



INSTRUCTIONS

- 1 Select the tax type for which the payment applies.
- 2 For a Business Tax or Interest and Dividend Tax payment, select the appropriate entity type. For Meals and Rentals (M&R) Tax, select All Entity Types.
- 3 Enter the beginning and ending date of the taxable period for which the payment applies.
- 4 Select the Taxpayer Identification Number type (Social Security Number (SSN), Federal Employer Identification Number (FEIN), Department Identification Number (DIN), or M&R License Number) and enter number. For a Joint entity type, please enter Identification Number of the primary filer.
- 5 Enter the amount paid.
- 6 Enter the taxpayer's name and address. For a joint entity type, please enter the information for the primary filer.

Make your check payable to: STATE OF NEW HAMPSHIRE

Do not staple or tape the voucher and check together.

If you are making payments for multiple tax periods or multiple tax types, please provide a voucher for each tax period and each tax type and indicate the amount you wish to be applied to each tax period and each tax type.

Mail this voucher with your payment to:

**NH DRA
PO BOX 1265
CONCORD, NH 03302-1265**

Pay online at Granite Tax Connect
www.revenue.nh.gov/gtc

Need Help? Call the Department at (603) 230-5920, Monday through Friday, 8:00am - 4:30pm

1 Tax Type	2 Entity Type	<small>DO NOT CUT</small>
<input type="radio"/> Business <input type="radio"/> Interest & Dividends <input type="radio"/> Meals & Rentals	<input type="radio"/> Corporation <input type="radio"/> Individual/Joint <input type="radio"/> All Entity Types <small>MMDYYYY</small>	<input type="radio"/> Combined <input type="radio"/> Partnership <input type="radio"/> Estate <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Fiduciary <input type="radio"/> Non-Profit

3 Taxable period beginning: and ending:

4 Taxpayer Identification # <input type="radio"/> FEIN <input type="radio"/> DIN <input type="radio"/> SSN <input type="radio"/> M&R License Number <input style="width: 150px;" type="text"/>	5 Amount Paid <input style="width: 150px;" type="text"/>
---	--

6 Taxpayer Name

Last Name: First Name: MI:

Business Name:

Number & Street Address:

Address (continued):

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