



000DP42111862

MONTHLY REPORT OF TAXES & SURCHARGE FEES COLLECTED ON TRANSFER OF REAL PROPERTY RSA 78-B and RSA 478:17-g

PRINT OR TYPE

MMYYYY

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County

Contact Name

Taxpayer Identification Number

Number & Street Address (Mailing Address)

Telephone Number

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

STEP 1 This report is to be filed with the Taxpayer Services Division on or before the 10th day of the month following the month of collection with copies of the tax indicia issued. Completed Form DP-65 and/or DP-65S should also be attached if claimed on this DP-4.

		Start number	End number	COLUMN A RETT	COLUMN B L-CHIP
1(a) Control number of RETT indicia Issued	1(a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1(b) Control number of RETT indicia Issued	1(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1(c) Control number of Surcharge Fee indicia issued	1(c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1(d) Electronically Affixed indicia	1(d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1(e) Electronically Affixed Indicia	1(e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1(f) Total indicia issued by registry (sum of lines 1(a) through 1(e))	1(f)			<input type="text"/>	<input type="text"/>
2 Total value of indicia issued by the county (RETT includes DP-3's)	2			<input type="text"/>	<input type="text"/>

STEP 2

3 Total value of taxes & surcharge fees collected by the county (does not include DP-3's)	3	<input type="text"/>	<input type="text"/>
4 Deductions:			
4(a) Credit claim for erroneously issued indicia (attach DP-65 per Rev 809.06)	4(a)	<input type="text"/>	<input type="text"/>
4(b) L-CHIP non-sufficient funds or erroneously issued indicia (attach DP-65S per Rev 3004.06)	4(b)	<input type="text"/>	<input type="text"/>
5 Net transfer tax & surcharge fees received (Line 3 minus Line 4(a) and Line 4(b))	5	<input type="text"/>	<input type="text"/>
6 Deduct: 4% commission (Line 5 X .04)	6	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
7 Add: 4% commission on refunds by DRA (attach DP-3R's recorded during the reporting month)	7	<input type="text"/>	<input type="text"/>
8 Subtotal of transfer tax & surcharge fee due (Line 5 minus Line 6 plus Line 7)	8	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9 Total due (sum of Line 8 Columns A & B)	9	<input type="text"/>	<input type="text" value="0.00"/>
10 Deduct payment made electronically	10	<input type="text"/>	<input type="text"/>
11 Net due (Line 9 minus Line 10)	11	<input type="text"/>	<input type="text" value="0.00"/>



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STEP 3 - Signature

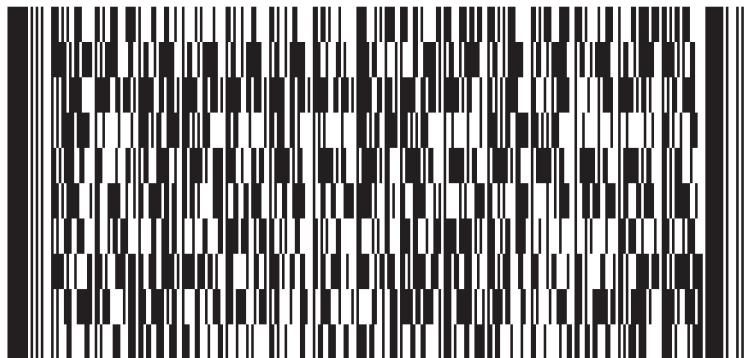
I certify that, to the best of my knowledge and belief, this is a full, true and correct report.

Type or Print Register of Deeds or Authorized Agent Name

DATE

Signature of Register of Deeds or Authorized Agent Name

File online at Granite Tax Connect www.revenue.nh.gov/gtc or mail to NH DRA Taxpayer Services
PO Box 637
Concord NH 03302-0637



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General Instructions

WHO MUST FILE

Pursuant to RSA 78-B:8,II, and RSA 478:17-g,II(c)"...each register of deeds shall remit the taxes so collected, minus payment for his or her services, to the department monthly...."

