

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**APPLICATION FOR 6-MONTH EXTENSION OF TIME TO FILE
NON-RESIDENT PERSONAL PROPERTY TRANSFER TAX RETURN**

FOR DRAUSE ONLY

**A PROBATE COURT APPROVED EXTENSION (FORM 77-A) WILL NOT BE ACCEPTED AS AN EXTENSION
TO FILE THE DP-146 NEW HAMPSHIRE NON-RESIDENT PERSONAL PROPERTY TRANSFER TAX RETURN**

IMPORTANT	The New Hampshire Department of Revenue Administration requires a Form DP-147 Extension of Time to File for all Non-Resident Personal Property Transfer Tax Returns for executors/administrators unable to meet the 9 month filing requirement.
WHEN TO FILE	This form must be filed on or before the due date of the return in order to receive a 6 month extension of time to file the return.
ADDITIONAL TIME	Extension requests for a period longer than 6 months must be accompanied by a letter of explanation.
WHERE TO FILE	The New Hampshire Department of Revenue Administration, 45 Chenell Drive, PO Box 637, Concord, NH 03302-0637.
NEED HELP	Call the New Hampshire Department of Revenue Administration, Audit Division at (603) 271-2580. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**APPLICATION FOR 6-MONTH EXTENSION OF TIME TO FILE
NON-RESIDENT PERSONAL PROPERTY TRANSFER TAX RETURN**

An extension of time for filing a return shall NOT extend the time for the payment of the tax due.

PLEASE PRINT OR TYPE	ESTATE OF:	LAST NAME	FIRST NAME	MIDDLE INITIAL	DECEDENT'S SSN	DATE OF DEATH
	DOMICILE AT DATE OF DEATH:	ADDRESS	CITY/TOWN	STATE	COUNTY	PROBATE NO.
	NAME OF EXECUTOR/ADMINISTRATOR:	LAST NAME	FIRST NAME	MIDDLE INITIAL	EXECUTOR'S SSN OR FEIN	
	EXECUTOR/ADMINISTRATOR:	ADDRESS	CITY/TOWN	STATE	ZIP CODE	

TAX PAYMENT SCHEDULE

1	Enter 100% of the tax determined to be due	1	\$
2	LESS: Credits and payments of estimated tax	2	\$
3	BALANCE DUE: Make check payable to: State of New Hampshire	3	\$

Send remittance with this form. DO NOT USE the estimate form (DP-146 ES) when requesting an extension.

Under penalties of perjury, I declare that I have examined this application, and to the best of my belief it 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.

SIGNATURE _____ DATE _____

FOR DRA USE ONLY

NH DEPT OF REVENUE ADMINISTRATION
MAIL DOCUMENT PROCESSING DIVISION
TO: PO BOX 637
CONCORD NH 03302-0637