

## Certification Request – HELP PAGE

FORM <b>AU-22</b>	NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION <b>CERTIFICATION REQUEST FORM</b>		FOR DRA USE ONLY Fee Paid? Yes <input type="checkbox"/> No <input type="checkbox"/>
Steps 1 through 5 must be completed. If not, your request shall be considered incomplete and rejected.			
<b>STEP 1 PRINT OR TYPE</b>	BUSINESS NAME	TAXPAYER IDENTIFICATION NUMBER	
	NUMBER & STREET ADDRESS	DEPARTMENT IDENTIFICATION NUMBER	
	ADDRESS (CONTINUED)	NH SECRETARY OF STATE IDENTIFICATION NUMBER	
	CITY/TOWN, STATE, ZIP CODE	MEALS & RENTALS TAX LICENSE NUMBER	
	COMPANY CONTACT NAME & TELEPHONE NUMBER	COMMUNICATIONS SERVICE TAX REGISTRATION NUMBER	
	IS CERTIFICATION LETTER TO BE SENT TO NAME & ADDRESS ABOVE? Yes <input type="checkbox"/> No <input type="checkbox"/> IF NO, ATTACH A POWER OF ATTORNEY (FORM DP-2848) AUTHORIZING US TO SEND TO ADDRESS OTHER THAN BUSINESS ADDRESS ABOVE.	ENTITY TYPE CORPORATION <input type="checkbox"/>	LLC FILING AS: PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>
<b>STEP 2 REQUEST TYPE</b>	STATEMENT OF GOOD STANDING <input type="checkbox"/>	CERTIFICATE OF DISSOLUTION <input type="checkbox"/>	STATEMENT FOR WITHDRAWAL <input type="checkbox"/>
<b>STEP 3 INFORMATION</b>	LINE 1 Date registered with Secretary of State's office to conduct business in New Hampshire: _____ LINE 2(a) Date of last business activity in New Hampshire _____ (b) If this is a request for a Withdrawal or Dissolution, has a final return encompassing the last day of business been filed? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, attach final return to request, or indicate date final return will be filed: _____ LINE 3 Reason for request: _____ _____ LINE 4 Which taxes have you filed with NH in the past? (Check all that apply and enter 4-digit year) <input type="checkbox"/> Interest and Dividends Tax _____ <input type="checkbox"/> Real Estate Transfer Tax _____ <input type="checkbox"/> Communications Services Tax _____ YYYY  YYYY  YYYY <input type="checkbox"/> Business Taxes _____ <input type="checkbox"/> Meals and Rentals Tax _____ <input type="checkbox"/> Other _____ YYYY  YYYY  YYYY LINE 5 If filing as part of Combined Group indicate Name and Taxpayer Identification Number (TIN) of Company under which this entity files its NH returns: _____ LINE 6 If requesting taxpayer is considered a disregarded entity for federal purposes (SMLLC), indicate Name and TIN of Company under which this entity reports its business activity federally: _____		
<b>STEP 4 ATTACHMENTS</b>	(a) Have you included a non-refundable fee of \$30.00 made payable to the State of New Hampshire? Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Is the requesting company dissolving or liquidating? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see instructions for this line. (c) For Good Standing requests, see Instructions for this line.		

**Indicator Type:** A choice must be made as to whether you will be entering your Social Security Number (SSN), the business Federal Employer Identification Number (FEIN), or the Department Identification Number (DIN).

**Identification Number:** The Identification Number will always be a 9-digit number that will represent the Social Security Number (SSN) of an individual or the Federal Employer Identification Number (FEIN) for a business, or a 9-character alpha/numeric Department Identification Number (DIN). This is a required field and the entry should contain only numbers and/or characters with no hyphens. For example: 123456789 or NL1234567

**Taxpayer First Name:** If Social Security Number was selected as the Indicator Type, you must enter your first name with a maximum of 15 characters.

**Taxpayer Middle Initial:** If Social Security Number was selected as the Indicator Type and you have a middle name, please enter the initial.

**Taxpayer Last Name:** If Social Security Number was selected as the Indicator Type, you must enter your last name with a maximum of 30 characters.

**Business Name:** If Federal Employer Identification Number (FEIN) or Department Identification Number (DIN) was selected as the Indicator Type, you must enter the name of your business with a maximum of 46 characters.

**Amount:** A non-refundable fee of \$30.00 is the amount due when requesting a Certificate of Good Standing, Withdrawal or Dissolution. Do not enter the \$ symbol or an error will be displayed. Enter only the dollar amount, otherwise you will not be able to proceed with making a payment.