

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**COMMUNICATIONS SERVICES TAX**  
APPLICATION FOR RESALE

NAME OF COMPANY/RESELLER	RESALE CERTIFICATE NUMBER (DRA use only)
NUMBER & STREET ADDRESS	COMMUNICATIONS TAX REGISTRATION NUMBER
ADDRESS (CONTINUED)	FEDERAL EMPLOYER IDENTIFICATION NUMBER
CITY/TOWN, STATE & ZIP CODE+4	SOCIAL SECURITY NUMBER

Provide a detailed explanation why you believe that your purchases of communications services are exempt from the communications services tax pursuant to RSA 82-A:9. (Attach additional pages, if necessary.) If applicable, this is required information.


Provide a statement which indicates the percentage of purchases that are resold **AND** whether you purchased communications services are used for any of your own administrative purposes. (Attach additional pages, if necessary.) If applicable, this is required information.


Provide an explanation of how you calculated the resale percentage. If applicable, this is required information.


\_\_\_\_\_  
SIGNATURE (IN INK) OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

MAIL NH DRA  
AUDIT DIVISION  
TO: PO BOX 457  
CONCORD NH 03302-0457