State of New Hampshire
Bureau of Emergency Communications
Responsible Party (RP) Surcharge Report

(Effective 4/1/10)

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

Description	Original	Amended	Adjustment
1. Gross surcharges billed for the month @ $0.57 per access line			
2 Deductions, credits, and exemptions:			
a. Statutory exemption for > 25 lines per customer billing account			
b. Write offs net of recoveries			
c. Customers refusing to pay the surcharge			
d. Credit from prior period (identify month and year)			
e. Suspended Lines			
f. Other (identify)			
Total deductions (lines (a) through (f)			
3. Reporting assessments made by the Department of Revenue Administration under Audit			
4. **PAY THIS AMOUNT**			

The Department of Revenue Administration has the right to audit the taxpayer's books and record upon request in accordance with RSA 82-A:11a as required by RSA 106-H:9,III,b3.

Under penalties as provided by law, I declare that I have examined this report and to the best of my knowledge and belief 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

Make checks payable to: **New Hampshire Bureau of Emergency Communications**

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