

DO NOT STAPLE



New Hampshire
Department of
Revenue Administration

DP-139



COMMUNICATIONS SERVICES TAX APPLICATION FOR REGISTRATION NUMBER

Name of Company

Taxpayer Identification Number

Business Name

Business Physical Location (Number & Street Address)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Designated Filing Agent

Agent's Federal Employer Identification Number

Agent Number & Street Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Business Phone Number in NH:

Corporate Headquarters Phone Number:

Designated Agent's Phone Number:

Entity Type Check one of the following:

- Proprietorship
- Corporation/Combined Group
- Partnership
- Fiduciary
- Non-Profit Organization

MMDDYYYY

Date started doing business in NH:

Name and address of principal business location in NH:

If a corporation, specify date of incorporation and state:

Date:

MMDDYYYY

State:

Do you collect a Communications Services Tax for a reseller?

Yes

No

If yes, for whom do you collect?

NAME & ADDRESS

Check the appropriate box or boxes below:

- A. We sell communications services from a location in NH at retail and collect and remit all applicable taxes.
- B. We sell communications services as a retailer with no place of business in NH.
- C. We are a reseller of communications services.

Communications Tax Registration Number (FOR DRA USE ONLY)



COMMUNICATIONS SERVICES TAX APPLICATION FOR REGISTRATION NUMBER - continued

Under penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

IF AGENT IS DESIGNATED TO FILE AND SIGN RETURNS ON BEHALF OF OFFICER OR OWNER, YOU MUST ATTACH POWER OF ATTORNEY, FORM DP-2848.

POA: By checking this box and signing below, you authorize us to discuss this application with the preparer listed on this form.

TAXPAYER'S SIGNATURE & INFORMATION

Signature

MMDDYYYY

Print Signatory Name & Title

Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

PREPARER'S SIGNATURE & INFORMATION

Signature of Paid Preparer

MMDDYYYY

Preparer Identification Number

Printed Name of Preparer

Preparer's Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)