



MEDICAID ENHANCEMENT TAX PAYMENT NON-BINDING ESTIMATE

Tax Period Begin Date

Tax Period End Date

Name of Hospital

Taxpayer Identification Number

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Projected Medicaid Enhancement Tax Payment
(to be paid on or before April 15, 2024)

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