

State of New Hampshire Division of Emergency Service and Communications

Responsible Party (RP) Surcharge Report

(Effective 10/01/15)



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 @ \$0.75 per access line			
3. Statutory exemption for >25 lines per customer billing accounts			
4. Credit from prior period (identify month and year)			
5. PAY THIS AMOUNT			

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**