FORM
DP-135
301

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

COMMUNICATIONS SERVICES TAX RETURN

FOR DRA USE ONLY

Tax Period End Date ☐ Quarterly Filer

STEP 1 Please Print or Type (Use form DP-144 to Change Address)

Reseller/Company ☐ Registration #

Address ☐ FEIN

City ☐ State ☐ Zip Code+4 ☐ SSN

STEP 2 Special Return

Check if applicable: ☐ Initial Return 1st Filing ☐ Amended Return ☐ Final Return Business Sold ☐ Business Discontinued ☐

STEP 3 Figure Your Tax

1. Total Amount of Gross Charges Billed During the Month ..... 1 ☐
2. Deductions:
   - (a) Gross Charges Billed to Federal Government ..... 2(a) ☐
   - (b) Gross Charges Billed to State and Local Government ..... 2(b) ☐
   - (c) Gross Charges Billed to Reseller with certificate ..... 2(c) ☐
   - (d) Other (Identify) ..... 2(d) ☐

   Total Deductions [sum of lines 2(a) through 2(d)] ..... 2 ☐
3. Gross Charges Upon Which Tax is Imposed (line 1 minus line 2) ..... 3 ☐
4. Amount of Tax [Line 3 x applicable rate (see instructions)] ..... 4 ☐
5. Tax on Cash Receipts From Coin Operated Telephones:

CASH RECEIPTS		TAX RATE			
(a) Tax Excluded	X	7%	=	5(a)	☐
(b) Tax Included	X	6.54%	=	5(b)	☐

   Total Tax On Cash Receipts From Coin Operated Telephones [Sum of lines 5(a) & 5(b)] ..... 5 ☐
6. NH Communications Services Tax (Sum of lines 4 & 5) ..... 6 ☐

STEP 4 Figure Your Tax, Credits, Interest and Penalties

7. Payments and Credits:
   - (a) Tax paid with application for extension ..... 7(a) ☐
   - (b) Payments from estimated taxes ..... 7(b) ☐
   - (c) Credits carried over from prior return ..... 7(c) ☐
   - (d) Tax payments made to another reseller ..... 7(d) ☐ (Line 7(d) amount cannot exceed the amount on Line 6)
   - (e) Paid with original return (amended returns only) ..... 7(e) ☐

   Total Payments and Credits [sum of lines 7(a) through 7(e)] ..... 7 ☐
8. **Balance of Tax Due** (Line 6 minus line 7) ..... 8 ☐
9. Additions to Tax:
   - (a) Interest (See instructions) ..... 9(a) ☐
   - (b) Failure to Pay (See instructions) ..... 9(b) ☐
   - (c) Failure to File (See instructions) ..... 9(c) ☐
   - (d) Underpayment of Estimated Tax (See instructions) ..... 9(d) ☐

   Total [sum of lines 9(a) through 9(d)] ..... 9 ☐

STEP 5 Balance Due or Overpayment

10. **BALANCE DUE:** (Sum of lines 8 and 9) Make check payable to: State of New Hampshire ..... 10 ☐
11. **OVERPAYMENT:** (line 7 minus lines 6 and 9, if applicable, to be applied to next months return) ..... 11 ☐

STEP 6 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 taxpayer, this declaration is based on all information of which the preparer has knowledge.)

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

SIGNATURE (IN INK) OF RESELLER (Proprietor, Partner or Corporate Officer)

PRINT SIGNATORY NAME & TITLE DATE

SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN RESELLER

PREPARER'S FEIN OR PTIN ☐

PREPARER'S ADDRESS ☐

CITY/TOWN ☐ STATE ☐ ZIP CODE+4 ☐

MAIL TO: NH DRA
DOCUMENT PROCESSING DIVISION
PO BOX 2035
CONCORD NH 03302-2035