



## ASSESSMENT REPORT Applicable to All Telephone Utilities

Pursuant to RSA 363-A:2 Assessment. This report is due by March 31 following the reported calendar year.

Your assessment will be computed for the upcoming fiscal year based on gross utility revenue derived from New Hampshire operations of all utilities under the jurisdiction of the New Hampshire Public Utilities Commission, and the provision of the above statute.

For Calendar Year ending December 31, \_\_\_\_\_

### 1. General Information

Legal Name \_\_\_\_\_

Federal Identification Number (FEIN) - \_\_\_\_\_

Telephone Utility Identification Number if one has been assigned \_\_\_\_\_

Trade Name(s) (d/b/a) in New Hampshire \_\_\_\_\_

Complete Mailing Address for Assessment \_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

### 2. Revenue

Gross utility revenue derived from New Hampshire operations for the calendar year reported. (For ILECs not operating as ELECs, the amount reported on ILEC-1 Annual Report, F-11, Line 1). \$ \_\_\_\_\_

### 3. Phone Numbers

Number of New Hampshire telephone numbers in use by your customers \_\_\_\_\_



#### 4. Signature

I, \_\_\_\_\_, (name) declare under penalty of perjury that I am authorized to make this verification for and on behalf of the applicant; that I have read the information provided by the applicant in the foregoing document and any and all attachments, and am informed and believe the same are true, and on that ground, affirm that the matters stated herein are true.

\_\_\_\_\_ Signed \_\_\_\_\_ Title

Subscribed and sworn before me this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) in the year \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission expires \_\_\_\_\_

If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431.  
Please mail any documents to the above address.