

State of New Hampshire

Division of Emergency Services and Communications

Prepaid CMRS Surcharge Report

For The Calendar Month of _____, 20____



Seller's Name

EIN#

Legal Address

City

State

Zip

Mailing Address

City

State

Zip

Description	Original	Amended	Adjustment
1. Total number of retail transactions			
2. Less transactions involving devices with <\$5 or <10 mins. of service			
3. Gross surcharges owed @ \$0.75 per net retail transaction	\$	\$	\$
4. Less 3% collected surcharge retained per RSA 106-H:9, I-a(h)	\$	\$	\$
5. Total surcharge currently owed	\$	\$	\$
6. Total surcharge remitted	\$	\$	\$

The Division of Emergency Service and Communications has the right to audit the seller's books and records upon request in accordance with Saf-C 7007.12(b). A late payment penalty can be issued as described in RSA 106-H:9-a.

Under penalties provided by RSA 641:3 for unsworn falsification, I declare that I have examined this report and to the best of my knowledge and belief it is true, correct, and complete.

Date Authorized Person Preparing Form (Print Name) Signature of Authorized Person Title

(_____) _____
Preparer's Telephone Number

Preparer's E-Mail Address

(_____) _____
Preparer's Fax Number

Mail To:
State of New Hampshire
Division of Emergency Services and Communications
33 Hazen Drive
Concord, New Hampshire 03305
Telephone #: 603-271-6911
Fax #: 603-271-6609

Make checks payable to: **New Hampshire Division of Emergency Services Communications**