



New Hampshire
Department of
Revenue Administration

2017
NH-1065-ES

ESTIMATED PARTNERSHIP
BUSINESS TAX Payment Form 1

For the CALENDAR year **2017** or other taxable period:
MMDDYYYY MMDDYYYY

If issued a DIN, DO NOT USE FEIN
Taxpayer Identification #

TO MAKE YOUR PAYMENTS ONLINE,
ACCESS OUR WEB SITE AT:
www.revenue.nh.gov/

to

Name of Partnership/Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Enclose, but do not staple or tape
your payment to this estimate.
Do not file a \$0 estimate.

1/4 BET 1

1/4 BPT 2

Amount of
Payment 3

ded75d93-2523-4cdc-83ef-a8cc3cff3ec7

NH-1065-ES 2017
Version 1.1 7/2016

MAIL TO: NH DRA, PO BOX 1265 CONCORD, NH 03302-1265

Cut along this line to submit Estimated Partnership Business Tax. Keep the Estimated Tax Worksheet for your records.

Make Check Payable to: **STATE OF NEW HAMPSHIRE**



New Hampshire
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2017
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ESTIMATED PARTNERSHIP
BUSINESS TAX Payment Form 2

For the CALENDAR year **2017** or other taxable period:
MMDDYYYY MMDDYYYY

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Taxpayer Identification #

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to

Name of Partnership/Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Enclose, but do not staple or tape
your payment to this estimate.
Do not file a \$0 estimate.

1/4 BET 1

1/4 BPT 2

Amount of
Payment 3

ded75d93-2523-4cdc-83ef-a8cc3cff3ec7

NH-1065-ES 2017
Version 1.1 9/2016

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ESTIMATED PARTNERSHIP
BUSINESS TAX Payment Form 3

For the CALENDAR year **2017** or other taxable period:

MMDDYYYY

MMDDYYYY

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Name of Partnership/Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Enclose, but do not staple or tape
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Do not file a \$0 estimate.

1/4 BET 1

1/4 BPT 2

Amount of
Payment 3

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NH-1065-ES 2017
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New Hampshire
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2017
NH-1065-ES

ESTIMATED PARTNERSHIP
BUSINESS TAX Payment Form 4

For the CALENDAR year **2017** or other taxable period:

MMDDYYYY

MMDDYYYY

to

If issued a DIN, DO NOT USE FEIN
Taxpayer Identification #

TO MAKE YOUR PAYMENTS ONLINE,
ACCESS OUR WEB SITE AT:
www.revenue.nh.gov/

Name of Partnership/Limited Liability Company

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Enclose, but do not staple or tape
your payment to this estimate.
Do not file a \$0 estimate.

1/4 BET 1

1/4 BPT 2

Amount of
Payment 3

ded75d93-2523-4cdc-83ef-a8cc3cff3ec7

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