



**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

**NEED HELP?**

Call Taxpayer Services at (603) 230-5920, Monday through Friday, 8:00am - 4:30pm. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

DO NOT CUT

1 **Tax Type** \_\_\_\_\_ 2 **Taxpayer Identification #**  FEIN  DIN  SSN 

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**3 Taxpayer Name and Mailing Address**

Last Name  First Name  MI

Business Name

Number & Street Address

Address (continued)

City / Town  State  Zip Code

**4 New Mailing Address**

Number & Street Address

Address (continued)

City / Town  State  Zip Code

**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

5 **SIGNATURE (IN INK)** \_\_\_\_\_ Date \_\_\_\_\_

**PRINT NAME & TITLE** \_\_\_\_\_ Date \_\_\_\_\_