NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
45 CHENELL DRIVE
PO BOX 637
CONCORD NH 03302-0637

NEW HAMPSHIRE

1998

Business Tax Returns For Partnerships

This booklet contains:

FORM BT-EXT

FORM BT-SUMMARY

FORM BET

FORM NH-1065

FORM DP-132

FORM NH-1065-ES

This booklet contains the forms and instructions necessary for filing both the Business Enterprise Tax (BET) return and the Business Profits Tax (BPT) return.

NEW FOR 1998

New Interest Rate:
Effective January 1, 1999 through December 31, 1999 the interest due on taxes administered by the NH Department of Revenue Administration is 10%. This interest rate applies to the number of days the payment remains unpaid during 1999. The interest rate for the period January 1, 1998 through December 31, 1998 is 11%, and for any per period prior to January 1, 1998, the interest rate is 15%.

Single Member Limited Liability Companies:
A Single Member Limited Liability Company (SMLLC) must apply for a NH identification number at least 30 days prior to filing any tax document. Call the Forms Line at (603) 271-2192 to obtain Form DP-200 SMLLC Request for Department Identification Number.

An automatic 7-month extension of time to file the Business Enterprise Tax and/or Business Profits Tax return(s) will be granted provided 100% of the taxes determined to be due has been paid by the original due date. If an additional payment is necessary in order to have paid 100% of the taxes determined to be due, then Form BT-EXT, Extension Application for Business Taxes, must be filed with the payment.

If you have any questions regarding either the Business Enterprise Tax or the Business Profits Tax, then please call our Taxpayer Assistance Office at (603) 271-2186. If you need additional forms please call (603) 271-2192. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Copies of forms, laws and administrative rules may be obtained from our website at: http://www.state.nh.us/revenue/revenue.htm or from:

New Hampshire State Library
Government Information Bureau
20 Park Street
Concord, NH 03301 (603)271-2239

Services provided by the Department of Revenue Administration are compliant with the requirements of Title II of the Americans with Disabilities Act of 1990.

FORM
BT-EXT

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

Application for 7 Month Extension of Time to File

OFFICE USE ONLY

IMPORTANT: YOU MAY BE ELIGIBLE FOR AN AUTOMATIC 7-MONTH EXTENSION OF TIME TO FILE YOUR NEW HAMPSHIRE BUSINESS ENTERPRISE TAX AND BUSINESS PROFITS TAX RETURNS WITHOUT FILING AN APPLICATION.

If you pay, by the original due date of the return, 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, then you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. **Please note that an extension of time to file your returns is not an extension of time to pay the tax.**

WHEN TO USE THIS FORM: If you need to make an additional payment in order to have paid 100% of the tax determined to be due, then you must submit this form with payment by the original due date in order to be granted an extension of time to file your returns.

WHEN TO FILE: This form must be postmarked on or before the original due date of the returns.

REASONS FOR DENIAL: Applications for extension will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked **after** the due date for filing the return, or if the payment for the balance due shown on line 5 below did not accompany this application.

WHERE TO FILE: Document Processing Division, 45 Chenell Drive, PO Box 637, Concord, NH 03302-0637.

NEED HELP? Call the New Hampshire Department of Revenue Administration, Taxpayer Assistance Office, at (603)271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

PLEASE PRINT OR TYPE

PROPRIETORSHIP – LAST NAME	FIRST NAME & INITIAL	PROPRIETOR'S SOCIAL SECURITY NUMBER ___ – ___ – ___
PROPRIETORSHIP – SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER ___ – ___ – ___
CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME		
NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER (Corporation, Partnership, Fiduciary, Prinicipal NH Business Organization & Non-Profit) ___ – ___
CITY OR TOWN, STATE AND ZIP CODE		

For the CALENDAR year **1998** or other tax year beginning __ __ __ (Mo Day Year) and ending __ __ __ (Mo Day Year)

★ **ENTITY TYPE** Check one of the following:

☐ ① Proprietorship ☐ ② Corporation/Combined Group ☐ ③ Partnership ☐ ④ Fiduciary ☐ ⑤ Non-Profit Organiztion

★TAX PAYMENT SCHEDULE

1 Enter 100% of the Business Enterprise Tax determined to be due	1	
2 Enter 100% of the Business Profits Tax (net of BET credit) determined to be due	2	
3 Subtotal (Line 1 plus line 2)	3	
4 LESS: Credit carried over from prior year and payments of estimated tax	4	
5 BALANCE DUE: Make check payable to: State of New Hampshire	5	

OFFICE USE ONLY

IF NEGATIVE OR ZERO, YOU WILL RECEIVE AN AUTOMATIC SEVEN MONTH EXTENSION TO FILE. DO NOT FILE THIS APPLICATION.

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

★ **SIGNATURE** _____ **DATE** _____

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

SUMMARY OF CHANGES FOR 1998
AND
COMMON PROBLEM AREAS

NEW INTEREST RATE FOR 1999

Effective January 1, 1999 through December 31, 1999 the interest due on taxes administered by the New Hampshire Department of Revenue Administration is **10%**. This interest rate applies to the number of days the payment remains unpaid during 1999. The interest rate for the period January 1, 1998 through December 31, 1998 is 11%, and for any period prior to January 1, 1998, the interest rate is 15%.

INTEREST AND DIVIDENDS FORM CHANGE

Due to Federal changes on Form 1040, Schedule B, page 2 of the Interest and Dividend Tax Return has been modified. See DP-10 instructions for explanation.

NEW FORM FOR SINGLE MEMBER LIMITED LIABILITY COMPANIES

Form DP-200 SMLLC Request for Department Identification Number must be filed 30 days prior to filing any other tax related document.

NO EXTENSION OF TIME TO PAY TAX

An extension of time to file your return is <u>not</u> an extension of time to <u>pay</u> the tax due. An automatic 7 month extension of time to file your return will be granted provided 100% of the tax due has been paid by the original due date of the return.

Use form DP-59-A for Interest and Dividends Tax or Form BT-EXT for Business Taxes if you need to make an additional payment in order to have paid 100% of the tax due by the original due date.

