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## **PAYMENTS**

Payments can be made online through the Granite Tax Connect web portal at [gtc.revenue.nh.gov/TAP/](https://gtc.revenue.nh.gov/TAP/) . You may also request that the payments are done through ACH debit on the Granite Tax Connect web portal.

## **WHERE TO FILE**

File online using Granite Tax Connect at [gtc.revenue.nh.gov/TAP/](https://gtc.revenue.nh.gov/TAP/) or mail to NH DRA-Collections Division, PO Box 454, Concord NH 03302-0454.

## **TAXPAYER IDENTIFICATION**

The Commissioner of the Department of Revenue is authorized pursuant to RSA 21-J:27-a to require submission of an SSN, FEIN, or any other identifying number used in filing or preparing federal tax documents. If you do not have any such identifying number, or share one with another taxpayer, then, under Rev 2903.01, you must obtain a Department Identification Number (DIN). If you have a DIN, use it on all New Hampshire filings. To ensure that your filings and payments are applied to the correct account, the sequence of names and taxpayer ID numbers on all filings must be consistent. The failure to provide a taxpayer identification number may result in the rejection of filed documents. Failure to timely file documents complete with a consistent taxpayer identification number may result in the imposition of penalties and interest, the disallowance of claimed exemptions, exclusions, credits, deductions, or an adjustment that may result in increased tax liability.

## **NEED FORMS?**

To obtain additional forms, please visit our website at [www.revenue.nh.gov](https://www.revenue.nh.gov), call the Forms Line at (603) 230-5001, or request them through the Granite Tax Connect at [gtc.revenue.nh.gov/TAP/](https://gtc.revenue.nh.gov/TAP/) .

## **NEED HELP?**

Call the Department of Revenue Administration, Collections Division at (603) 230-5900. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

## **LINE-BY-LINE INSTRUCTIONS**

Continue onto page 2 for line-by-line instructions.



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### **COMPLETING THE REQUEST FOR INSTALLMENT PAYMENT AGREEMENT**

Select the tax type(s) for which you are requesting an installment agreement. Enter the beginning and end dates for the period(s) for which you are requesting an installment agreement.

If your appeal period is not expired, please check off that you either agree or do not agree to waive your appeal right for the periods entered above.

Enter the tax identification number (FEIN, SSN or DIN) and/or meals and rentals license number (if applicable) for which you are requesting an installment agreement.

Enter the taxpayer's name and/or business name and mailing address you want associated with the installment agreement (It can be different from the account address). If the account address for the selected tax type(s) is invalid and needs to be updated with the address provided in this request, check the "Yes" box. If you do not check the "Yes" box, the account address will remain unchanged.

Enter a valid daytime phone number where we can reach you if needed.

List the current banking institution that will be used to make the installment payments.

Enter the total amount owed, select a payment plan frequency type (weekly, biweekly, or monthly), enter the amount you are able to pay, and enter the date you are able to make the first payment. You may be required to supply financial documentation showing why the balance cannot be paid within 30 days.

Enter the date by which you will make the payment each month. This date cannot be later than the 28th and if the payment date requested falls on a weekend or holiday, the payment will be due on the next business day.

### **SIGNATURE**

Signature of the duly authorized representative (in ink). Indicate the title of the representative and the date.