

DO NOT STAPLE



New Hampshire Department of Revenue Administration

DP-139



COMMUNICATIONS SERVICES TAX APPLICATION FOR REGISTRATION NUMBER

Name of Company

[Text box for Name of Company]

Taxpayer Identification Number

[Text box for Taxpayer Identification Number]

Business Name

[Text box for Business Name]

Number & Street Address

[Text box for Number & Street Address]

City / Town

[Text box for City / Town]

State

[Text box for State]

Zip Code + 4 (or Canadian Postal Code)

[Text box for Zip Code + 4]

Designated Filing Agent

[Text box for Designated Filing Agent]

Agent's Federal Employer Identification Number

[Text box for Agent's Federal Employer Identification Number]

Number & Street Address

[Text box for Number & Street Address]

City / Town

[Text box for City / Town]

State

[Text box for State]

Zip Code + 4 (or Canadian Postal Code)

[Text box for Zip Code + 4]

Business Phone Number in NH:

[Text box for Business Phone Number in NH]

Corporate Headquarters Phone Number:

[Text box for Corporate Headquarters Phone Number]

Designated Agent's Phone Number:

[Text box for 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:

[Text box for Date started doing business in NH]

Name and address of principal business location in NH:

[Text box for Name and address of principal business location in NH]

MMDDYYYY

If a corporation, specify date of incorporation and state:

Date:

[Text box for Date of incorporation]

State:

[Text box for State of incorporation]

Do you collect a Communications Services Tax for a reseller?

- Yes, No

If yes, for whom do you collect?

[Text box for 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)

[Text box for Communications Tax Registration Number]



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)