FORM **DP-200** 980

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)

INSTRUCTIONS

BUSINESS ENTITY INFORMATION

FOR DRA USE ONLY

WHO MUST REQUEST A DIN

Any taxpayer who shares a taxpayer identification number with another taxpayer subject to taxation, any taxpayer who is not required to obtain a federal taxpayer identification number or social security number, or any taxpayer electing to obtain a DIN for New Hampshire in lieu of their FEIN or SSN Each taxpayer must have a unique federal or state taxpayer identification number. An SMLLC shall not use a SSN.

PURPOSE

To obtain an identifying number which is required to file New Hampshire tax related documents. SMLLCs are required by New Hampshire Law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. If the SMLLC shares a tax identification number with another entity, a New Hampshire Department of Revenue Administration assigned number, Department Identification Number (DIN), is necessary in order to process all tax related documents for taxpayers as described in "Who Must Request a DIN" above.

WHEN TO FILE

This form must be filed at least 30 days prior to the due date of your first business tax document. Any changes in the registration information must be provided to the Department at least 30 days prior to the change.

WHERE TO FILE

NH Department of Revenue Administration, Taxpayer Services Division, PO Box 637, Concord NH 03302-0637

FORMS MAY NOT BE FILED BY FAX

NEED HELP?

Call the Department of Revenue Administration, Taxpayer Services at (603) 230-5000. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

BUSINESS NAME						
BUSINESS NUMBER	R & STREET ADDRESS					FOR DRA USE ONLY
BUSINESS ADDRESS	S (continued)					DIN
BUSINESS CITY/TOW	VN, STATE & ZIP CODE+4				.	
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	Under penalties of perjury,	I declare that I have e	examined this document a	nd to the best of my	belief it is tru	ie, correct and complet
DRA USE ONLY	X					
	SIGNATURE (IN INK) OF APP	PLICANT				DATE
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	SIGNATURE (IN INK) OF OFF	TICER OF CORPORATION	IF OTHER THAN OWNER			DATE
	PRINT SIGNATORY NAME &	TITLE	ALL DDA			
			MAIL NH DRA TO: PO BOX 637			
			CONCORD N	NH 03302-0637		