When you calculate your return during the extension period, if the balance due is greater than zero, then you did not pay 100% of the tax by the original due date. Accordingly, your extension will be denied. If you would like the Department to consider not assessing penalties, then please attach a letter and any supporting documentation (e.g. work papers for said calculation, change of status, etc.) to the front of the return when filed. If no additional payment is necessary, do not file the extension form. As long as 100% of the tax due has been paid by the original due date, you have an automatic 7 month extension of time to file the return.

Even if you have filed a Federal and/or State extension, it is not necessary to attach a copy to your return.

BET ESTIMATE PAYMENTS REQUIRED

Estimated tax payments must be made for the Business Enterprise Tax if the tax for the 1999 taxable period is more than $200. The BET estimate must be submitted with the Business Profits Tax estimate on the form NH-1040-ES, NH-1041-ES, NH-1065-ES or NH-1120-ES.

BT SUMMARY STEP 2 - BPT QUESTIONS MUST BE ANSWERED

Failure to answer questions in Step 2 of the BT - Summary may result in inquiries from the Department which **MAY** generate late filing penalties.

PART-YEAR RESIDENTS

For NH Interest and Dividends Tax purposes, a "part-year resident" is someone who has permanently established, or permanently abandoned, residency in NH during the year. Only the interest and dividends earned during that portion of the year for which you were a New Hampshire resident are taxable. However, part-year residents are entitled to the full $2,400 exemption ($4,800 for joint filers) and the full amount of the exemptions shown in step 5, line 10 of the return.

REQUIRED SCHEDULES

Be sure to include all required forms with your return, and check the appropriate boxes in **STEP 2**, Filing Requirements.

SEQUENCING

All state forms which are required to be filed with the return have a sequencing number in the upper right-hand corner. Please place the forms that you are required to file in sequential order when assembling your return.

SIGNATURE (S)

Please sign your return in ink. If required, your spouse and/or paid preparer must sign the return also.

On all jointly filed documents, names and social security numbers should be in the same order, and should be in consistent order from year to year.

PAYMENT

a) Complete the check and sign it.
b) DO NOT submit your check remittance stubs.
c) Enclose, but DO NOT staple or tape, your payment to the document you are submitting.
d) Please make sure that the check amount equals the document amount.

QUANTITY COPIES OF FORMS

As part of our effort to make tax forms more readily available, the Department of Revenue has provided reproducible forms to copy centers throughout the State.

GENERAL INSTRUCTIONS FOR FILING BUSINESS TAX RETURNS

WHEN TO FILE	**Calendar Year:** If the business organization files its federal return on a calendar year basis, then the BET return and the BPT return are due and must be postmarked NO LATER than the date indicated on the BPT return. **Fiscal Year:** If the business organization files its federal return on a fiscal year basis, then the business organization must file the BET return and/or the BPT return based on the same taxable period. The corporate returns are due and must be postmarked NO LATER than the 15th day of the third month following the close of the fiscal year. **For Non-Profit Organizations:** The returns are due and MUST be postmarked NO LATER than the 15th day of the fifth month following the close of the fiscal year.
EXTENSION TO FILE	New Hampshire no longer requires a taxpayer to file an application for an automatic 7-month extension of time to file provided that the taxpayer has paid 100% of both the Business Enterprise Tax **and** the Business Profits Tax determined to be due by the original due date of the returns. If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you must file a "Payment Voucher and Extension Application For Business Tax Returns", Form BT-EXT. This application and payment must be postmarked on or before the original due date of the returns. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties. You are not required to attach a copy of your federal extension to your NH returns.
WHERE TO FILE	Mail To: NH DEPT REVENUE ADMINISTRATION Document Processing Division PO Box 637, Concord, NH 03302-0637 **FAX RETURNS ARE NOT ACCEPTED**
IDENTICAL FILING ENTITY	The return filed for the Business Enterprise Tax **MUST** reflect the identical business entity reported for Business Profits Tax purposes. There are separate booklets for corporate, combined group, partnership, proprietorship and fiduciary returns. Non-profit organizations shall file using the form which corresponds to their entity structure. LLC's shall file using the same entity type as they use for their federal tax return. If a separate federal tax return was not required, then use the same entity type as the reporting member used.
SEPARATE FILING THRESHOLDS	There are different filing criteria for the Business Enterprise Tax and the Business Profits Tax. You must determine whether or not you are required to file for each tax independent of your filing requirement for the other tax. **IF YOU ARE REQUIRED TO FILE <u>EITHER</u> TAX, THEN YOU MUST FILE A BUSINESS TAX SUMMARY. THE BUSINESS TAX SUMMARY VERIFIES AND UPDATES BOTH THE BUSINESS ENTERPRISE TAX AND/OR THE BUSINESS PROFITS TAX RETURNS. FAILURE TO FILE A BUSINESS TAX SUMMARY WILL CONSTITUTE AN INCOMPLETE FILING OF THE BUSINESS TAX RETURNS.**
WHO MUST FILE A BET RETURN	Every profit or non-profit enterprise or organization engaged in or carrying on any business activity within NH which meets the following criteria must file a Business Enterprise Tax return: Gross Business Receipts in excess of $100,000 or Enterprise Value Tax Base in excess of $50,000 If your gross receipts total in excess of $100,000, then you are required to file a BET return. If your gross receipts are $100,000 or less, use the following worksheet to determine if your enterprise value tax base is greater than $50,000: 1. Total compensation paid or accrued: 1. $ _____ 2. Total interest paid or accrued: 2. $ _____ 3. Total dividends paid: 3. $ _____ 4. Sum of lines 1, 2 and 3: 4. $ _____ If line 4 is greater than $50,000, you are required to file a BET return. Section 501(c)(3) non-profit organizations are not required to file to the extent they do not engage in any unrelated business activity under section 513 of the IRC.
WHO MUST FILE A BPT RETURN	All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowner's associations must file a Business Profits Tax return provided they are carrying on business activity within New Hampshire and their gross business income from everywhere is in excess of $50,000. "Gross business income" means all income for federal income tax purposes from whatever source derived including: total sales, total rents, gross proceeds from the sale of assets, etc., before deducting any costs or expenses. Even if there is no profit, a return must be filed when the gross business income exceeds $50,000. For Fiduciary Filers: Income from Grantor Trusts (Section 671 of the US Internal Revenue Code) shall be included in the Business Profits Tax return of the owner(s).

