

A-105**DISASTER RELIEF REQUEST**

STEP A Print or Type NAME ADDRESS & ID NUMBERS	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	BUSINESS NAME		FEDERAL IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (continued)		LICENSE NUMBER
	CITY/TOWN, STATE & ZIP CODE		PHONE NUMBER
	REPRESENTATIVE'S NAME		
	REPRESENTATIVE'S NUMBER & STREET ADDRESS		REPRESENTATIVE'S PHONE NUMBER
REPRESENTATIVE'S CITY/TOWN, STATE & ZIP CODE			
STEP B TAX YEAR OR TAX TYPE	TAXABLE PERIOD BEGINNING _____ AND ENDING _____ Mo Day Year Mo Day Year		
	TAX TYPE (CHECK BOX OR BOXES THAT APPLY)		
<input type="checkbox"/> BUSINESS TAX (BUSINESS PROFITS TAX OR BUSINESS ENTERPRISE TAX) <input type="checkbox"/> MEALS & RENTALS TAX, FOR MONTH(S) _____			
<input type="checkbox"/> INTEREST & DIVIDENDS TAX <input type="checkbox"/> OTHER _____			
STEP C FACTS & ISSUES	REASON FOR REQUEST. SPECIFY THE CAUSE OF EVENT:		
	<input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> FIRE <input type="checkbox"/> STORM <input type="checkbox"/> OTHER		
	DATE OF EVENT: _____ CITY/TOWN OF EVENT LOCATION: _____		
STEP D BANK	BANK NAME	BANK PHONE NUMBER	
	BANK ADDRESS		
STEP E ACTION REQUESTED	<input type="checkbox"/> RECALCULATE A TAX ASSESSMENT/BILL <input type="checkbox"/> REINSTATE DENIED MEALS & RENTALS COMMISSION		
	<input type="checkbox"/> ABATE PENALTIES <input type="checkbox"/> APPROVE RETURN EXTENSION WITHOUT PENALTY		
	<input type="checkbox"/> RECONSIDERATION OF REFUND REQUEST <input type="checkbox"/> APPROVE PAYMENT EXTENSION WITHOUT PENALTY		
	<input type="checkbox"/> OTHER _____		
STEP F REQUIRED DOCU- MENTS	Enclose a copy of the Notice of Assessment or Letter of Denial, if applicable. If a representative is being used, a Power of Attorney (POA), Form DP-2848 must be filed with the Department of Revenue Administration. Attach a copy of documents used to verify disaster.		

Check this box if you have filed a Power of Attorney (POA), Form DP-2848 with the Department of Revenue Administration for the above referenced tax period.

X

SIGNATURE OF TAXPAYER (IN INK)

DATE

SPOUSE/CU PARTNER'S SIGNATURE (IN INK) DATE

SIGNATURE OF REPRESENTATIVE (IN INK) DATE

NH DRA
MAIL 109 PLEASANT STREET
TO: PO BOX 454
CONCORD, NH 03302-0454

**DISASTER RELIEF REQUEST
INSTRUCTIONS**

Complete your request by typing or legibly printing in the spaces provided.

File Form A-105, Disaster Relief Request, with the NH Department of Revenue Administration to request relief as a result of the 2011 Tropical Storm Irene.

Step A: Unless otherwise informed in writing by the requesting party, all orders, notices and communications shall be made to:

- a) the party's listed address and phone number; or
- b) the representative's address and phone number (see Step F).

Step B: Enter the tax period(s) that is the subject of your request. Check the appropriate box(es) to indicate what tax(es) you were unable to timely pay and/or file due to the disaster.

Step C: The taxpayer has the burden to document the disaster that hinders their ability to meet their filing requirements or payment requirements to the Department of Revenue Administration. State with specificity all of the reasons for your request. Attach additional sheets if necessary, such as copies of hospital bills, insurance claims or newspaper articles that confirms your disaster event.

Step D: If the reason you were unable to make a timely payment is due to a disaster affecting your bank, enter the name of your bank, branch address where your account is located, and the telephone number of the bank.

Step E: Describe the action(s) that you are requesting of the Department.

Step F: Enclose a copy of the Notice of Assessment (Tax Bill) or Letter denying your request, if applicable. Form DP-2848, Power of Attorney (POA) must be filed with the Department if a representative is being assigned.

Keep a copy of this document for your file.

FILING INSTRUCTIONS

File your request with:
New Hampshire Department of Revenue Administration
Disaster Relief Request
109 Pleasant Street
PO Box 454
Concord, NH 03302-0454