

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**SMALL BUSINESS CORPORATIONS ("S" Corp)**  
**INFORMATION REPORT FOR CALENDAR YEAR 2001**  
**DUE ON OR BEFORE MAY 1, 2002**

DO NOT  
ATTACH TO  
RETURN

<b>WHO MUST FILE</b>	This report must be completed by every "S" corporation which has made actual or constructive distributions to its New Hampshire shareholders during the calendar year, per RSA 77:17-a.
<b>WHAT TO FILE</b>	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 <b>actual distributions</b> from current year or prior year 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.
<b>WHEN TO FILE</b>	This report is due on or before May 1 for the preceding CALENDAR year.
<b>NEED HELP</b>	Call the Audit Division at (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

NAME OF "S" CORPORATION
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER
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**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
	SOCIAL SECURITY NUMBER	\$
	SOCIAL SECURITY NUMBER	\$
	SOCIAL SECURITY NUMBER	\$
	SOCIAL SECURITY NUMBER	\$

If additional space is required, attach another sheet.

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 (IN INK) OF OFFICER \_\_\_\_\_ SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PREPARER'S TAX IDENTIFICATION NUMBER \_\_\_\_\_

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

PREPARER'S ADDRESS \_\_\_\_\_

CITY/TOWN STATE & ZIP CODE \_\_\_\_\_