S-CORP FILERS	New Hampshire treats subchapter "S" corporations as if they were "C" corporations. All S-corporations are required to complete Form DP-120. Returns filed without a DP-120 will be incomplete and may be returned to the taxpayer. S-corporations who make actual distributions to New Hampshire resident shareholders are required to file Form DP-9 separately from the return.
SINGLE MEMBER LIMITED LIABILITY COMPANIES	Single Member Limited Liability Companies (SMLLC) shall use form DP-200 to apply for a New Hampshire Department of Revenue Administration assigned identification number. This form shall be filed at least 30 days prior to the filing of any other tax related document. SMLLC's are required by New Hampshire law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. The Department of Revenue Administration assigned number is needed in order to process these non-federal tax returns. **ALL SMLLC's MUST USE THE DEPARTMENT IDENTIFICATION NUMBER WHEN FILING ANY AND ALL TAX RELATED DOCUMENTS.** **Your department assigned number shall be used in place of the member's federal number. When filing all future documents, the Department Identification Number shall be entered wherever Federal Employer Identification Numbers or Social Security Numbers are required.**
ESTIMATED BPT & BET DUE FOR 1999	Every entity required to file a Business Profits Tax return and/or a Business Enterprise Tax return must also make estimated Business Tax payments for its subsequent taxable period, unless the **ANNUAL** estimated tax for the subsequent taxable period is less than $200. However, if at the end of any quarter the estimated tax for the year exceeds $200 an estimated tax payment must be filed. The estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax for exceptions and penalties for noncompliance.
NEED HELP OR FORMS	Call theTaxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 - 4:00. All written correspondence to the department should include the taxpayer name, federal employer identification number or social security number, the name of a contact person and a daytime telephone number. To obtain additional forms or forms not contained in this booklet, please call (603) 271-2192. Copies of the state tax forms may also be obtained from many public libraries located throughout the state or from our website at http://www.state.nh.us/revenue/revenue.htm
TDD ACCESS	Hearing or speech impaired individuals may call: TDD Access: Relay NH 1-800-735-2964.
ATTACH FEDERAL SCHEDULES/ FORMS	All Business Profits Tax returns must be accompanied by a complete and legible copy of the federal income tax return or other appropriate federal forms, consolidating schedules and supporting schedules. The corporate return must have the federal form 1120, pages 1, 2, 3 and 4 and all schedules. The proprietorship return must have federal schedules C, E, F, 4797 and 6252, if applicable. The partnership return must have the federal form 1065 and applicable schedules. The fiduciary return must have the federal form 1041 pages 1, 2, 3, and 4, and applicable schedules. Failure to attach all federal schedules as required shall be deemed a failure to file a New Hampshire return and will subject the taxpayer to penalties.
CONFIDENTIAL INFORMATION	Disclosure of Social Security Account Numbers is mandatory under Department of Revenue Administration rules 203.01, 221.02, 221.03 and 311.04 (c). This information is required for the purpose of administering the tax laws of this state and authorized by 42 U.S.C.S. § 405 (c) (2) (C) (i). Tax information which is disclosed to the New Hampshire Department of Revenue Administration is held in strict confidence by law. The information may be disclosed to the United States Internal Revenue Service, agencies responsible for the administration of taxes in other states in accordance with compacts for the exchange of information, and as otherwise authorized by New Hampshire Revised Statutes Annotated 21-J:14. The failure to provide Social Security Account Numbers may result in the rejection of a return or application. The failure to timely file a return or application complete with Social Security Account Numbers may result in the imposition of civil or criminal penalties, the disallowance of claimed exemptions, exclusions, credits, deductions, or an adjustment that may result in increased tax liability.
AMENDED RETURNS	If you discover an error was made on your BET and/or BPT return(s) after they were filed, amended returns should be promptly filed by completing a corrected Form BT-SUMMARY and the appropriate BET and/or BPT returns. You should check the "AMENDED" block in STEP 2 on the Business Tax Summary. For changes made by the Internal Revenue Service, please see STEP 2 on the Business Tax Summary. If you need to amend prior year BET and/or BPT return(s), then please call the department for the correct form. The telephone number for forms only is (603) 271-2192. You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions. AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE RETURN.
REFERENCES TO FEDERAL FORMS	**All references to federal tax forms and form lines are based on draft forms available at the time the state forms were printed. If the federal line number and description do not match, follow the line description or contact the department.**
ROUNDING OFF	Money items on all Business Enterprise Tax and Business Profits Tax forms may be rounded off to the nearest whole dollar.
FILING SEQUENCE	Please file the applicable schedules in the following order sequence: BT-Summary, BET, BET-80, BPT return (NH-1120, NH-1065, NH-1040, or NH-1041) DP-80, DP 2210/2220, DP-132, DP-160, DP-120, and then the appropriate federal pages.

FORM
BT-SUMMARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS TAX SUMMARY 1998

For the CALENDAR year **1998** or other tax year beginning ___ Mo ___ Day ___ Year and ending ___ Mo ___ Day ___ Year

SEQUENCE # 1

STEP 1
Place LABEL HERE Otherwise Please Print or Type

PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER ___ – ___ – ___
PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER ___ – ___ – ___
CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME		
NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER ___ – ___
CITY OR TOWN, STATE AND ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)

STEP 2
Return Type, Federal Information and Filing Requirement

ARE YOU REQUIRED TO FILE A BET RETURN: YES_____ NO _____
ARE YOU REQUIRED TO FILE A BPT RETURN: YES_____ NO _____
If you checked yes, please make sure the complete return is attached to the BT-Summary.

☐ (2) CORPORATION -OR- ☐ (2) COMBINED GROUP
☐ (3) PARTNERSHIP ☐ (5) NON-PROFIT
☐ (1) PROPRIETORSHIP ☐ (4) FIDUCIARY
☐ AMENDED RETURN ☐ FINAL RETURN

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to NH. Enter years covered by IRS _____ Submit changes under a separate cover.

STEP 3

PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY.

