

A-105

DISASTER RELIEF REQUEST

STEP A Print or Type NAME ADDRESS & ID NUMBERS	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	BUSINESS NAME		FEDERAL IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (continued)		LICENSE NUMBER
	CITY/TOWN, STATE & ZIP CODE		PHONE NUMBER
STEP B TAX YEAR AND TAX TYPE	TAXABLE PERIOD BEGINNING _____ AND ENDING _____ Mo Day Year Mo Day Year TAX TYPE (CHECK BOX OR BOXES THAT APPLY) <input type="checkbox"/> BUSINESS TAX (BUSINESS PROFITS TAX OR BUSINESS ENTERPRISE TAX) <input type="checkbox"/> INTEREST & DIVIDENDS TAX <input type="checkbox"/> OTHER _____		
STEP C FACTS & ISSUES	REASON FOR REQUEST. SPECIFY THE CAUSE OF EVENT: <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> FIRE <input type="checkbox"/> STORM <input type="checkbox"/> OTHER _____ DATE OF EVENT: _____ CITY/TOWN OF EVENT LOCATION: _____ STATE WITH SPECIFICITY ALL OF THE REASONS FOR YOUR REQUEST. ATTACH ADDITIONAL SHEETS IF NECESSARY, SUCH AS COPIES OF HOSPITAL BILLS, INSURANCE CLAIMS, OR NEWSPAPER ARTICLES THAT CONFIRMS YOUR DISASTER EVENT. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
STEP D ACTION REQUESTED	<input type="checkbox"/> RECALCULATE A TAX ASSESSMENT/BILL <input type="checkbox"/> ABATE PENALTIES <input type="checkbox"/> ABATE INTEREST <input type="checkbox"/> OTHER _____		
STEP E REQUIRED DOCUMENTS	Enclose a copy of the Notice of Assessment or other Department notice that this relates to. Attach a copy of documents used to verify disaster.		

Check this box if you have filed a Power of Attorney (POA), Form DP-2848 with the Department of Revenue Administration for the above referenced tax period.

X

SIGNATURE OF TAXPAYER (IN INK) DATE

SPOUSE'S SIGNATURE (IN INK) DATE

MAIL **NH DRA**
TO: **109 PLEASANT STREET**
PO BOX 3306
CONCORD, NH 03302-3306

**DISASTER RELIEF REQUEST
INSTRUCTIONS**

Complete your request by typing or legibly printing in the spaces provided.

File Form A-105, Disaster Relief Request, with the NH Department of Revenue Administration to request relief as a result of the 2017 Hurricane Harvey or Hurricane Irma.

Step A: Unless otherwise informed in writing by the requesting party, all orders, notices and communications shall be made to the party's listed address and telephone number.

Step B: Enter the tax period(s) that is the subject of your request. Check the appropriate box(es) to indicate what tax(es) you were unable to timely pay and/or file due to the disaster.

Step C: The taxpayer has the burden to document the disaster that hinders their ability to meet their filing requirements or payment requirements to the Department of Revenue Administration. State with specificity all the reasons for your request. Attach additional sheets if necessary, such as copies of hospital bills, insurance claims, or newspaper articles that confirms your disaster event.

Step D: Describe the action(s) that you are requesting of the Department.

Step E: Enclose a copy of the Notice of Assessment (Tax Bill) or letter denying your request, if applicable. Form DP-2848 Power of Attorney (POA) must be filed with the Department if a representative is being assigned.

Keep a copy of this document for your records.

FILING INSTRUCTIONS

File your request with:
New Hampshire Department of Revenue Administration
Disaster Relief Request
109 Pleasant Street
PO Box 3306
Concord, NH 03302-3306