

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**PAYMENT FORM AND APPLICATION FOR EXTENSION
OF TIME TO FILE GAMBLING WINNINGS TAX RETURN**

INSTRUCTIONS

FOR DRA USE ONLY

EXTENSION

For good cause, the Commissioner may extend the time within which you are required to file a return. Note that an extension of time to file your returns is not an extension of time to pay the tax.

WHO MUST FILE

If you need to make an additional payment in order to have paid 100% of the tax determined to be due, you must submit this form with payment by the original due date in order to be considered an extension of time to file your return. Do not file if the total due is zero.

WHEN TO FILE

This form must be postmarked on or before the original due date of the return, which is the fifteenth day of the fourth month following the close of the calendar year.

WHERE TO FILE

NH DRA (New Hampshire Department of Revenue Administration), PO Box 2035, Concord, NH 03302-2035.

REASONS FOR DENIAL

Applications for extension will be denied for reasons such as, but not limited to, the application was postmarked after the due date; payment for 100% of the balance due shown below did not accompany this application; or failure to state good cause.

NEED HELP?

Call Central Taxpayer Services at (603) 271-2191. 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

100% OF TAX PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX	PRINT OR TYPE	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
		NAME OF TRUST		FEDERAL EMPLOYER IDENTIFICATION NUMBER
		NUMBER & STREET ADDRESS		INDIVIDUAL TAX IDENTIFICATION NUMBER
		ADDRESS (Continued)		
		CITY/TOWN, STATE & ZIP CODE+4	-OR-	PROVINCE, COUNTRY & FOREIGN POSTAL CODE

For the CALENDAR year **2010**

Check the appropriate box to indicate if this extension is being filed for an Individual or a Trust/Fiduciary: ① INDIVIDUAL ④ TRUST OR FIDUCIARY

Reason for request for Extension to File Return. Include all facts to support good cause. Attach additional sheet if necessary.

TAX PAYMENT SCHEDULE. DO NOT FILE THIS FORM IF LINE 3 IS ZERO.

1	Enter 100% of the Gambling Winnings Tax determined to be due.....	1	
2	Amount of the NH State tax withheld as reported on federal Form W-2G or federal Form 1042-S.....	2	
3	BALANCE DUE: (If negative or zero, do not file this application)	3	

MAIL TO: NH DRA
PO BOX 457
CONCORD NH 03302-0457

**MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE.
ENCLOSE BUT DO NOT STAPLE OR TAPE YOUR PAYMENT TO THIS EXTENSION.**

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.)

FOR DRA USE ONLY

X

SIGNATURE (IN INK)	DATE	SIGNATURE OF PREPARER (IN INK) OTHER THAN TAXPAYER	DATE
PRINT NAME		PRINT PREPARER NAME	
TELEPHONE NUMBER		PREPARER'S IDENTIFICATION NUMBER	
PREPARER'S STREET ADDRESS/PO BOX			
PREPARER'S CITY/TOWN, STATE and ZIP CODE+4			

