



New Hampshire
Department of
Revenue Administration

CD-400

REQUEST FOR INSTALLMENT PAYMENT AGREEMENT

This request is for :

Tax Type: ☐ Business ☐ Interest and Dividends ☐ Meals & Rentals ☐ Other (Specify):

Taxable Period(s) Beginning: and Ending:

Beginning: and Ending:

Upon the approval of this agreement, I agree to waive any existing appeal rights and/or withdraw any existing appeals for the tax type(s) and taxable periods(s) stated above.

☐ Yes ☐ No ☐ Not Applicable

Taxpayer Identification #: ☐ FEIN ☐ DIN ☐ SSN

License #:

Taxpayer Name:

Mailing Address:

City: State: Zip Code:

Daytime Telephone Number:

New Address? ☐ Yes ☐ No

Name of Bank:

Enter the total amount owed: \$

Enter the amount of payment enclosed: \$

Enter the amount you are able to pay each month: \$

Make your payments as large as possible to limit interest charges.

Save postage and interest by accessing our website at: gtc.revenue.nh.gov/TAP/ and make each payment by authorizing withdrawal of the payment from your account.

Select the date payments will be made each month. You cannot select a date later than the 28th.

I understand that submitting an Installment Payment Agreement Request is a declaration of an inability to pay taxes owed to the Department in full within the next 30 days. The Department may require further information to verify this is a genuine attempt to satisfy the tax obligation owed to the Department in a timely and reasonable manner. I declare that I am authorized to request an Installment Payment Agreement for the taxpayer named above.

Signature

Date

Print Name

Title

Please complete this application and return with the first proposed installment to:
NHDRA - Collections Division
PO BOX 454
CONCORD, NH 03302-0454