STEP 4
Figure Your Balance Due or Overpayment

1 (a) Business Enterprise Tax Net of Statutory Credit		1 (a)			
(b) Business Profits Tax Net of Statutory Credits		1 (b)		1	
2 PAYMENTS:					
(a) Tax paid with application for extension		2 (a)			
(b) Payments from 1998 estimated taxes		2 (b)			
(c) Payments carried over from prior year		2 (c)			
(d) Payments with original return (Amended returns only)		2 (d)		2	
3 TAX DUE (Line 1 less line 2)				3	
4 ADDITIONS TO TAX:					
(a) Interest (See instructions)	4(a)				
(b) Failure to Pay (See instructions)	4(b)				
(c) Failure to File (See instructions)	4(c)				
(d) Underpayment of Estimated Tax (See instructions)	4 (d)			4	
5 (a) Subtotal of Amount Due (Line 3 plus line 4)		5(a)			
5 (b) Payment made by EFT (See instructions)		5(b)			
5 BALANCE DUE Make checks payable to: State of New Hampshire. **Enclose, but do not staple or tape your payment with this return.**				5	
6 OVERPAYMENT (Line 2 plus line 5 (b) less line 1, adjusted by line 4, if applicable)		6			
7 Apply overpayment amount of line 6 to: (a) The 1999 tax liability				7(a)	
(b) Refund - Please allow 12 weeks for processing				7(b)	

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.

STEP 5
Signature(s)

Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

Signature

Title and Date

Spouse's Signature and Date (PROPRIETORSHIP ONLY)

Signature of Paid Preparer Other Than Taxpayer

Preparer's Identification Number Date

Preparer's Address

City/Town, State and Zip Code

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

FORM
BT-SUMMARY
Instructions

BUSINESS TAX SUMMARY
LINE-BY-LINE INSTRUCTIONS

STEP 1
Name, Address, Social Security or Federal Employer Identification Number

At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1998.

If you have received a booklet of tax forms and instructions with a pre-addressed label, remove it from the booklet cover and place it in the space provided. If no label was provided, please PRINT the taxpayer's name, address, social security number or federal employer identification number, and principal business activity code in the spaces provided.

Enter spouse's name and social security number in the spaces provided for separate proprietorship only. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.

STEP 2
Return Type, Federal Information and Filing Requirement

Please indicate whether or not you are required to file the Business Enterprise Tax return and Business Profits Tax return. If you are not required to file either the Business Enterprise Tax return or Business Profits Tax return do not submit the returns or the BT-Summary. Failure to answer questions in step 2 may result in inquiries from the department, which may generate late filing penalties.

Check the entity type which corresponds to your organizational structure. In the case of a single member LLC, check the organization structure that corresponds to the federal return used to report the income and deductions to the IRS.

Check the AMENDED RETURN box if this is the second (or additional) Business Tax Summary that has been filed for any ONE tax year. Check the FINAL RETURN box only when the business organization has ceased to exist or no longer operates in New Hampshire.

Check the box if the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire. Enter the tax years examined by the IRS on the line provided. To report IRS adjustments, you must submit the appropriate Form DP-87 under separate cover. To obtain this form please call (603) 271-2192.

STEP 3

PLEASE COMPLETE THE BET AND/OR BPT RETURNS AND THEN THE BUSINESS TAX SUMMARY.

STEP 4
Figure Your Balance Due or Overpayment

Line 1(a)	Enter the amount of your Business Enterprise Tax balance due net of statutory credits.
Line 1(b)	Enter the amount of your Business Profits Tax balance due net of statutory credits.
Line 1	Enter the sum of lines 1(a) and 1(b)
Line 2(a)	Enter the amount paid with application for extension(s), Form BT-EXT. Include extention payments made by Electronic Funds Transfer.
Line 2(b)	Enter estimated payments to be applied to this year. Include estimate payments made by Electronic Funds Transfer.
Line 2(c)	Enter the prior year overpayment which was carried forward to this tax year.
Line 2(d)	When filing an AMENDED RETURN, enter the amount of payment remitted with the original Business Tax Summary.
Line 2	Enter the total of lines 2(a) through 2(d).
Line 3	Enter the amount of line 1 less line 2. Show a negative amount with brackets, e.g., ($50).
Line 4	Additions to tax are calculated on the individual taxes. Please complete the following calculations to determine the amount due if applicable for each line.
Line 4(a)	Interest is calculated on the balance of tax due from the original due date to the date paid at 10% per year. (Tax due x number of days from the due date to date tax was paid x .000274).

_____ X _____ X .000274 = _____ Enter on line 4 (a).
Tax Due (line 3) Number of days Interest due

NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates for the current and prior years are as follows:

PERIOD	RATE
1/1/99 - 12/31/99	10%
1/1/98 - 12/31/98	11%
Prior to 1/1/98	15%

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 4 (continued)	Line 4(b)	A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay the tax when due and the failure to pay is due to willful neglect or intentional disregard of the law but without intent to defraud. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.
	Line 4(c)	A taxpayer failing to timely file a complete return will be subject to a penalty equal to 5% of the tax due or $10, whichever is greater, for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or $50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return has been filed.
	Line 4(d)	If line 1 (a) or 1(b) is more than $200 you may have been required to file estimated business profits tax and/or business enterprise tax payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimate payments, complete and **attach** Form DP-2210/2220. Use only one Form DP 2210/ 2220 to calculate the underpayment of estimated taxes for both the Business Enterprise and Business Profits Taxes. Form DP-2210/2220 may be obtained by calling (603) 271-2192.
	Line 4	Enter the total of lines 4(a) through 4(d).
	Line 5(a)	Enter the tax due (Line 3) plus the sum of interest and penalties (Line 4).
	Line 5(b)	Enter the amount of payment made by Electronic Funds Transfer for this return only. Any extention or estimate payments made by Electronic Funds Transfer should be included on lines 2(a) and 2(b) respectively.
	Line 5	Enter the amount of line 5(a) less line 5(b). **This is the balance due**. Make check or money order payable to: STATE OF NEW HAMPSHIRE. If less than $1.00, do not pay, but still file the return. Please enclose, but do not staple or tape, your payment with this return. To ensure the check is credited to the proper account, please put your federal employer identification number or social security number on the check.
	Line 6	If the total tax (Line 1) plus interest and penalties (Line 4) is less than the payments [(Line 2) plus line 5(b)] then you have overpaid. Enter the amount overpaid.
	Line 7	The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit toward next year's tax liability. Enter the desired credit on line 7(a). The remainder, which will be refunded, should be entered on line 7(b). If line 7(a) is not completed, the entire overpayment will be refunded. Please allow 12 weeks for processing your refund.
STEP 5 Signature	The return must be dated and signed by the taxpayer or authorized agent. If you are filing a joint return, then **both** you and your spouse must sign and date the return. If the return was completed by a paid preparer, then the preparer must also sign and date the return. The preparer must also enter their federal employer identification or social security account number and their complete address.	

