



**ESTIMATED PROPRIETORSHIP BUSINESS TAX**

	<b>BET (a)</b>	<b>BPT (b)</b>
<b>1 ESTIMATED TAX BASE AND/OR TAXABLE BUSINESS PROFITS</b>		
(a) BET Taxable Base After Apportionment		
(b) New Hampshire Taxable Business Profits After Apportionment		
<b>2 TAX</b>		
(a) Line 1(a) x .0055		
(b) Line 1(b) x .075		
<b>3 CREDITS</b>		
(a) RSA 162-L:10 (CDFA 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 400-A (Insurance Tax Credit)		
(g) RSA 77-A:5, X (BET Credit)		
(h) RSA 188-E:9-a (CTE Centers Tax Credit)		
(i) RSA 21-I:103 (Granite State Paid Family and Medical Leave Plan Tax Credit)		
(j) Total Credits (Sum of Lines 3(a) through 3(i))		
<b>4 ESTIMATED TAX FOR THE CURRENT YEAR (Line 2 minus Line 3(j))</b>		
<b>5 OVERPAYMENT FROM PREVIOUS TAXABLE PERIOD</b>		
<b>6 BALANCE OF BUSINESS TAXES DUE (Line 4 minus Line 5)</b>		

**COMPUTATION AND RECORD OF PAYMENTS**

	<b>Date Paid</b>	<b>Amount of Each Installment</b>		<b>Total Due</b> (BET and/or BPT)	<b>Calendar Year Dates</b>
		<b>BET</b>	<b>BPT</b>		
1					April 15, 2025
2					June 15, 2025
3					Sept. 15, 2025
4					Dec. 15, 2025

**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/\\_/](https://gtc.revenue.nh.gov/TAP/_/)



**ESTIMATED PROPRIETORSHIP BUSINESS TAX - PAYMENT FORM 1**

For the CALENDAR year **2025** 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)

**DO NOT CUT.** SUBMIT THIS ENTIRE PAGE.

**FILE ONLINE AT GRANITE TAX CONNECT**  
**[gtc.revenue.nh.gov/TAP/\\_/](https://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 **2025** 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 **2025** 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"/>			<p><b>If issued a DIN, use the DIN in the appropriate taxpayer identification box.</b> <b>DO NOT enter SSN or FEIN</b></p>

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 **2025** or other taxable period beginning:  and ending:

Proprietor's Last Name			Taxpayer Identification Number		
<input type="text"/>			<input type="text"/>		
First Name	MI	Social Security Number			
<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"/>
1/4 BPT	2	<input type="text"/>
Amount of Payment	3	<input type="text"/>

**DO NOT FILE A \$0 ESTIMATE**