



Tax Period End Date MMDDYYYY

Company Name

Registration Number

Number & Street Address

Taxpayer Identification Number

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Total Estimated Tax for the Month 1

Amount of Credit 2

Amount of this Payment 3

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

MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE **MAIL TO:** NH DRA, PO BOX 637 CONCORD, NH 03302-0637

Cut along this line to submit the Estimated Communications Services Tax Payment Form.

IMPORTANT:
**THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE MONTHLY
ESTIMATED TAX PAYMENT REQUIREMENTS HAVE NOT BEEN MET**