

## Form CD-410 Settlement Agreement Offer

Entity Type of Taxpayer	orship	ership CLLC	○ Corporati	on		
Taxpayer Name		Ta	xpayer ID / Licen	se No.		
Mailing Address						
City	State		Zip Code			
Daytime Telephone Number		1	New Address?	○ Yes	○No	
This offer is submitted to settle a liability resulting from failure to pay a New Hampshire tax administered by the Department of Revenue Administration as follows (Please enclose a copy of any Notices of Assessment):						
		<u>wed</u>		<u>Offer</u>		
Interest and Dividends Tax	\$		\$			
Business Tax (Business Profits / Business Enterprise Tax)	\$		\$			
Meals and Rentals Tax	\$		\$			
Other (Specify)	\$		\$			
Gross income during past 12 months \$ Gross wages paid during past 12 months \$ Monthly Expenses:						
Rent \$	Mortgage	\$				
Utilities \$	Vehicles	\$				
Advertising \$	Insurance	\$				
Other (Specify)		\$				
Assets:  Cash on Hand (Enclose two most recent monthly bank st	atements for each	account):				
Bank 1:		\$				
Bank 2:		\$				
Bank 3:		\$				
Money Market Accounts		\$				
Receivables (Description)			\$			
Inventory (Description)			\$			

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<u> Assets (continued):</u>		
Investments (Description)		\$
Business Equipment (Descri	ption)	\$
Real Estate 1 Address		Market Value \$
Real Estate 2 Address		Market Value \$
Real Estate 3 Address		Market Value \$
Liabilities:		
	ncies, IRS, Real Estate Taxes, etc.)	
Credit Card Debt/Accounts	Payable \$	
Loans owed to banks	\$	
Real Estate Mortgages	\$	
Available Credit Credit Lin	e \$ Balance \$	
	r, I declare that I have examined this offer, including accor	
•	ge and belief the information is true, correct and complet	<b>e.</b> Date
Print Nama	Title	2
	Please complete the requested information and mail to: NHDRA	

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CONCORD, NH 03302-0454