



COMMUNICATIONS SERVICES TAX APPLICATION FOR REGISTRATION NUMBER

Owner/Company Name

[Text input field]

Taxpayer Identification Number

[Text input field]

FEIN SSN

Business Name

[Text input field]

Business Physical Location (Number & Street Address)

[Text input field]

Business Phone Number in NH:

[Text input field]

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

[Text input field]

[Text input field]

[Text input field]

Corporate Headquarters Phone Number:

[Text input field]

Entity Type Check one of the following:

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

Date you started selling communications services in NH: MDDYYYY

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. (Communications Services Tax Application for Resale, Form DP-143, must be completed with this application.)

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. If prepared by a person other than the taxpayer, 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 application with the preparer listed on this form.

TAXPAYER'S SIGNATURE & INFORMATION

Signature

MDDYYYY

Print Signatory Name & Title

Address

City / Town State Zip Code + 4 (or Canadian Postal Code)

PREPARER'S SIGNATURE & INFORMATION

Signature

MDDYYYY

Print Signatory Name & Title

Address

City / Town State Zip Code + 4 (or Canadian Postal Code)