

# State of New Hampshire Division of Emergency Service and Communications

## Responsible Party (RP) Surcharge Report

(Effective 05/01/2025)



For the Calendar Month of \_\_\_\_\_ or Fiscal Month from \_\_\_\_\_ to \_\_\_\_\_

Number of New Hampshire access lines (Gross Units) at the end of this month: \_\_\_\_\_

\_\_\_\_\_  
Company Name/Responsible Party

\_\_\_\_\_  
Communications Service Tax (CST#) EIN#

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

DESCRIPTION	WIRED	WIRELESS	VoIP
1. Total Number of Access Lines			
2. Gross surcharges billed for the month @ \$1.00 per access line			
3. Statutory exemption for >25 lines per customer billing accounts			
4. Credit from prior period (identify month and year)			
<b>5. PAY THIS AMOUNT</b>			

The Department of Revenue Administration has the right to audit the taxpayer's books and records upon request in accordance with RSA 82-A:11a as required by RSA 106:H:9. A late payment penalty can be issued as described in RSA 106:H:9-a.

Under penalties as provided by law, I declare that I have examined this report and to the best of my knowledge believe it is true, correct, and complete. If prepared by other than the responsible party, this declaration is based on all information of which he/she has knowledge.

\_\_\_\_\_  
Date                      Officer or Owner (Print Name)                      Signature of Officer or Owner                      Title

\_\_\_\_\_  
Date                      Signature of Individual or Firm Preparing this Return

(\_\_\_\_\_) \_\_\_\_\_  
Preparer's Telephone Number                      E-Mail Address

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 and Communications**