SEQUENCE # 2

FORM
BET

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS, PARTNERSHIPS, FIDUCIARIES AND NON-PROFIT ORGANIZATIONS

For the CALENDAR year **1998** or other tax year beginning ___ | ___ | ___ and ending ___ | ___ | ___
Mo Day Year Mo Day Year

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS RECEIPTS WERE GREATER THAN $100,000
OR
THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN $50,000.

STEP 1 Please Print or Type Name	CORPORATE, PARTNERSHIP, FIDUCIARY, OR NON-PROFIT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER ___ – ___

If your business activities are conducted both within and without New Hampshire AND the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income or a capital stock tax in another state, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for lines
1, 2 and 3. If you need Form BET-80 and it is not included in your booklet, it may be obtained by calling (603) 271-2192.

STEP 2 Compute the Enterprise Value Tax Base.	1 Dividends Paid	1			
	2 Compensation and Wages Paid or Accrued	2			
	3 Interest Paid or Accrued	3			
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)			4	
STEP 3 Figure Your Tax	5 NH Business Enterprise Tax (Line 4 x .0025)			5	
	6 RSA 162-L. Community Development Finance Authority Credit (See instructions)			6	
	7 Business Enterprise Tax Net of Statutory Credit (Line 5 less line 6. **IF NEGATIVE, ENTER 0.**)			7	

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

FORM
BET
Instructions

BUSINESS ENTERPRISE TAX RETURN
LINE-BY-LINE INSTRUCTIONS

STEP 1 Name and FEI Number	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1998. Please PRINT the enterprise's name and federal employer identification number in the spaces provided.
Business Enterprise Tax Base Apportion-ment	If your business enterprise activity is conducted both within and without New Hampshire and is subject to tax in another state, whether or not actually imposed by that state, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for lines 1, 2 and 3 of the Form BET. After completing Form BET-80, enter the amount from line 17 on line 1 of your Form BET. Enter the amount from line 24 on line 2 of Form BET. Enter the amount from line 29 on line 3 of Form BET. Proceed to line 4.
STEP 2 Compute the Enterprise Value Tax Base.	Line 1: DIVIDENDS PAID Enter the amount of dividends paid. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock of the same enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. Per RSA 77-E:1, VI, the term "Dividends" does NOT include the following: – Distributions of money or property to beneficiaries of a trust qualified under section 401 of US IRC; – Cash or non-cash payments of life, sickness, accident, or other benefits to members or their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c) (9) of the US IRC; – Distributions of money or property to participants from any common trust fund as defined under section 584 of the US IRC; – Policyholder dividends as defined under section 808 of the US IRC, to the extent such dividends are not reduced pursuant to section 809 of the US IRC; – Payment of interest on deposits of depositors of a mutual bank or credit union; or – Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under section 641 or described in section 664 of the US IRC, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities, and those incidental to or in support of such personal investment activities.
	Line 2: COMPENSATION AND WAGES PAID OR ACCRUED Enter the amount of compensation paid or accrued, including deferred compensation. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under section 3401 of the US IRC. The compensation amount entered on line 2 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the US IRC to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III in the taxable period. If the proprietor is a partner in a partnership, the net earnings from self-employment does not include the partner's distributive share of the partnership earnings. Payments made expressly exempt from withholding under Section 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US IRC should not be included in line 2.
	Line 3: INTEREST PAID OR ACCRUED Enter the amount of interest paid or accrued. Per RSA 77-E:1, XI, "interest" means: All amounts paid or accrued for the use or forbearance of money or property. The term "interest" shall not include amounts paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders or by voluntary employees' beneficiary associations qualified under section 501(c) (9) of the US IRC to fulfill obligations to members.
	Line 4: ENTERPRISE VALUE TAX BASE Enter the sum of lines 1, 2 and 3.
STEP 3 Figure Your Tax	Line 5: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX Multiply line 4 by .0025.
	Line 6: CDFA CREDIT Enter the amount of any Community Development Finance Authority Credit claimed pursuant to RSA 162-L. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or $200,000 for tax years ending prior to July 1, 1999 or $1,000,000 for tax years ending after June 30, 1999. If you also claim this credit on your BPT or other tax form, the combined total shall not exceed $200,000 for tax years ending prior to July 1, 1999 or $1,000,000 for tax years ending after June 30, 1999.
	Line 7: BUSINESS ENTERPRISE TAX BALANCE DUE Enter the total amount of line 5 less line 6. **IF NEGATIVE, ENTER 0.**

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

BUSINESS ENTERPRISE TAX

QUICK CHECKLIST

- COMPENSATION -

"Compensation" means all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period on behalf of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under IRC 3401.

Compensation Subject to Tax

- Wages subject to federal income tax withholding.
- Contributions on behalf of employees to qualified pension, profit-sharing and stock bonus plans.
- Contributions on behalf of employees to annuity or deferred-payment plans.
- Fringe benefits provided to and included in gross income of employees for federal income tax purposes.
- Imputed interest on a below market compensation related loan between employer and employee.
- The "Compensation for Personal Services" deduction taken by a proprietor or a partner on the NHBPT return pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the NHBPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2401.14

Non-taxable Compensation

- Payment for independent contractors where no employer/employee relationship exists pursuant to Rev. 2401.11
- Payments in the form of or for the following services:
  - Members of the armed forces
  - Ministers
  - Paper boys and girls under the age of 18
  - Volunteers of Peace Corps
  - Group term life insurance on the life of an employee
  - Moving expenses
  - Non-cash or cash tips to an employee if not deductible by the employer
  - Educational assistance
  - Scholarships
  - Medical reimbursements
- Health Insurance
- Taxpayer's distributive share of net earnings from a trade or business conducted by another business enterprise.
- Self-employment income retained for use in enterprise but not deducted under RSA 77-A:4, III

- INTEREST -

"Interest" means all amounts paid or accrued for the use or forbearance of money or property.

