

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 www.revenue.nh.gov/gtc 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.

	D	O NOT CUT	
	MMDDYYYY		MMDDYYYY
Tax Period Begin Date		Tax Period End Date	
Name of Hospital			Taxpayer Identification Number
Number & Street Address			
Address (continued)			
City / Town		State Zi _l	o Code + 4 (or Canadian Postal Code)
	Projected Medicaid En (To be paid on or l	hancement Tax Paym before April 15, 2023)	nent
	(see paid on or.	,	