

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**COMMUNICATIONS SERVICES TAX
 REGISTRATION CHANGE REQUEST**

After completing the applicable section below, detach this form from the booklet and remit to address at the bottom of page.

CHANGE FROM: COMPANY/RESLLER

COMPANY/RESELLER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE+4	

CHANGE TO:

COMPANY/RESELLER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE+4	

CHANGE FROM: AGENT MAILING ADDRESS

AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE+4	

CHANGE TO:

AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE+4	

COMPANY/RESELLER NAME CHANGE OR ENTITY CHANGE

CHANGE FROM: _____ TO: _____

COMMUNICATIONS SERVICES TAX REGISTRATION NUMBER: _____

FOR DRA USE ONLY

I understand a return must be filed for each month, even though there may be no tax due.

SIGNATURE (IN INK) OF RESELLER (PROPRIETOR, PARTNER OR CORPORATE OFFICER)

DATE

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