

State of New Hampshire

Bureau of Emergency Communications

Responsible Party (RP) Surcharge Report



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 @ \$0.64 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 _____

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
 110 Smokey Bear Blvd
 Concord, New Hampshire 03305
 Telephone #: 603-271-6911
 Fax #: 603-271-6609