DO NOT ATTACH TO RETURN





New Hampshire

Department of Revenue Administration

DP-9



SMALL E Name of "S" Corporation	S" CORP) INFORMA	RMATION REPORT Federal Employer ID Number Calendar Year			
Number & Street Address		City	/ Town		
Address (continued)		State	e Zip Code + 4 (or Car	nadian Postal Code)	
Total of all actual distributions made to Ne	w Hampshire residents for the period end	\$			
Chauchaldau Nausa and Addusa	/Non-House skips Desidents ONI	M)			
Last Name	(New Hampshire Residents ONL) First Name	MI MI	Social Security Number		
Number & Street Address			Amount of Distribution		
Number & Street Address			Amount of Distribution		
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Number & Street Address			Amount of Distribution		
City / Town	State Zip Code + 4 (c	or Canadian Postal Code)			
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Number & Street Address			Amount of Distribution		
City / Town	State Zip Code + 4 (c	or Canadian Postal Code)			
Last Name	First Name	MI	Social Security N	lumber	
Number & Street Address			Amount of Distribution		
City / Town	State Zip Code + 4 (c	or Canadian Postal Code)			
Last Name	First Name	MI	Social Security N	lumber	
Number & Street Address			Amount of Distribution		
City / Town	State Zip Code + 4 (c	or Canadian Postal Code)			



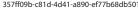
New HampshireDepartment of Revenue Administration

DP-9



Last Name	First Name MI		MI	Social Security Number	
Number & Street Address				Amount of Distribution	
City / Town	State	Zip Code + 4 (or Canadian Postal Co	de)		
Last Name	First Name		MI	Social Security Number	
Number & Street Address				Amount of Distribution	
City / Town	State	Zip Code + 4 (or Canadian Postal Co	de)		
Last Name	First Name		MI	Social Security Number	
Number & Street Address				Amount of Distribution	
City / Town	State		de)	If additional space is required, attach another sheet.	
Under penalties of perjury, I declare that I hav prepared by a person other than the taxpayer			•	•	
Signature (in ink) of Officer	,	Print Signatory Name & Title		MMDDYYYY	
Signature (in ink) of Paid Preparer Other Than Taxpayer		MMDDYYYY		DO NOT FILE WITH BUSINESS	
Print Preparer's Name		Preparer's Tax ID Number		RETURN. MAIL UNDER SEPARATE COVER TO ADDRESS BELOW.	
Number & Street Address					
Address (continued)				FILE ONLINE AT GRANITE TAX CONNECT <u>WWW.REVENUE.NH.GOV/GTC</u>	
City / Town	State	Zip Code + 4 (or Canadian Postal Co	de)	Or Mail To: NH DRA PO BOX 637 CONCORD NH 03302-0637	







DP-9

SMALL BUSINESS CORPORATION ("S" CORP) INFORMATION REPORT



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