

Tax Notice Payments and Lien Fees – HELP PAGE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION	
NOTICE OF ASSESSMENT-TAX BILL	
PAYMENT FORM	
FORM AR101 274 CDS7TN 69862	
TAX PERIOD: 7/28/2014 TO 7/28/2014	
FORM YEAR: 2014	
DIN/FEI/SSN: NL1234567/123456789/123456789	
TAX TYPE: BS	
ENTITY TYPE: 2 Corporate	
ORIGINAL ISSUE DATE: 9/02/2015	
ASSESSMENT NUMBER: 99999	
FOR DRA USE ONLY	
ABC Company 211 Something Street Anywhere, NH 12345	
	FOR DRA USE ONLY
	BALANCE OF TAX DUE 1,452.00
	INTEREST CHARGE 84.00
	FAILURE TO PAY PENALTY 145.00
	AMOUNT DUE: 1,681.00
	ADDITIONAL INTEREST DUE AFTER 9/12/2015 AT \$.19 PER DAY
	AMOUNT PAID: <input type="text"/>
	PAYMENT DUE UPON RECEIPT PAYABLE TO: STATE OF NEW HAMPSHIRE MAIL TO: NH DEPT OF REVENUE PO BOX 637 CONCORD NH 03302-0637

Identification Number: The Identification Number will always be a 9-digit number that will represent the Social Security Number (SSN) of an individual or Federal Employer Identification Number (FEIN) for a business, or a 9-character alpha/numeric Department Identification Number (DIN). This is a required field and the entry should contain only numbers and/or characters with no hyphens. For example: 123456789 or NL1234567. This is not applicable for Tobacco Tax, Smokeless Tobacco Tax, and Meals and Rentals Tax Notices.

Indicator Type: Select whether you will be entering your Social Security Number (SSN), the business Federal Employer Identification Number (FEIN), or the Department Identification Number (DIN). This is not applicable for Tobacco Tax, Smokeless Tobacco Tax, and Meals and Rentals Tax Notices.


Entity Type: A choice must be made for the Business Entity Type of Individual/Proprietorship/Joint, Corporate, Partnership, Fiduciary, Non-profit, Combined, Real Estate (non-HC), or Real Estate (HC type). Note: HC represents Holding Company.

Taxpayer First Name: If Social Security Number was selected as the Indicator Type, you must enter your first name with a maximum of 15 characters. This is not applicable for Tobacco Tax, Smokeless Tobacco Tax, and Meals and Rentals Tax Notices ONLY.

Taxpayer Middle Initial: If Social Security Number was selected as the Indicator Type and you have a middle name, please enter the initial. This is not applicable for Tobacco Tax, Smokeless Tobacco Tax, and Meals and Rentals Tax Notices ONLY.

Taxpayer Last Name: If Social Security Number was selected as the Indicator Type, you must enter your last name with a maximum of 30 characters. This is not applicable for Tobacco Tax, Smokeless Tobacco Tax, and Meals and Rentals Tax Notices ONLY.

Company Name: If Federal Employer Identification Number (FEIN) or Department Identification Number (DIN) was selected as the Indicator Type, you must enter the name of your business with a maximum of 46 characters.

Period End Date: The end date of the tax period for which a tax is being assessed. The Tax Period End Date can be found in the top, left corner on the Notice of Assessment. Enter the date in MMDDYYYY format without forward slash marks or use the calendar control icon  to select a date.

Assessment Number: This 5-digit number was provided on the tax notice (Notice of Assessment) mailed to you by the Department. You are required to enter the Assessment Number or you will NOT be able to make an online credit card payment.

Amount: The Amount Due that can be found on the Notice of Assessment for the tax being assessed. Do not enter the \$ symbol or an error will be displayed and you will not be able to proceed with making a payment. Enter only the dollar amount and, if applicable, the cents.

***License Number:** Required field for Tobacco Tax, Smokeless Tobacco Tax, and Meals and Rentals Tax Notices ONLY. This will be a 6-digit number.

***Tax Type:** Please make the appropriate tax selection for which the lien is applicable from the dropdown menu. This is ONLY applicable for paying Lien Fees and Business Taxes.