3 5 0	3 6 7 0	4 0 2 0	April 15, 2026
2			3 5 0	3 6 7 0	4 0 2 0	June 15, 2026
3			3 5 0	3 6 7 0	4 0 2 0	September 15, 2026
4			3 5 0	3 6 7 0	4 0 2 0	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](https://gtc.revenue.nh.gov/TAP)



**New Hampshire**  
Department of  
Revenue Administration

**2026**  
**NH-1040-ES**



1040ES2611862

**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

MASON

Taxpayer Identification Number

First Name

MATTHEW

MI

P

Social Security Number

0 0 1 2 4 7 8 2 1

**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

35 CANAL ST

Address (continued)

City / Town

PENACOOK

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 3

**DO NOT CUT.** SUBMIT THIS ENTIRE PAGE.

**FILE ONLINE AT GRANITE TAX CONNECT**  
**[gtc.revenue.nh.gov/TAP](https://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 3 5 0

1/4 BPT 2 3 6 7 0

Amount of  
Payment 3 4 0 2 0

**DO NOT FILE A \$0 ESTIMATE**



**New Hampshire**  
Department of  
Revenue Administration

**2026**  
**NH-1040-ES**



1040ES2611862

**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

MASON

First Name

MATTHEW

MI

P

Social Security Number

0 0 1 2 4 7 8 2 1

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

35 CANAL ST

Address (continued)

City / Town

PENACOOK

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 3

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Concord NH 03302-1265

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**STATE OF NEW HAMPSHIRE**

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1/4 BET 1 3 5 0

1/4 BPT 2 3 6 7 0

Amount of  
Payment 3 4 0 2 0

**DO NOT FILE A \$0 ESTIMATE**



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

MASON

Taxpayer Identification Number

First Name

MATTHEW

MI

P

Social Security Number

0 0 1 2 4 7 8 2 1

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

35 CANAL ST

Address (continued)

City / Town

PENACOOK

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 3

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Concord NH 03302-1265

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1/4 BET 1 3 5 0

1/4 BPT 2 3 6 7 0

Amount of  
Payment 3 4 0 2 0

DO NOT FILE A \$0 ESTIMATE



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

MASON

First Name

MATTHEW

MI

P

Social Security Number

0 0 1 2 4 7 8 2 1

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

35 CANAL ST

Address (continued)

City / Town

PENACOOK

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 3

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1/4 BET 1 3 5 0

1/4 BPT 2 3 6 7 0

Amount of  
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