

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**APPLICATION FOR 7 MONTH EXTENSION
OF TIME TO FILE BUSINESS TAXES**

FOR DRA USE ONLY

IMPORTANT: YOU MAY BE ELIGIBLE FOR AN AUTOMATIC 7-MONTH EXTENSION OF TIME TO FILE YOUR NEW HAMPSHIRE BUSINESS ENTERPRISE TAX AND BUSINESS PROFITS TAX RETURNS WITHOUT FILING AN APPLICATION.

WHEN TO USE THIS FORM:	If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, by the due date of the tax then you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. Please note that an extension of time to file your returns is not an extension of time to pay the tax. If you need to make an additional payment in order to have paid 100% of the tax determined to be due, then you must submit this form with payment by the original due date in order to be granted an extension of time to file your returns.
WHEN TO FILE:	This form must be postmarked on or before the original due date of the returns.
REASONS FOR DENIAL:	Applications for extension will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked after the due date for filing the return, or if the payment for the balance due shown on line 5 below did not accompany this application.
WHERE TO FILE:	Document Processing Division, 45 Chenell Drive, PO Box 637, Concord, NH 03302-0637.
NEED HELP?	Call the New Hampshire Department of Revenue Administration, Taxpayer Assistance Office, at (603)271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

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PLEASE PRINT OR TYPE	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	PROPRIETOR'S SSN ____ - ____ - ____
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SSN ____ - ____ - ____
	CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME		FEIN (Corporation, Partnership, Fiduciary, Principal NH Business Organization & Non-Profit) ____ - ____ - ____
	NUMBER AND STREET ADDRESS		
	CITY OR TOWN, STATE AND ZIP CODE		

For the CALENDAR year **1999** or other tax year beginning Mo Day Year and ending Mo Day Year

ENTITY TYPE Check one of the following:

- ① Proprietorship ② Corporation/Combined Group ③ Partnership ④ Fiduciary ⑤ Non-Profit Organization

TAX PAYMENT SCHEDULE

1 Enter 100% of the Business Enterprise Tax determined to be due.....	1		
2 Enter 100% of the Business Profits Tax (net of BET credit) determined to be due	2		
3 Subtotal (Line 1 plus line 2)	3		
4 LESS: Credit carried over from prior year and payments of estimated tax	4		
5 BALANCE DUE: Make check payable to: State of New Hampshire.....	5		

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IF LINE 5 IS NEGATIVE OR ZERO, DO NOT FILE THIS APPLICATION. YOU WILL RECEIVE AN AUTOMATIC SEVEN MONTH EXTENSION TO FILE.

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

SIGNATURE _____ **DATE** _____

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637