



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
 Amount of Distribution

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

Social Security Number
 Amount of Distribution

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

Social Security Number
 Amount of Distribution

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

Social Security Number
 Amount of Distribution

**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

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
WWW.REVENUE.NH.GOV/GTC**

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



INSTRUCTIONS

WHO MUST FILE

The report must be completed by every subchapter "S" corporation which has made actual or constructive distributions to its New Hampshire shareholders during the year, per RSA 77:17-a.

WHAT TO FILE

Actual distributions from "S" corporations made to New Hampshire residents are taxable to the individual recipient under New Hampshire Interest & Dividends Tax law. "S" corporations are required to use this form to report such distributions. Report any **actual distributions** from current year or prior year accumulated profits (as defined in RSA 77 and Rev 901). Do not report the shareholders' proportionate share of the "S" corporation's income (loss) as shown on the individual or shareholders' Federal Schedule K-1.

NOTE: If more than 8 shareholders received actual distributions from the "S" corporation during the period, attach an additional sheet listing the required information for each additional shareholder.

WHEN TO FILE

This report is due annually on or before May 1st, after the end of the year. Pursuant to RSA 77:17-a, a list of New Hampshire shareholders during the preceding year together with the amount of dividends paid to each must be reported on this form.

WHERE TO FILE

File online using Granite Tax Connect at www.revenue.nh.gov/gtc or mail to NH DRA, PO Box 637, Concord, NH 03302-0637.

FORMS SHALL NOT BE FILED BY FAX OR EMAIL