



**INSTRUCTIONS**

- 1 Select the tax type for which the payment applies.
- 2 For a Business Tax or Interest and Dividend Tax payment, select the appropriate entity type. For Meals and Rentals (M&R) Tax, select All Entity Types.
- 3 Enter the beginning and ending date of the taxable period for which the payment applies.
- 4 Select the Taxpayer Identification Number type (Social Security Number (SSN), Federal Employer Identification Number (FEIN), Department Identification Number (DIN), or M&R License Number) and enter number. For a Joint entity type, please enter Identification Number of the primary filer.
- 5 Enter the amount paid.
- 6 Enter the taxpayer's name and address. For a joint entity type, please enter the information for the primary filer.

**Make your check payable to: STATE OF NEW HAMPSHIRE**

Do not staple or tape the voucher and check together.

If you are making payments for multiple tax periods or multiple tax types, please provide a voucher for each tax period and each tax type and indicate the amount you wish to be applied to each tax period and each tax type.

**Mail this voucher with your payment to:**  
**NH DRA**  
**PO BOX 1265**  
**CONCORD, NH 03302-1265**

**Save a stamp! Visit our website at [www.revenue.nh.gov/](http://www.revenue.nh.gov/) and choose the "e-File" button on the left hand side to pay electronically by authorizing withdrawal of the payment from your account.**

Need Help? Call the Department at (603) 230-5920, Monday through Friday, 8:00am - 4:30pm

<b>1 Tax Type</b>	<b>2 Entity Type</b>	<small>DO NOT CUT</small>
<input type="radio"/> Business <input type="radio"/> Interest & Dividends <input type="radio"/> Meals & Rentals	<input type="radio"/> Corporation <input type="radio"/> Individual/Joint <input type="radio"/> All Entity Types	<input type="radio"/> Combined <input type="radio"/> Partnership <input type="radio"/> Estate <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Fiduciary <input type="radio"/> Non-Profit

3 Taxable period beginning:  and ending:

<b>4 Taxpayer Identification #</b> <input type="radio"/> FEIN <input type="radio"/> DIN <input type="radio"/> SSN <input type="radio"/> M&R License Number <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<b>5 Amount Paid</b> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
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**6 Taxpayer Name**

Last Name:       First Name:       MI:

Business Name:

Number & Street Address:

Address (continued):

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