



Form DP-100
Report of
Address Change

WHEN TO FILE

File this form to notify the New Hampshire Department of Revenue Administration of an address change.

Note: Not for use for Meals and Rentals or Communications Service Tax. Meals & Rentals Operators use form CD-100. Communications Services Tax use Form DP-144.

INSTRUCTIONS

- 1 Select the tax type for which the address change applies.
- 2 Enter the Taxpayer Identification Number (Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN)).
- 3 Enter the Taxpayer's name and mailing address.
- 4 Enter the Taxpayer's new mailing address
- 5 Signature, in ink, of the taxpayer, or if authorized, a corporate officer, member, or partner; the name and title of that individual; and the date the report was signed.

WHERE TO FILE

Mail to:
NH DRA
PO BOX 637
CONCORD, NH 03302-0637

NEED HELP?

Call Taxpayer Services at (603) 230-5920, Monday through Friday, 8:00am - 4:30pm. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

DO NOT CUT

1 **Tax Type** _____ 2 **Taxpayer Identification #** FEIN DIN SSN

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3 Taxpayer Name and Mailing Address

Last Name First Name MI

Business Name

Number & Street Address

Address (continued)

City / Town State Zip Code

4 New Mailing Address

Number & Street Address

Address (continued)

City / Town State Zip Code

If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to sign this address change on behalf of the taxpayer.

FOR DRA USE ONLY

5 **SIGNATURE (IN INK)** _____ Date _____

PRINT NAME & TITLE _____ Date _____