

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SMALL BUSINESS CORPORATIONS ("S" Corp)
INFORMATION REPORT FOR CALENDAR YEAR 1999
DUE ON OR BEFORE MAY 1, 2000

DO NOT
ATTACH TO
RETURN

NAME OF "S" CORPORATION
STREET ADDRESS
CITY, STATE, ZIP CODE

FEIN _____

**DO NOT FILE WITH THE RETURN.
MAIL UNDER SEPARATE COVER
TO ADDRESS BELOW.**

Shareholder Name and Address (New Hampshire Residents ONLY)	Shareholder Social Security Number	Amount of Distribution
 	— —	\$
 	— —	\$
 	— —	\$
 	— —	\$

If additional space is required, attach another sheet.

WHO MUST FILE: This report must be completed by every "S" corporation which has made actual distributions to its New Hampshire shareholders during the calendar year, per RSA 77:17-a.

WHAT TO FILE: Actual distributions from "S" corporations made to New Hampshire residents are taxable to the individual recipient under New Hampshire Interest & Dividends Tax law. "S" corporations are required to use this form to report such distributions. Report any **actual distributions** from accumulated profits (as defined in RSA 77 and Rev. 901). Do not report the shareholder's proportionate share of the "S" corporation's income or loss as shown on their Federal Schedule K-1.

WHEN TO FILE: This report is due on or before May 1 for the preceding CALENDAR year.

NEED HELP? Call the Audit Division at (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

Under penalties of perjury, I declare that I have examined this return 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.

FOR DRA USE ONLY

SIGNATURE OF OFFICER _____

SIGNATURE OF PAID PREPARER OTHER THAN TAXPAYER _____

TITLE _____

DATE _____

PREPARER'S IDENTIFICATION NUMBER _____

DATE _____

**THIS FORM
MUST BE
MAILED
UNDER
SEPARATE
COVER TO:**

NH DEPT OF REVENUE ADMINISTRATION
AUDIT DIVISION
PO BOX 457
CONCORD NH 03302-0457

PREPARER'S ADDRESS _____

CITY/TOWN STATE AND ZIP CODE _____