FORM **DP-9** 

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION SMALL BUSINESS CORPORATIONS ("S" Corp) INFORMATION REPORT



WHO MUST FILE	This report must be completed by every subchapter "S" corporation which has made actual or constructive distributions to its New Hampshire shareholders during the 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 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 (loss) as shown on the individual or shareholders Federal Schedule K-1.				
WHEN TO FILE	This report is due annually on or before May 1st, after the end of the year. Pursuant to RSA 77:17-a, a list of New Hampshire shareholders during the preceding year together with the amount of dividends paid to each must be reported on this form.				
NEED HELP	Call Central Taxpayer Services at (603) 271-2191. I 1-800-735-2964.				
NAME OF "S" CORPORATION			FE	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
NUMBER & STREET ADDRESS			FC	OR CALENDAR YEAR	
ADDRESS (continued)				DO NOT FILE WITH BUSINESS	
CITY/TOWN, STATE & ZIP CODE				RETURN. MAIL UNDER SEPARATE COVER TO ADDRESS BELOW.	
	reholder Name and Address v Hampshire Residents ONLY)	Securi	nolder Social ty Number	Amount of Distribution	
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-	alties of perjury, I declare that I have examined y a person other than the taxpayer, this decla				
FOR DRAUSE O	ONLY SIGNATURE (IN INK) OF OFFICER		SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER DATE		
TITLE DATE			PREPARER'S TAX IDENTIFICATION NUMBER		
	NH DEPT OF REVENUE ADMINISTRATION MAIL AUDIT DIVISION TO: PO BOX 457		PREPARER'S ADDRESS		
	ONCORD NH 03302-0457		CITY/TOWN STATE & ZIP CODE		