



COMMUNICATIONS SERVICES TAX RETURN

Tax Period Begin Date [MMDDYYYY] Tax Period End Date [MMDDYYYY]

STEP 1 - PRINT OR TYPE

Company Name, Registration Number, Number & Street Address, Taxpayer Identification Number, Address (continued), City / Town, State, Zip Code + 4 (or Canadian Postal Code)

STEP 2 - Type of Return (check if applicable)

Initial Return (1st filing) Amended Return Final Return

STEP 3 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

1. Total amount of gross charges billed during the month
2. Deductions: (a) Gross charges billed to federal government, (b) Gross charges billed to state and local government, (c) Gross charges billed to reseller with certificate, (d) Other (Attach explanation)
3. Gross charges upon which tax is imposed (Line 1 minus Line 2)
4. Amount of tax (Line 3 multiplied by applicable rate)
5. Gross charges from coin operated telephones
6. Tax on cash receipts multiplied by applicable rate
7. NH Communications Services Tax (Sum of Lines 4 and 6)
8. Payments: (a) Payments from estimated taxes, (b) Credits carried over from prior return, (c) Tax payments made to another reseller, (d) Paid with original return (Amended returns only)
Total Payments and Credits (Sum of Lines 8(a) through 8(d))



COMMUNICATIONS SERVICES TAX RETURN - continued

| | | |
|--|-------|--|
| 9. Balance of Tax Due (Line 7 minus Line 8) | 9 | |
| 10. Additions to tax: | | |
| (a) Interest | 10(a) | |
| (b) Failure to Pay | 10(b) | |
| (c) Failure to File | 10(c) | |
| (d) Underpayment of Estimated Tax | 10(d) | |
| Total (Sum of Lines 10(a) through 10(d)) | 10 | |
| 11. Balance Due: (Sum of Lines 9 and 10) Make check payable to: State of New Hampshire | 11 | |
| 12. Overpayment: (Line 8 minus Lines 7 and 10) If applicable, to be applied to next month's return | 12 | |

STEP 4 - Signatures

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the communications services provider, this declaration is based on all information of which the preparer has knowledge.

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

Signature of Authorized Proprietor, Partner, Corporate Officer, or Representative

Print Signatory Name & Title

MMDDYYYY

Phone Number

Signature of Paid Preparer Other Than Taxpayer

Print Preparer's Name

MMDDYYYY

Preparer's Tax ID Number

Preparer's Address, City, State, Zip Code