

2019 ED-06

FOR DRA USE ONLY

| | RINT OR TYPE TEP 1 | COMP | PLAINT FORI | VI | |
|-----|---|-----------------|-------------------|-------------------|--|
| _ | OMPLAINANT INFORMATION | | 4. | HOME PHONE NU | MBER: |
| | NAME: | | | | |
| | ADDRESS: | | 5. | WORK PHONE NU | JMBER: |
| | ADDRESS (CONTINUED): | | 6. | EMAIL ADDRESS: | |
| | CITY/STATE/ZIP: | | | | |
| S | TEP 2 | | | | |
| | ARTY AGAINST WHOM COMPLAINT IS ALLEGED | | 10. | TELEPHONE NU | MBER: |
| | NAME: | | | | |
| | ADDRESS: | | | | |
| | ADDRESS (CONTINUED): | | | | |
| | CITY/STATE/ZIP: | | | | |
| | STATEMENT OF FACTS: Please explain the basis for support the complaint. | or your complai | nt. (Use addition | al sheets if nece | essary) Attach any and all documentation to |
| 3. | NAMES AND PHONE NUMBERS OF WITNESSES: | | | | |
| | | | | | |
| ı | STEP 4 Under penalties of perjury, I declare that I have correct and complete. | examined th | is document ar | nd to the best o | of my belief the information herein is true, |
| C(| DMPLAINANT'S SIGNATURE (IN INK) | | DATE | <u> </u> | |
| PE | INT SIGNATORY NAME & TITLE | | | | |
| r.r | AND STORY OVER A TITLE | MAIL TO: | NH DRA | | |
| | | WALL TO. | EDUCATION 1 | TAX CREDIT | |

ED-06 Version 1.2 7/2018 PO BOX 457 CONCORD NH 03302-0457

2019 ED-06

COMPLAINT FORM INSTRUCTIONS

WHO MUST FILE?

Anyone who alleges a violation of RSA 77-G and Rev 3200 should file an Education Tax Credit Complaint Form (Form ED-06).

WHEN TO FILE?

Form ED-06 should be sent as soon as a violation of RSA 77-G has occurred or is known to have occurred.

WHERE TO FILE?

Form ED-06 may be mailed to:

NH DRA

Education Tax Credit PO Box 457 Concord, NH 03302-0457

Or may be hand-delivered to the Department of Revenue Administration during business hours (Monday through Friday, 8:00 a.m. to 4:30 p.m.) at:

Governor Hugh J. Gallen Office Park South 109 Pleasant Street Medical and Surgical Building Concord, NH 03301

NEED HELP?

Call the Department at (603) 230-5920, Monday through Friday, 8:00am to 4:30pm. For more information visit us on the web at: www.revenue.nh.gov. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

LINE-BY-LINE INSTRUCTIONS

STEP 1

LINE 1

Enter the complainant's name.

LINE 2

Enter the complainant's street address.

LINE 3

Enter the complainant's city, state and zip code.

INF

Enter the complainant's home telephone number.

LINE 5

Enter the complainant's work telephone number.

LINE 6

Enter the complainant's email address.

LINE-BY-LINE INSTRUCTIONS CONTINUED

STEP 2

LINE 7

Enter the name of the party against whom the complaint is alleged.

LINE 8

Enter the street address of the party against whom the complaint is alleged.

LINE 9

Enter the city, state, and zip code of the party against whom the complaint is alleged.

LINE 10

Enter the telephone number of the party against whom the complaint is alleged.

STEP 3

LINE 11

Provide a summary statement about the alleged violation including citation of applicable section of RSA 77-G and/or Rev 3200.

LINE 12

Provide all the details about the alleged violation and why you believe the action or inaction violated RSA 77-G and/or Rev 3200.

LINE 13

If you know of anyone who also witnessed the alleged violation, provide their names and phone numbers.

STEP 4

The complaint must be dated and signed in ink by the complainant per RSA 77-G:6. In addition, print the name and title of the complainant signing the application.