FORM
DP-200
980

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)

INSTRUCTIONS

FOR DRA USE ONLY

WHO MUST REQUEST A DIN

Any taxpayer who shares a taxpayer identification number with another taxpayer subject to taxation, any taxpayer who is not required to obtain a federal taxpayer identification number or social security number, or any taxpayer electing to obtain a DIN for New Hampshire in lieu of their FEIN or SSN. Each taxpayer must have a unique federal or state taxpayer identification number. An SMLLC shall not use a SSN.

PURPOSE

To obtain an identifying number which is required to file New Hampshire tax related documents. SMLLCs are required by New Hampshire Law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. If the SMLLC shares a tax identification number with another entity, a New Hampshire Department of Revenue Administration assigned number, Department Identification Number (DIN), is necessary in order to process all tax related documents for taxpayers as described in "Who Must Request a DIN" above.

WHEN TO FILE

This form must be filed at least 30 days prior to the due date of your first business tax document. Any changes in the registration information must be provided to the Department at least 30 days prior to the change.

WHERE TO FILE

NH Department of Revenue Administration, Document Processing Division, PO Box 637, Concord NH 03302-0637

FORMS MAY NOT BE FILED BY FAX

NEED HELP?

Call the Department of Revenue Administration, Central Tax Services at (603) 230-5000. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

BUSINESS **ENTITY** INFORMATION

BUSINESS NAME	
BUSINESS NUMBER & STREET ADDRESS	FOR DRA USE ONLY **D I N**
BUSINESS ADDRESS (continued)	
BUSINESS CITY/TOWN, STATE & ZIP CODE+4	

SMLLC's and taxpayers electing to obtain a DIN, MUST USE THE DEPARTMENT IDENTIFICATION NUMBER WHEN FILING ANY AND ALL TAX RELATED DOCUMENTS.

Your Department assigned number shall be used in place of the member's federal employer identification number or social security number. When filing all future documents, the department identification number shall be entered wherever federal employer identification numbers or social security numbers are required.

MEMBER OR TAXPAYER INFORMATION

MEMBER OR TAXPAYER NAME	MEMBER'S SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION NUMBER
MEMBER OR TAXPAYER NUMBER & STREET ADDRESS	
ADDRESS (continued)	
MEMBER OR TAXPAYER CITY/TOWN, STATE & ZIP CODE+4	

ENTITY TYPE: ☐ (1) Proprietorship ☐ (2) Corporation/Combined Group ☐ (3) Partnership ☐ (4) Fiduciary

☐ **Yes**, for federal income tax purposes, the income of the SMLLC will be reported on the tax return of the member as listed above.

☐ **No**, for federal income tax purposes, the income of the SMLLC will NOT be reported on the tax return of the member as listed above.
THE INCOME WILL BE REPORTED ON THE TAX RETURN FOR:

NAME	SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE+4	

Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete.

FOR DRA USE ONLY

X
SIGNATURE (IN INK) OF APPLICANT — DATE

X
SIGNATURE (IN INK) OF OFFICER OF CORPORATION IF OTHER THAN OWNER — DATE

PRINT SIGNATORY NAME & TITLE

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637