

**A-105**

**DISASTER RELIEF REQUEST**

<b>STEP A Print or Type NAME ADDRESS &amp; ID NUMBERS</b>	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	BUSINESS NAME		FEDERAL IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (continued)		LICENSE NUMBER
	CITY/TOWN, STATE & ZIP CODE		PHONE NUMBER
<b>STEP B TAX YEAR AND TAX TYPE</b>	TAXABLE PERIOD BEGINNING _____ AND ENDING _____ Mo Day Year Mo Day Year  TAX TYPE (CHECK BOX OR BOXES THAT APPLY)  <input type="checkbox"/> BUSINESS TAX (BUSINESS PROFITS TAX OR BUSINESS ENTERPRISE TAX) <input type="checkbox"/> INTEREST & DIVIDENDS TAX  <input type="checkbox"/> OTHER _____		
<b>STEP C FACTS &amp; ISSUES</b>	REASON FOR REQUEST. SPECIFY THE CAUSE OF EVENT: <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> FIRE <input type="checkbox"/> STORM <input type="checkbox"/> OTHER _____  DATE OF EVENT: _____ CITY/TOWN OF EVENT LOCATION: _____  STATE WITH SPECIFICITY ALL OF THE REASONS FOR YOUR REQUEST. ATTACH ADDITIONAL SHEETS IF NECESSARY.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
<b>STEP D ACTION REQUESTED</b>	<input type="checkbox"/> RECALCULATE A TAX ASSESSMENT/BILL <input type="checkbox"/> ABATE PENALTIES  <input type="checkbox"/> ABATE INTEREST <input type="checkbox"/> OTHER _____		
<b>STEP E REQUIRED DOCUMENTS</b>	<b>Enclose a copy of the Notice of Assessment or other Department notice that this relates to. In addition, submit supporting documentation such as copies of hospital bills, insurance claims, or newspaper articles that confirm your disaster event.</b>		

Check this box if you have filed a Power of Attorney (POA), Form DP-2848 with the Department of Revenue Administration for the above referenced tax period.

**X**

\_\_\_\_\_  
SIGNATURE OF TAXPAYER (IN INK) DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE (IN INK) DATE

MAIL **NH DRA**  
TO: **109 PLEASANT STREET**  
**PO BOX 637**  
**CONCORD, NH 03302-0637**