Interest Subject to Tax

- Interest paid or accrued not reduced by interest income or other fee income and without regard to any federal deductibility limitation or federal capitalization requirements.
- Property transferred by a business enterprise not classified as interest, but the substance of the transaction indicates that the payment was made in lieu of interest

Non-taxable Interest

- Amount paid, credited or set aside in connection with reserves by insurers.
- Amount paid by VEBA's (Voluntary Employees' Benefit Association).

- DIVIDENDS -

"Dividends" means any distribution of money or property, other than the distribution of newly issued stock, to owners of the business enterprise with respect to their ownership interest in such enterprise from the accumulated revenues and profits of the enterprise.

Dividends Subject to Tax

- All property transferred from the accumulated profits of a business enterprise to an owner with respect to the owner's ownership interest.
- All personal expenitures made by a business enterprise on behalf of an owner which have not been properly reported as compensation or loans for federal income tax purposes.
- Forgiveness of an owner's indebtness to the business enterprise, unless reported as compensation or interest to the individual and include in those elements of the EVTB (Enterprise Value Tax Base).
- Automatic re-investment of property distributed from accumulated profits into additional stock.

Non-taxable Dividends

- Amounts deducted under RSA 77-A:4, III for personal services of the propietor or partner which are considered an expense in determining net income from business activities (also see the compensation section).
- Distribution in liquidation or in complete redemption of an owner's interest.
- Any deemed dividend election that may be made by members of an affiliated group.
- Pensions, profit-sharing, stock bonus plan.
- Cash or non-cash payments from VEBA'S (Voluntary Employees' Beneficiary Association).
- Distribution of money or property from a common trust fund.
- Life insurance dividends.
- Payments of interest on deposits of depositors of a mutual bank or credit union.
- Distributions of money or property to or on behalf of beneficiaries of a trust.
- Patronage dividends.

FORM
NH-1065

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PARTNERSHIP BUSINESS PROFITS TAX RETURN

SEQUENCE #4

For the CALENDAR year **1998** or other tax year beginning ___ Mo ___ Day ___ Year and ending ___ Mo ___ Day ___ Year

Due date for CALENDAR year filers is on or before April 15, 1999 or the 15th day of the 4th month after the close of the fiscal period.

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN $50,000.

STEP 1 Please Print or Type

NAME OF PARTNERSHIP

FEDERAL EMPLOYER IDENTIFICATION NUMBER ___ — ___

STEP 2 Figure Your Tax

1 **INCOME AND DEDUCTIONS** (See instructions)

(a) Ordinary income or (loss) from trade or business activities.....1(a)

(b) Net income or (loss) from rental real estate activities.....1(b)

(c) Net income or (loss) from other rental activities.....1(c)

(d) Portfolio income or (loss).....1(d)

(e) Guaranteed payments to partners.....1(e)

(f) Other income or (loss) from partnership activities **NOT INCLUDED** in lines 1(a) through 1(e) above.....1(f)

(g) Partnership expenses on Federal Form 1065, Schedule K, lines 8-11.....1(g) ( )

(h) TOTAL [Combine lines 1(a) through 1(g)] .....1(h)

2 **NET GAIN OR (LOSS) FROM SALE OF ASSETS** (See instructions) Attach schedule if additional space is needed.

Description of Property — Gain (Loss)

(a) _____

(b) _____

(c) TOTAL GAIN (LOSS) FROM SALE OF ASSETS [Combine lines 2(a) and 2(b)].....2(c)

3 **INSTALLMENT GAIN OR (LOSS)** Attach schedule if additional space is needed.

	Date of Original Sale (Mo / Day / Year)	Description of Property	Gain (Loss)
(a)			
(b)			

(c) TOTAL INSTALLMENT GAIN OR (LOSS) [Combine lines 3(a) and 3(b)].....3(c)

4 **SEPARATE ENTITY LIMITATION ADJUSTMENT** (See instructions) 4

5 **GROSS BUSINESS PROFITS** Line 1(h) adjusted by lines 2(c), 3(c) and 4. See instructions.....5

6 **COMPENSATION DEDUCTION FOR PERSONAL SERVICES** (See instructions).....6 ( )

7 **SUBTOTAL** (Line 5 adjusted by line 6). If a loss show in brackets.....7

8 **NH ADDITIONS AND DEDUCTIONS** (See instructions)

(a) Add back income taxes or franchise taxes measured by income.....8(a)

(b) NH Net Operating Loss Deduction (Attach Form DP-132).....8(b) ( )

(c) Interest on direct US obligations.....8(c) ( )

(d) Wage adjustment required by IRC Section 280C.....8(d) ( )

(e) Income exempt under federal constitutional laws net of related expenses.....8(e) ( )

(f) Distribution from a joint venture or second partnership .....8(f) ( )

(g) Add the amount of increase in the basis of assets which was due to the sale or exchange of interest in the partnership (RSA 77-A:4, XIV).....8(g) ( )

(h) Interest and dividends subject to tax under RSA 77 .....8(h) ( )

(i) Contributions made to a Qualified Investment Capital Company.....8(i) ( )

(j) Add back return of capital received from a Qualified Investment Capital Company..8(j)

(k) Other additions and deductions required by RSA 77-A:4 (Attach schedule).....8(k)

(l) TOTAL ADDITIONS AND DEDUCTIONS [Combine lines 8(a) through 8(k)] .....8(l)

9 Adjusted Gross Business Profits Line 7 adjusted by line 8(l). If negative, show in brackets. 9

10 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.) .....10 •

11 New Hampshire Taxable Business Profits (Line 9 x line 10. If negative, enter 0.) 11

12 New Hampshire Business ProfitsTax (Line 11 x 7%) 12

STEP 3 Figure Your Credits

13 Credits allowed under RSA 77-A:5 as shown on Form DP-160 13

14 Subtotal (Line 12 less line 13) 14

15 Business Enterprise Tax Credit (See instructions) 15

16 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of line 14 or line 15. See instructions) 16

17 NH Business Profits Tax Net of Statutory Credits (Line 14 less line 16. **IF NEGATIVE, ENTER 0.**) 17

ENTER THE AMOUNT FROM LINE 17 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.
IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

