

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**SMALL BUSINESS CORPORATIONS ("S" Corp), PARTNERSHIP
OR LIMITED LIABILITY COMPANY (LLC)
INFORMATION REPORT**

**DO NOT
ATTACH TO
RETURN**

WHO MUST FILE

This report must be completed by every subchapter "S" corporation, partnership, or limited liability company (LLC), which has made actual or constructive distributions to its New Hampshire shareholders, partners or members during the year.

WHAT TO FILE

Actual distributions from "S" corporations, Partnerships, or Limited Liability Companies (LLCs) made to New Hampshire residents are taxable to the individual recipient under New Hampshire Interest & Dividends Tax law. "S" corporations, Partnerships, or Limited Liability Companies (LLCs) 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, partner's or member's proportionate share of

the "S" corporation's, partnership's, or LLC's income (loss) as shown on the individual or shareholder's, partner's, member's federal Schedule K-1.

WHEN TO FILE

This report is due annually on or before May 1st, after the end of the year. Provide a list of New Hampshire shareholders, partners or members during the preceding year together with the amount of dividends paid to each.

NEED HELP?

Call Central Taxpayer Services at (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access: Relay NH, 1-800-735-2964.

S-CORP

PARTNERSHIP

LLC

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FEDERAL EMPLOYER IDENTIFICATION NUMBER OR
DEPARTMENT IDENTIFICATION NUMBER

FOR CALENDAR YEAR

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

NAME OF "S" CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY (LLC)

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

**Shareholder, Partner, Member Name and Address
(New Hampshire Residents ONLY)**

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.)

X

X

FOR DRA USE ONLY

SIGNATURE (IN INK) OF OFFICER/PARTNER/MEMBER

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

PRINT SIGNATORY NAME & TITLE

DATE

PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER

MAIL TO:
NH DRA
AUDIT DIVISION
PO BOX 457
CONCORD NH 03302-0457

PREPARER'S ADDRESS

CITY/TOWN STATE & ZIP CODE