

## Form CD-400 Request for Installment Payment Agreement

This request is for:			
Tax Type 🔲 Business 🔲 Inte	rest and Dividends 🔲 Meals & Rentals 🔲 Other	r (Specify):	
Taxable Period(s) Beginning:	and Ending:		
Beginning :	and Ending:		
Taxpayer Identification # 0	FEIN O DIN O SSN O License #		
Taxpayer Name			
Mailing Address			
City	State	Zip Code	
Daytime Telephone Number		New Address?	Yes \( \cap \ No
Name of Bank:			
Enter the total amount owed:	\$		
Enter the amount of payment er	closed: \$		
Enter the amount you are able to	p pay each month:		
www.revenue.nh.gov/ and cho	as possible to limit interest charges. Save postage ose "e-File" and make each payment by authorizing made each month. You cannot select a date later the	g withdrawal of the paymen	
Department in full within the satisfy the tax obligation owe Installment Payment Agreeme	an Installment Payment Agreement Request is a dec next 30 days. The Department may require further i d to the Department in a timely and reasonable ma ent for the taxpayer named above.	information to verify this is nner. I declare that I am au	a genuine attempt to
Signature			
Print Name	Ti	tle	
	Please complete this application and return with the fi NHDRA Collections Division PO BOX 454 CONCORD, NH 03302-0454	irst proposed installment to:	