

NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION 21 S. FRUIT ST., STE 10 CONCORD, NH 03301-2429 603-271-2431

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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	
Complete Mailing	
Contact Person Name	
and Phone Number	
2. Revenue	
Gross revenue derived from sales to Hampshire retail customers for VOII enabled services for the calendar yea (Provide the full amount; the PUC withe 33% share on which the assessm	P and IP- ir reported. Pill calculate

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