



COMMUNICATIONS SERVICES TAX APPLICATION FOR REGISTRATION NUMBER

Owner/Company Name, Business Name, Business Physical Location, City/Town, State, Zip Code + 4

Taxpayer Identification Number, Business Phone Number in NH, Corporate Headquarters Phone Number

Entity Type Check one of the following:

- Proprietorship, Corporation/Combined Group, Partnership, Fiduciary, Non-Profit Organization

Date you started selling communications services in NH: MMDDYYYY

Name and address of principal business location in NH:

Do you collect a Communications Services Tax for a reseller? Yes No

If yes, for whom do you collect? NAME & ADDRESS

Check the appropriate box or boxes below:

- A. We sell communications services from a location in NH at retail and collect and remit all applicable taxes.
B. We sell communications services as a retailer with no place of business in NH.
C. We are a reseller of communications services.

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

POA: By checking this box and signing below, you authorize us to discuss this application with the preparer listed on this form.

TAXPAYER'S SIGNATURE & INFORMATION

Signature, Print Signatory Name & Title, Address, City/Town, State, Zip Code + 4

PREPARER'S SIGNATURE & INFORMATION

Signature, Print Signatory Name & Title, Address, City/Town, State, Zip Code + 4