

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

DO NOT ATTACH TO RETURN

Table with 2 columns: Field Name (WHO MUST FILE, WHAT TO FILE, WHEN TO FILE, NEED HELP) and Description.

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

FEDERAL EMPLOYER IDENTIFICATION NUMBER
FOR CALENDAR YEAR

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

Table with 3 columns: Shareholder Name and Address (New Hampshire Residents ONLY), Shareholder Social Security Number, Amount of Distribution.

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

X

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