

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**CREDIT CLAIM FOR REAL ESTATE TRANSFER TAX INDICIA**  
Rev 809.06

NAME: \_\_\_\_\_ REGISTER OF DEEDS

COUNTY: \_\_\_\_\_

AMOUNT OF CLAIM: \_\_\_\_\_

Documentation on Erroneously Issued Indicia of Tax Paid:

1. DATE OF ISSUE: \_\_\_\_\_

2. NUMBER AND DENOMINATION OF INDICIA ISSUED: \_\_\_\_\_

3. NAME AND ADDRESS OF GRANTOR: \_\_\_\_\_

4. NAME AND ADDRESS OF GRANTEE: \_\_\_\_\_

5. BOOK, PAGE NUMBER, AND WHERE DOCUMENT IS RECORDED: \_\_\_\_\_

6. CIRCUMSTANCES UNDER WHICH ERRONEOUS ISSUE WAS MADE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. ENCLOSE A PHOTO COPY OF THE DOCUMENT PAGE UPON WHICH THE ERRONEOUS INDICIA WAS AFFIXED.

8. SIGNATURE OF REGISTER OF DEEDS OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**WHEN TO FILE:** This form MUST be attached to Form DP-4 for the month in which the credit is claimed.

FOR DRA USE ONLY

