

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

Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete. 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

 PRINT SIGNATORY NAME & TITLE

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

