

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**PAYMENT FORM AND APPLICATION FOR 7 MONTH EXTENSION
OF TIME TO FILE BUSINESS TAX RETURN**

FOR DRA USE ONLY

TO MAKE YOUR PAYMENT ON-LINE ACCESS E-FILE AT
www.revenue.nh.gov

INSTRUCTIONS

AUTOMATIC EXTENSION	If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, by the due date of the tax 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. Please note that an extension of time to file your returns is not an extension of time to pay the tax.
E-FILE	Make 100% of your tax payment on-line and you will not have to file this form. Access our web site at www.revenue.nh.gov .
WHO MUST FILE	If you need to make an additional payment in order to have paid 100% of the tax determined to be due, you may e-file your payment or you may submit this form with payment or make an electronic payment by the original due date in order to be granted an extension of time to file your return. Do not file if the total due is zero.
WHEN TO FILE	This form must be postmarked on or before the original due date of the return. Electronic payments must be made before midnight of the due date of the return.
WHERE TO FILE	New Hampshire Department of Revenue Administration, Document Processing Division, 45 Chenell Drive, PO Box 637, Concord, NH 03302-0637.
REASONS FOR DENIAL	Applications for extension will be denied for reasons such as, but not limited to, the application was postmarked after the due date or the payment for 100% of the balance due shown on Line 5 below did not accompany this application or was not received electronically by the due date of the return.
NEED HELP	Call Central Taxpayer Services at (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

PLEASE PRINT OR TYPE 100% OF TAX PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT OR SMLLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (Continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Federal)

For the CALENDAR year **2006** or other taxable period beginning _____ and ending _____
Mo Day Year 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. DO NOT FILE THIS FORM IF LINE 5 IS ZERO.

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 Total Advance Payments	4		
5	BALANCE DUE: (If negative or zero, do not file this application)	5		

MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE. ENCLOSE, BUT DO NOT STAPLE OR TAPE, YOUR PAYMENT TO THIS EXTENSION.

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