



ESTIMATED PROPRIETORSHIP BUSINESS TAX

1	ESTIMATED TAX BASE AND/OR TAXABLE BUSINESS PROFITS	BET (a)	BPT (b)
	(a) BET Taxable Base After Apportionment		
	(b) New Hampshire Taxable Business Profits		
2	TAX		
	(a) Line 1(a) x .0055		
	(b) Line 1(b) x .075		
3	CREDITS		
	(a) RSA 162-L:10 (CDFA New Investment Tax Credit)		
	(b) RSA 162-N (Economic Revitalization Zone Tax Credit)		
	(c) RSA 162-P (Research & Development Tax Credit)		
	(d) RSA 162-Q (Coos County Job Creation Tax Credit)		
	(e) RSA 77-G (Education Tax Credit)		
	(f) RSA 77-A:5, XVII and RSA 77 E:3-f (Granite Patron of the Arts Tax Credit)		
	(g) RSA 400-A (Insurance Tax Credit)		
	(h) RSA 77-A:5, X (BET Credit)		
	(i) RSA 188-E:9-a (CTE Centers Tax Credit)		
	(j) RSA 21-I:103 (Granite State Paid Family and Medical Leave Plan Tax Credit)		
	(k) Total Credits (Sum of Lines 3(a) through 3(j))		
4	ESTIMATED TAX FOR THE CURRENT YEAR (Line 2 minus Line 3(k))		
5	OVERPAYMENT FROM PREVIOUS TAXABLE PERIOD		
6	BALANCE OF BUSINESS TAXES DUE (Line 4 minus Line 5)		

COMPUTATION AND RECORD OF PAYMENTS

	Date Paid	Amount of Each Installment BET (1/4 of Line 6 above) BPT	Total Due (BET and/or BPT)	Calendar Year Dates
1				April 15, 2026
2				June 15, 2026
3				September 15, 2026
4				December 15, 2026

IMPORTANT
THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY
IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET

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



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 1

For the CALENDAR year **2026** or other taxable period beginning: and ending:

Proprietor's Last Name

First Name MI Social Security Number

Taxpayer Identification Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

DO NOT CUT. SUBMIT THIS ENTIRE PAGE.

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

Or mail to:
NH DRA
PO Box 1265
Concord NH 03302-1265

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 2

For the CALENDAR year **2026** or other taxable period beginning: and ending:

Proprietor's Last Name

First Name MI Social Security Number

Taxpayer Identification Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

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Concord NH 03302-1265

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1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 3

For the CALENDAR year **2026** or other taxable period beginning: and ending:

Proprietor's Last Name <input type="text"/>			Taxpayer Identification 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"/>		
First Name <input type="text"/>	MI <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"/>			

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

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1/4 BET	1	<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"/>
1/4 BPT	2	<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"/>
Amount of Payment	3	<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"/>

DO NOT FILE A \$0 ESTIMATE



ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 4

For the CALENDAR year **2026** or other taxable period beginning: and ending:

Proprietor's Last Name

Taxpayer Identification Number

First Name MI Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN

Limited Liability Company

Number & Street Address

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code)

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Concord NH 03302-1265

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STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape your payment to this estimate.

1/4 BET 1

1/4 BPT 2

Amount of Payment 3

DO NOT FILE A \$0 ESTIMATE