

DP-153-ES Medicaid Enhancement Tax Payment Non-binding Estimate



INSTRUCTIONS

Who Must File

Hospitals as defined in RSA 84-A:1, III, are required to file a non-binding estimate of its projected tax payment.

When to File

Hospitals must file the non-binding estimate on or before January 15th in the taxable period.

Where to File

File online at Granite Tax Connect <u>www.revenue.nh.gov/gtc</u> or by mail to:

NH DRA PO BOX 637 CONCORD, NH 03302-0637

Or by overnight delivery to:

NH DRA TAXPAYER SERVICES **109 PLEASANT ST** CONCORD NH 03301

Need Help? Call the Department for assistance at (603) 230-5012, Monday through Friday, between 8:00am - 4:30pm.

DO NOT CUT					
	MMDDYYYY	N	MMDDYYYY		
Tax Period Begin Date	Та	x Period End Date			
Name of Hospital			Taxpayer Identif	ication Number	
Number & Street Address					
Address (continued)					
City / Town		State Zip Co	ode + 4 (or Canadian	Postal Code)	
	Projected Medicaid Enhar (To be paid on or befo		nt		