WHEN TO FILE

Pursuant to Rev 809.03, and Rev 3004.02(a), Form DP-4 shall be filed on or before the 10th day of the month following the month of collection.

WHERE TO FILE

File online using Granite Tax Connect at www.revenue.nh.gov/gtc or mail to: NH DRA Taxpayer Services Division, PO Box 637, Concord, NH 03302-0637.

FORMS SHALL NOT BE FILED BY FAX OR EMAIL.

NEED HELP?

Call Taxpayer Services at (603) 230-5920, Monday through Friday, 8:00 am - 4:30 pm.

NEED FORMS?

To obtain additional forms you may access our website at www.revenue.nh.gov or call the Forms Line at (603) 230-5001.

ADA COMPLIANCE

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

DP-3

When the Department receives payment of additional real estate transfer tax collected, it will send to the affected registry in the following month a completed Form DP-3 or DP-3LC for L-CHIP for each taxpayer.

DP-3R

When the Department refunds real estate transfer tax collected to a taxpayer, it will send a completed form DP-3R or DP-3LR for L-CHIP to the affected Registry in the month following the refund.

DP-65

Pursuant to Rev 809.06(a), Form DP-65, "Credit Claim for Real Estate Transfer Tax Indicia", shall be filed with the Department for erroneously issued indicia of tax paid.

DP-65S

Pursuant to Rev 3004.06, Form DP-65S, "Credit Claim for Recording Surcharge Indicia", shall be filed to report to the Department insufficient funds related to the L-CHIP surcharge for documents recorded and to report L-CHIP indicia erroneously issued.

COUNTY NAME & ADDRESS

Enter the county information including the Federal Employer Identification Number, contact name, telephone number, mailing address, city/town, state and zip code.

STEP 1

LINE 1(a) Enter the beginning control number and ending control number of the real estate transfer tax indicia used during the reporting period and corresponding values.

LINE 1(b) If the indicia used are numbered out of sequence enter the beginning and ending numbers of the second set of indicia used and corresponding values.

LINE 1(c) Enter the beginning control number and ending control number of the surcharge fee indicia used during the reporting period and corresponding values.

LINE 1(d) and 1(e) If applicable, enter the electronically affixed indicia issued during the reporting period and corresponding values.

LINE 1(f) Enter the sum of Columns A and B, Lines 1(a), 1(b), 1(c), 1(d) and 1(e).

LINE 2 Enter the total value of indicia issued by the county in this reporting period. Include, if applicable, any indicia issued as a result of a Department-issued DP-3. Attach Form DP-3 recorded during the reporting month.

STEP 2

LINE 3 Enter the value of taxes and surcharge fees collected by the county. This does not include taxes reported on the DP-3, if applicable.

LINE 4(a) Deduct the value of taxes collected and attributable to erroneously issued RETT indicia. Attach a completed Form DP-65.

LINE 4(b) Deduct value of fees collected and attributable to non-sufficient funds or erroneously issued indicia for L-CHIP surcharge. Attach a completed Form DP-65S.

LINE 5 Enter the result of Line 3 minus Line 4(a) and 4(b).

LINE 6 Calculate the 4% commission due your Registry by multiplying .04 x Line 5 amount. Enter the result on Line 6, Columns A & B.

LINE 7 If applicable, enter amount of 4% commission due DRA as a result of a Department refund as reported to you on Form DP-3R. Attach DP-3Rs recorded during the reporting month.

LINE 8 Calculate Subtotal of tax and surcharge fee due. Line 5 minus Line 6 plus Line 7. Enter the result on Line 8, Columns A & B.

LINE 9 Total Line 8, columns A & B, enter amount on Line 9 column B.

LINE 10 If applicable, deduct electronically filed payments made by your Registry for this reporting period.

LINE 11 Calculate net tax due: Line 9 minus Line 10. Enclose but do not staple or tape, check payable to State of New Hampshire.

STEP 3

Type or print the name of the Register or authorized agent completing this form. The original signature of Register or authorized agent and date are required to certify this report is full, true, and correct.