

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
REPORT OF ADDRESS CHANGE

FOR DRA USE ONLY

CHECK ONE TYPE FROM EACH COLUMN (A & B)

A: ENTITY TYPE

- Corporation
- Proprietorship
- Partnership
- Individuals (for Interest & Dividends filers only)
- Combined Filer
- Fiduciary
- Non-Profit

B: TAX TYPE

- Business Profits & Business Enterprise Tax
- Interest & Dividends
- Other Tax Type: _____

Not for use for Meals & Rentals Tax or Communications Services Tax.
Meals & Rentals Operators use Form CD-100.
Communications Services Tax use Form DP-144.

PRIOR MAILING ADDRESS

BUSINESS NAME
PROPRIETOR'S NAME or INDIVIDUAL NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE+4

NEW MAILING ADDRESS

BUSINESS NAME	
PROPRIETOR'S NAME or INDIVIDUAL NAME	PHONE NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE+4	

If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to sign this address change on behalf of the taxpayer.

FOR DRA USE ONLY

X _____
SIGNATURE (IN INK) DATE

X _____
PRINT NAME & TITLE DATE

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637