



SMALL BUSINESS CORPORATION ("S" CORP) INFORMATION REPORT

Name of "S" Corporation	Federal Employer ID Number	Calendar Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address	City / Town	
<input type="text"/>	<input type="text"/>	
Address (continued)	State	Zip Code + 4 (or Canadian Postal Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total of all actual distributions made to New Hampshire residents for the period end \$

Shareholder Name and Address (New Hampshire Residents ONLY)

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Last Name	First Name	MI	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number & Street Address			Amount of Distribution
<input type="text"/>			<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Last Name	First Name	MI
Number & Street Address		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)

Social Security Number

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Amount of Distribution

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Last Name	First Name	MI
Number & Street Address		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)

Social Security Number

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Amount of Distribution

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Last Name	First Name	MI
Number & Street Address		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)

Social Security Number

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Amount of Distribution

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Last Name	First Name	MI
Number & Street Address		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)

Social Security Number

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Amount of Distribution

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**If additional space is required,
attach another sheet.**

Under penalties of perjury, I declare that I have examined this return 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 (in ink) of Officer	Print Signatory Name & Title	MMDDYYYY
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Signature (in ink) of Paid Preparer Other Than Taxpayer		MMDDYYYY
Print Preparer's Name		Preparer's Tax ID Number
Number & Street Address		
Address (continued)		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)

**DO NOT FILE WITH BUSINESS
RETURN. MAIL UNDER SEPARATE
COVER TO ADDRESS BELOW.**

FILE ONLINE AT GRANITE TAX CONNECT
gta.revenue.nh.gov/TAP/_/

Or Mail To: NH DRA
PO BOX 637
CONCORD NH 03302-0637