

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**CREDIT CLAIM FOR RECORDING SURCHARGE STAMPS OR INDICIA**  
Rev 3004.03

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

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

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

**ORIGINAL FILING PERIOD**

Documentation on Errors, Voided Stamps, or Non-sufficient funds (NSF).

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

2 NUMBER AND DENOMINATION OF SURCHARGE STAMPS ISSUED: \_\_\_\_\_

3 TYPE OF DOCUMENT SUBJECT TO RECORDING SURCHARGE \_\_\_\_\_

4 NAME, ADDRESS, AND TAX IDENTIFICATION NUMBER OF GRANTOR: \_\_\_\_\_

5 NAME ADDRESS, AND TAX IDENTIFICATION NUMBER OF GRANTEE: \_\_\_\_\_

6 BOOK AND PAGE NUMBER WHERE DOCUMENT IS RECORDED: \_\_\_\_\_

7 CIRCUMSTANCES UNDER WHICH ERRONEOUS ISSUE WAS MADE: \_\_\_\_\_

8 ENCLOSE :

- a. A PHOTO COPY OF THE DOCUMENT PAGE UPON WHICH THE ERRONEOUS STAMP/INDICIA WAS AFFIXED.
- b. COPY OF NSF ADVICE FROM BANK INCLUDING RELATED BANK FEES
- c. ORIGINAL CHECK RETURNED BY BANK FOR NSF
- d. ALLOCATION OF PAYMENT IF CHECK INCLUDED FEES OTHER THAN L-CHIP SURCHARGE

9 SIGNATURE OF REGISTER OF DEEDS OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

<b>WHERE TO FILE:</b>	This form should be attached to the DP-4 for the period in which the credit is being claimed.
<b>WHEN TO FILE:</b>	Pursuant to Rev 3004.03, Form DP-65S Credit Claim for Recording Surcharge Stamps or Indicia shall be filed with the Department for erroneously issued tax stamps, indicia, or non-sufficient funds.

FOR DRA USE ONLY