



SMALL BUSINESS CORPORATION ("S" CORP) INFORMATION REPORT

Name of "S" Corporation

Federal Employer ID Number

Calendar Year

Number & Street Address

City / Town

Address (continued)

State

Zip Code + 4 (or Canadian Postal Code)

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

Number & Street Address

Amount of Distribution

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Last Name

First Name

MI

Social Security Number

Number & Street Address

Amount of Distribution

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Last Name

First Name

MI

Social Security Number

Number & Street Address

Amount of Distribution

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State

Zip Code + 4 (or Canadian Postal Code)

Last Name

First Name

MI

Social Security Number

Number & Street Address

Amount of Distribution

City / Town

State

Zip Code + 4 (or Canadian Postal Code)



New Hampshire
Department of
Revenue Administration

DP-9

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

Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount of Distribution

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

Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount of Distribution

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

Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount of Distribution

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature (in ink) of Paid Preparer Other Than Taxpayer	MMDDYYYY	
<input type="text"/>	<input type="text"/>	
Print Preparer's Name	Preparer's Tax ID Number	
<input type="text"/>	<input type="text"/>	
Number & Street Address		
<input type="text"/>		
Address (continued)		
<input type="text"/>		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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