FORM
AU-210

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

QUALIFIED REGENERATIVE MANUFACTURING COMPANY (QRMC) REPORT

Print Form | Reset Form

SUBMIT THIS FORM UNDER SEPARATE COVER, DO NOT ATTACH TO NEW HAMPSHIRE BUSINESS TAX RETURN

Taxable Period Beginning _____ (Mo Day Year) and Ending _____ (Mo Day Year)

STEP 1

NAME OF QRMC

TAXPAYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER (DIN)

NUMBER AND STREET ADDRESS

ADDRESS (continued)

TOWN/CITY, STATE, ZIP

STEP 2

QRMC INTEREST HOLDERS: (Attach additional sheets if necessary)

NAME	ADDRESS	FEIN OR SSN	PROPORTIONAL INTEREST

STEP 3

QRMC MANAGER NAME AND TITLE

TAXPAYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

ADDRESS (continued)

TOWN/CITY, STATE, ZIP

STEP 4

Income Received in the Taxable Period ..... $
(ATTACH SUPPORTING SCHEDULE)

Expenses Incurred in the Taxable Period ..... $
(ATTACH SUPPORTING SCHEDULE)

STEP 5

Total Compensation Paid for Active Regenerative Manufacturing Business .....A $
(ATTACH SUPPORTING SCHEDULE)

Total Compensation Paid for ALL Business Activities .....B $
(ATTACH SUPPORTING SCHEDULE)

Percentage of Compensation Paid for Active Regenerative Manufacturing Business (A divided by B).....C %

STEP 6

SIGNATURE (IN INK) OF DULY AUTHORIZED REPRESENTATIVE

TITLE

DATE

SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN AUTHORIZED REPRESENTATIVE

PREPARER'S IDENTIFICATION NUMBER

DATE

PREPARER'S ADDRESS

CITY/TOWN, STATE & ZIP CODE

THIS FORM MUST BE MAILED UNDER SEPARATE COVER TO:

NH DEPT OF REVENUE ADMINISTRATION
TAXPAYER SERVICES
PO BOX 637
CONCORD NH 03302-0637