



COMMUNICATIONS SERVICES TAX REGISTRATION CHANGE REQUEST

CHANGE FROM:

Company Name		CST Registration Number
<input type="text"/>		<input type="text"/>
Business Name		Taxpayer Identification Number
<input type="text"/>		<input type="text"/>
Number & Street Address		
<input type="text"/>		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

CHANGE TO:

Company Name		If changing taxpayer identification number, new registration is needed.
<input type="text"/>		
Business Name		
<input type="text"/>		
Number & Street Address		
<input type="text"/>		
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUEST TO FILE QUARTERLY RETURNS

I request permission to file quarterly returns, and certify that: (1) my business is an operational, year-round business; (2) my business has been in operation for a full year prior to this request; (3) my business is in full compliance with all provisions of RSA 82-A, including Rev 1600; and (4) the average Communication Services Tax liability of my business was less than \$100 per month for the calendar quarter immediately preceding this request.

NOTE: You may not change your current filing requirements until your request is granted by the Department of Revenue Administration.

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	MDDYYYY
<input type="text"/>	<input type="text"/>
Print Signatory Name & Title	
<input type="text"/>	