

DO NOT STAPLE



New Hampshire Department of Revenue Administration

DP-156



NURSING FACILITY / INTERMEDIATE CARE FACILITY QUALITY ASSESSMENT RETURN

For Assessment Period: Check one and enter applicable year

January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31 Year

STEP 1 - Name, Address, & Taxpayer Identification Number

Nursing Facility Quality Assessment (NFQA) Intermediate Care Facility (ICF) Quality Assessment

Facility Name Taxpayer Identification Number

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

STEP 2 - Type of Return (check if applicable)

Initial Return (1st filing) Amended Return Final Return Last Day of Business MMDDYYYY

STEP 3 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

Table with 7 rows for calculating balance due or overpayment, including Net Patient Services Revenues, Credits, Additions, and Balance Due.



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STEP 4 - Signatures

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 person owning or operating the utility, this declaration is based on all information of which the preparer has knowledge.

Signature of Officer (in ink)

MMDYYYY

Print Signatory Name & Title

Phone Number

Signature of Preparer

MMDYYYY

Printed Name of Preparer

Preparers Tax Identification Number

Preparer's Address

Phone Number

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

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

and a COPY TO: NH DHHS
 FINANCE-RATE SETTING UNIT
 129 PLEASANT ST
 CONCORD NH 03301-3857