FORM
NH-1065
Instructions

BUSINESS PROFITS TAX RETURN
LINE-BY-LINE INSTRUCTIONS

Federal 1065-B Filers	Taxpayers who file a 1065-B, U.S. Return of Income for Electing Large Partnerships, should follow the line descriptions and NOT the line cites. If you have questions about what items should be included or where, then please call the Audit Division at (603) 271-3400.
STEP 1 Name & FEI	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1998. Please PRINT the partnership's name and federal employer identification number in the spaces provided.
STEP 2 Figure Your Tax	Line 1: **INCOME AND DEDUCTIONS** (a) Enter the amount of ordinary income (loss) from trade or business activities from the Federal Form 1065, page 1, line 22. (b) Enter the amount of net income (loss) from rental real estate activities from Federal Form 1065, Schedule K, line 2. (c) Enter the amount of net income (loss) from other rental activities from Federal Form 1065, Schedule K, Line 3(c). (d) Enter the total amount of interest, dividend, royalty or other portfolio income from Federal Form 1065, Schedule K, lines 4(a), (b), (c), and (f). (e) Enter the amount of guaranteed payments to partners from Federal Form 1065, page 1, line 10. (f) Enter the amount of income (loss) from any partnership activities which have **NOT BEEN INCLUDED** in lines 1 (a) through 1 (e) of this return. Attach supporting schedule. (g) Enter the amount of partnership expenses which are deducted on Federal Form 1065, Schedule K, lines 8 through 11. (h) Enter the total of lines 1 (a) through 1 (g).
	Line 2: **NET GAIN (LOSS) FROM SALE OF ASSETS** Enter a complete description of the property sold including the address if the property sold was real estate. Report the gain or loss on the sale without the effects of federal passive loss limitation rules. If a loss, show in brackets, e.g. ($50). If you need additional space, please attach a schedule.
	Line 3: **INSTALLMENT GAIN OR (LOSS)** Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on Form NH-1065. Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained by calling (603) 271-2192. Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. The partnership MUST file a return every year, regardless of the amount of installments, if the actual sales price exceeded $6,000 for tax years ending prior to July 1, 1981 or $12,000 for tax years ending July 1, 1981 through June 30, 1993 or $50,000 for tax years ending July 1, 1993 and after. Enter the original date of the sale. Report the installment gain or (loss) received in this year without the effects of federal passive loss limitation rules. If a loss, show in brackets, e.g. ($50). If you need additional space please attach a schedule.
	Line 4: Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment of business organizations. This would include the partnership's share of another partnership's activity in which it is a partner as reported on lines 1(a) through 3(c).
	Line 5: Combine lines 1 (h), 2 (c), 3 (c) and 4. If a loss, show dollar amount in brackets, e.g. ($50).
	Line 6: **COMPENSATION FOR PERSONAL SERVICES** Enter on line 6 the dollar value of the services performed by the partners during the taxable period. Only natural persons are permitted a deduction for personal services. Corporate partners or other entities which are partners are not permitted a deduction**.** Compensation is only allowed for the partners who actually render personal services to the business organization. The **MINIMUM** STATUTORY DEDUCTION OF $6,000 IS ALLOWED TO EACH PARTNER **WHO** actually rendered services during the current tax period even if such services are valued at less than $6,000. RSA 77-A:4 limits the **MAXIMUM** compensation deduction to the **sum of the following** amounts included in your federal income tax schedule: (1) Ordinary income or loss from trade or business activities from Federal Form 1065, Schedule K; (2) Income or loss from rental properties from Federal Form 1065, Schedule K; (3) Guaranteed payments to partners from Federal Form 1065, Schedule K; (4) Income or loss from activities in the regular trade or business of the partnership that are specifically allocated to the individual partners; (5) 15% of the sales price as shown on Federal Form 4797 or 6252 for the sale of business assets provided the partner acted as the broker or agent and no other broker or agent was involved in the sale of the property. (6) In instances where the partner(s) act(s) as a co-broker, the maximum deduction shall be the difference between the 15 percent of the actual sales price and the amounts paid to other brokers or agents.

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2 (continued)

Line 6: (continued)

To determine the reasonableness of the compensation deduction, use comparative compensation data from business organizations of similar size, volume and complexity from industry statistics or from publications such as, but not limited to, The American Almanac of Jobs and Salaries or the New Hampshire Wages and Benefits Survey. **The partnership must maintain adequate records to substantiate the activities performed by each partner and the methods used to determine the rate of compensation for such activities.**

Line 7: **SUBTOTAL**

Enter the amount of line 5 less line 6. If a loss, show dollar amount in brackets, e.g. ($50). This amount represents the partnership's net operating loss for future deduction. New Hampshire no longer requires the filing of a Net Operating Loss Annual Report, Form RP-131. However, a future NOL deduction is still subject to the carryback and carryforward provisions and apportionment provision pursuant to RSA 77-A:3, RSA 77-A:4 and Rev 303.03.

Line 8: **NH ADDITIONS AND DEDUCTIONS**

(a) Enter the total NH Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Attach a schedule of taxes by state. Do not include the NH Business Enterprise Tax liability in this amount.

(b) Enter the amount of carryover loss available as shown on line 6 of Form DP-132. **Form DP-132** must be attached to the return.

(c) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the U.S.

(d) Enter the amount of jobs credit (IRC Section 280C) deducted on this year's federal return.

(e) Enter the deduction for any portion of the business organization's gross business profits which is allowed to be excluded pursuant to federal constitutional law. This deduction must be net of any expenses paid or incurred that relate to the excluded income portion. Attach a supporting schedule listing the name, FEI number and amount paid or accrued.

(f) In the case of a partnership which is a participant in a joint venture or a partner in another partnership, enter the amount of distribution from the joint venture or partnership whose gross business profits have already been subject to taxation under RSA 77-A during the same or an overlapping fiscal period. Attach a schedule listing the name, FEI number and amount(s) paid by each joint venture or partnership.

(g) If the basis of any underlying assets was increased due to a transfer or sale of the interest or beneficial interest of the partnership, then enter the amount of the net increase in the assets. (The increase in the basis of assets is determined by the IRC as defined in RSA 77-A:1,XX.)

