



COMMUNICATIONS SERVICES TAX APPLICATION FOR RESALE

Name of Applicant

CST Registration Number

Number & Street Address

Taxpayer Identification Number

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Provide a detailed explanation of why you believe that your purchase of communications services are exempt from the Communications Services Tax pursuant to RSA 82-A:9. (Attach additional pages, if necessary.)

Provide a listing of businesses to whom you resell communications services.

Do you resell 100% of your purchases? Yes No

Do you use communications services for any of your own administrative purposes? Yes No

If you are reselling less than 100% provide an explanation of how you calculated the resale percentage and what the percentage is.

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

Signature of Authorized Representative

MMDDYYYY

Print Signatory Name & Title