New Hampshire
Department of
Revenue Administration

DP-200

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0DP2002411862

REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)

BUSINESS ENTITY INFORMATION

Business Name

Number & Street Address

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

DO NOT FILE THIS FORM FOR AN SMLLC THAT ALREADY HAS ITS OWN FEIN.

You must use your Department Identification Number (DIN) on all of the documents filed with the DRA instead of the Federal Employer Identification Number (FEIN) or Social Security Number (SSN).

MEMBER OR TAXPAYER INFORMATION

Member or Taxpayer Name

Taxpayer Identification Number

☐ FEIN ☐ SSN

Number & Street Address

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

ENTITY TYPE: ☐ CORPORATION ☐ COMBINED GROUP ☐ FIDUCIARY ☐ PARTNERSHIP ☐ PROPRIETORSHIP

☐ For federal income tax purposes, the income of the SMLLC will be reported on the tax return of the member as listed above.

☐ For federal income tax purposes, the income of the SMLLC will NOT be reported on the tax return of the member as listed above.

THE INCOME WILL BE REPORTED ON THE TAX RETURN FOR:

Member or Taxpayer Name

Taxpayer Identification Number

☐ FEIN ☐ SSN

Number & Street Address

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

SIGNATURE & INFORMATION

Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete.

Signature (in ink) of Applicant

MMDDYYYY

Print Signatory Name & Title

FILE ONLINE AT GRANITE TAX CONNECT GTC.REVENUE.NH.GOV/TAP/_/
OR MAIL TO: NH DRA, PO BOX 637, CONCORD NH 03302-0637.