



DP-153-ES
Medicaid Enhancement
Tax Payment
Nonbinding Estimate

INSTRUCTIONS

Who Must File

Hospitals as defined in RSA 84-A:1III, are required to file a nonbinding estimate of its projected tax payment.

When to File

Hospitals must file the nonbinding estimate on or before January 15th in the taxable period.

Where to File

File the completed Form by mail to:

NH DRA
 ADMINISTRATION UNIT
 PO BOX 457
 CONCORD, NH 03302-0457

Or by overnight delivery to:

NH DRA
 ADMINISTRATION UNIT
 109 PLEASANT ST
 CONCORD NH 03302-0457

Need Help? Call the Department for assistance at (603) 230-5018, Monday through Friday, between 8:00am - 4:30pm.

DO NOT CUT

For the TAXABLE period beginning July 1, 2015 and ending June 30, 2016, prepared in accordance with RSA 84-A:4

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|---------------------------------|--|
| NAME OF HOSPITAL | FEDERAL EMPLOYER IDENTIFICATION NUMBER |
| NUMBER & STREET ADDRESS | |
| ADDRESS (continued) | |
| CITY/TOWN, STATE & ZIP CODE + 4 | |

Projected Medicaid Enhancement Tax Payment
 (To be paid on or before April 15, 2016)

FOR DRA USE ONLY

 Signature (in ink) _____
 Date

 Print Signatory Name & Title

 Telephone Number