

**PRIVATE RAILCAR PROPERTY TAX
INFORMATION UPDATE
RSA 82**

DUE ON OR BEFORE MAY 1, 2011

STEP 1 OWNERSHIP INFORMATION	NAME OF RAILROAD COMPANY (TRADE NAME)		IF AMENDED RETURN, CHECK HERE <input type="checkbox"/>
	NAME OF OWNER (IF OTHER THEN NAME OF RAILROAD)		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	PARENT COMPANY		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	BILLING ADDRESS		
	CITY/STATE/ZIP CODE		
	CONTACT PERSON		PHONE NUMBER
	E-MAIL ADDRESS		FAX NUMBER
STEP 2 RAILCAR INFORMATION	AS OF PERIOD ENDING (CHECK ONE) December 31, 2010 <input type="checkbox"/> or March 31, 2011 <input type="checkbox"/>		
	1) Total number of all railroad cars owned or leased by the company		
	2) Total number of miles traveled "everywhere" by cars owned or leased by the company during the preceding tax year		
	3) Total number of miles traveled in New Hampshire by cars owned or leased by the company during the preceding tax year		
	4) Total original cost of all railroad cars owned or leased by the company		
	5) Total net book value of all railroad cars owned or leased by the company		
6) Car Markings: _____			
STEP 3 CERTIFICATION & SIGNATURE	I hereby certify, under penalties of perjury, that the information provided on the accompanying pages is correct and accurate to the best of my belief and knowledge, and that I am authorized to submit this report on behalf of the railcar property owner and/or operator named herein.		
	SIGNATURE (IN INK)		DATE
	PRINT SIGNATORY NAME & TITLE		
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p align="center">NH DRA MAIL PROPERTY APPRAISAL DIVISION TO: ATTN: UTILITY APPRAISAL PO BOX 487 CONCORD, NH 03302-0487</p> </div>			

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INSTRUCTIONS

WHO MUST FILE

Every railroad, railway, express, and every parlor, sleeping or dining car corporation or company, or other corporation or company not a railroad company owning any cars operated for profit on any railroad in this state shall pay to the state an annual tax, as of April 1 of each year, upon the actual value of its property and estate, at a rate as nearly equal as may be to the average rate of taxation at that time upon other property throughout the state.

WHEN TO FILE

The report is due on or before May 1. The assessment date is April 1.

WHERE TO FILE

Mail this form to the New Hampshire Department of Revenue Administration, Property Appraisal Division, PO Box 487, Concord, NH 03302-0487.

NEED HELP?

Call Property Appraisal at (603) 271-2687, Monday through Friday, 8:00 am - 4:30 pm. All written correspondence to the Department should include the taxpayer name, federal employer identification number, the name of a contact person and a day time telephone number.

NEED FORMS?

To obtain forms, call the forms line at (603) 271-2192, call the Property Appraisal Division at (603) 271-2687, or visit our website at www.nh.gov/revenue.

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.

STEP 1 OWNERSHIP

Please provide the federal employer identification number, name of the railroad company, name of the owner, billing address, contact person, telephone number, fax number and e-mail address.

STEP 2 RAILCAR INFORMATION

Check the year of the period ending date.

Line 1: Enter the number of railroad cars owned or leased by the company.

Line 2: Enter the total number of miles traveled "Everywhere" by cars owned or leased by the company during the preceding tax year.

Line 3: Enter the total number of miles traveled in New Hampshire by cars owned or leased by the company during the preceding tax year.

Line 4: Enter the total original cost of all railroad cars owned or leased by the company.

Line 5: Enter the total net book value of all railroad cars owned or leased by the company.

Line 6: List all car markings associated with "Total Number Miles Traveled in New Hampshire", reported in Step 2, Line 3. Attach consolidated supporting report, if available.

STEP 3 CERTIFICATION & SIGNATURE

Sign in ink, date and indicate title of person signing.