

**ASSESSMENT REPORT
FOR USE BY PROVIDERS OF VOIP and IP-ENABLED SERVICES
CONFIDENTIAL FILING**

Pursuant to NH RSA 363-A:2, Assessment

The report form is provided as a convenience in filing; you must provide the information, but you are not required to use this form. Your assessment for the upcoming fiscal year is computed based on gross revenue received from New Hampshire retail customers for VOIP and IP-enabled services. **Telephone utilities should use Form T-2.**

For Calendar Year ending December 31, _____

1. General Information

Legal Name _____
Federal Identification Number
(FEIN) _____
Registered Telecommunications
Carrier ID Number (if applicable) _____
Trade Name(s) (d/b/a)
in New Hampshire _____
Mailing Address for Assessment _____

Contact Person Name _____
Contact Person Phone Number _____
E-mail Address _____
Website _____

2. Revenue

Gross revenue derived from sales to New Hampshire retail customers for VOIP and IP-enabled services for the calendar year reported.
(Provide the full amount; the NHDOE will calculate the 33% share on which the assessment is based.)

\$ _____

Send a single copy of this completed form by postal mail to the address at the top of this page.