



MEDICAID ENHANCEMENT TAX RETURN

Tax Period Begin Date MMDDYYYY

Tax Period End Date MMDDYYYY

STEP 1 - PRINT OR TYPE

Name of Hospital

Taxpayer Identification Number

Number & Street Address

Hospital Fiscal Year End Date

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

STEP 2 - Type of Return (check if applicable)

Initial Return (1st filing) Amended Return Final Return Last Day of Business

STEP 3 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

Table with 8 rows for calculating balance due, including Gross Charges, Deductions, Credits, and Tax Due.



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STEP 3 - Calculate Your Balance Due or Overpayment - continued

9. Additions:		
(a) Interest	9(a)	<input type="text"/>
(b) Failure to Pay Penalty	9(b)	<input type="text"/>
(c) Failure to File Penalty	9(c)	<input type="text"/>
Total Additions (Enter the sum of Lines 9(a), 9(b), and 9(c))		9 <input type="text"/>
10. Balance Due (Line 8 plus Line 9)		10 <input type="text"/>
11. Overpayment: Enter balance due if less than zero		11 <input type="text"/>
12. Apply overpayment to:		
(a) Credit - Next Year's Tax Liability	12(a)	<input type="text"/>
(b) Refund	12(b)	<input type="text"/>

STEP 4 - Signatures

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the person owning or operating the utility, this declaration is based on all information of which the preparer has knowledge.

Signature of Officer (in ink)	<input type="text"/>	MMDYYYY	<input type="text"/>
Print Signatory Name & Title	<input type="text"/>	Phone Number	<input type="text"/>
Signature of Preparer	<input type="text"/>	MMDYYYY	<input type="text"/>
Printed Name of Preparer	<input type="text"/>	Preparer's Tax Identification Number	<input type="text"/>
Preparer's Address	<input type="text"/>	Phone Number	<input type="text"/>
Address (continued)	<input type="text"/>		
City / Town	<input type="text"/>	State	<input type="text"/>
		Zip Code + 4 (or Canadian Postal Code)	<input type="text"/>

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

Or mail to: NH DRA
PO BOX 637
CONCORD NH 03302-0637