

New Hampshire Department of Revenue Administration

Form DP-100 Report of Address Change

WHEN TO FILE

File this form to notify the New Hampshire Department of Revenue Administration of an address change.

Note: Not for use for Meals and Rentals or Communications Service Tax. Meals & Rentals Operators use form CD-100. Communications Services Tax use Form DP-144.

INSTRUCTIONS

- 1 Select the tax type for which the address change applies.
- 2 Enter the Taxpayer Identification Number (Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN)).
- 3 Enter the Taxpayer's name and mailing address.
- 4 Enter the Taxpayer's new mailing address
- 5 Signature, in ink, of the taxpayer, or if authorized, a corporate officer, member, or partner; the name and title of that individual; and the date the report was signed.

WHERE TO FILE

Mail to: NH DRA PO BOX 637 CONCORD, NH 03302-0637

Гах Туре	2 Taxpayer Identifica	ot cut tion #○ FEIN	O DIN O SSN		
Taxpayer Name and Mailing Add					
Last Name		First Name			MI
Business Name					
Number & Street Address					
Address (continued)					
City / Town		State	Zip Code		
New Mailing Address					
Number & Street Address					
Address (continued)					
O: 17			71.6		
City / Town		State	Zip Code		
	rate officer or fiduciary on be	half of the tax	payer, I certify that I h	nave the authority	y to sign
or DRA USE ONLY This address change	on behalf of the taxpayer.				
5 SIGNATURE (IN INK)				Date	
PRINT NAME & TITLE				Date	
DP-100 Version 1 6/2017					Pa