(h) If the partnership is subject to tax under RSA 77, enter the amount of interest and/or dividends shown on line 1(d) above, net of any deduction taken on line 8(d). Interest & Dividends Tax Form DP-10 may be obtained by calling (603) 271-2192.

(i) Enter a deduction equal to the contribution made to a Qualified Investment Capital Company during the applicable taxable period.

(j) Enter an addition equal to any return of capital previously taken as a deduction as a capital contribution to a Qualified Investment Capital Company if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted.

(k) Enter the amount of other additions and deductions required by RSA 77-A:4. Attach a Schedule.

(l) Enter the total of lines 8(a) through 8(k).

Line 9: **ADJUSTED GROSS BUSINESS PROFITS**

Enter the total of line 7 as adjusted by line 8(l).

Line 10: **NEW HAMPSHIRE APPORTIONMENT**

Partnerships which have business activity both within and without this state AND which are subject to income taxes or a franchise tax measured by net income in another state, whether or not actually imposed by the other state, must apportion their gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. Form DP-80 may be obtained by calling (603) 271-2192. After completing Form DP-80, enter the apportionment percentage on line 10 of your Form NH-1065. Show to six decimal places. **All others enter 1.00 on line 10**.

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2 (continued)	Line 11: Enter the product of line 9 multiplied by line 10. **If negative, enter 0**.
	Line 12: Enter the product of line 11 multiplied by 7%.
STEP 3 Figure Your Credits	Line 13: **CREDITS** Enter the amount of credits allowed under RSA 77-A:5, as shown on Form DP-160. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on line 13. Form DP-160 may be obtained by calling (603) 271-2192**. DO NOT INCLUDE THE BET CREDIT ON THIS LINE. Line 14: Enter the amount of line 12 less line 13. Line 15: **BUSINESS ENTERPRISE TAX CREDIT** To calculate the BET credit to be applied against this years BPT, complete the following worksheet:

BET CREDIT WORKSHEET.

	Tax year ended ___/___/___	Tax year ended ___/___/___	Tax year ended ___/___/___	Tax year ended ___/___/___	Tax year ended ___/___/___
A BET Credit Carryforward Amount. *See note below.					
B Current year BET Liability					
LESS					
C Current year BPT Liability					
D Enter the amount of line B less line C. IF NEGATIVE, ENTER O.					
E BET Credit available for a deduction this tax year. Sum of line A and line B.					
F BET Credit deduction this year. The amount on line F should be entered on line 15 of NH-1065.					
G Credit carryforward Amount. Line E less line F. Carry this amount forward and indicate on line A under subsequent year.					

*Note: The line A amount is from line G of the previous year's BET CREDIT WORKSHEET. If this is the initial year of the BET (Tax Years ending on or after 7/1/93) indicate 0.

	Line 16: Enter the lesser amount of line 14 or line 15. If line 15 is greater than line 14, then a "Business Enterprise Tax Credit" carryover exists. Any unused portion of the current year's Business Enterprise Tax Credit may be carried forward and allowed against any Business Profits Tax due for the next five taxable periods.
	Line 17: Enter the amount of line 14 less line 16. **IF NEGATIVE, ENTER 0.**

ENTER THE AMOUNT FROM LINE 17 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.

FORM
DP-132

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NET OPERATING LOSS (NOL) DEDUCTION

SEQUENCE # 7

For the CALENDAR year **1998** or other tax year beginning ____ Mo ____ Day ____ Year and ending ____ Mo ____ Day ____ Year

NAME	FEI OR SS NUMBER

WHEN TO USE THIS FORM	Use this form to detail the Net Operating Loss Carryforward amount included in the current tax year net operating loss deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the NH tax return in the year the NOL deduction is claimed.

	(A) Ending date of tax year in which NOL occurred			**(B)** NOL amount available for five year carryforward period Cannot exceed $250,000 per year and must be adjusted for Transition Credit.	**(C)** Amount of NOL carryforward which has been used in tax years prior to this tax year	**(D)** Amount of NOL to be used as a deduction in this tax year	**(E)** Amount of NOL to carryforward to future years
	Mo	Day	Yr				
1				1	1	1	1
2				2	2	2	2
3				3	3	3	3
4				4	4	4	4
5				5	5	5	5

6 Amount of NOL carryforward deducted this tax year.
(Sum of column D, lines 1-5) ..... 6 ____
This is the amount to be reported on the applicable Business Profits Tax return. This amount cannot exceed the NH Adjusted Gross Business Profits before the Net Operating Loss Deduction.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E).

IMPORTANT:

A NH Net Operating Loss may be carried forward for five years following the loss year provided, however, that no loss amounts incurred prior to January 1, 1989 shall be used to calculate the NOL deduction.

Rev 303.03(c) – Carryback Of Loss Required. For purposes of calculating the amount of any net operating loss deduction allowed under RSA 77-A:4, XIII, section 172 of the Internal Revenue Code in effect on December 31, 1996 shall be followed, except that,

(1) Any loss amount shall first be carried back to those tax years required by the Internal Revenue Code without application of the election in section 172(b) (3) and applied to any income in the carryback tax years, before any remaining loss is carried forward as a net operating loss deduction.

(2) The carryback of losses as provided in (1) above shall result in neither an allowable net operating loss deduction in the carryback years nor a refund of previously paid taxes. Amended returns filed for such purposes shall be prohibited.

(3) The business organization's failure to carry back net operating losses and apply them to the income of prior profitable years shall result in the loss being presumed to be fully absorbed in the carryback year(s).

The Net Operating Loss carryforward shall be apportioned pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.03(d).

FORM
NH-1065-ES
Instructions

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED PARTNERSHIP BUSINESS TAX QUARTERLY PAYMENT VOUCHERS

1999

1 Who Must Pay Estimated Tax

Every partnership required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax, is less than $200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period exceeds $200 for either tax (see paragraph 6 for exception).

2 Where to Mail Payments

Mail estimated tax payment to:

NH DEPT REVENUE ADMINISTRATION
Document Processing Division
PO Box 637
Concord, NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 1999
2nd quarterly payment due June 15, 1999
3rd quarterly payment due September 15, 1999
4th quarterly payment due December 15, 1999

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th and 12th month following the close of your fiscal year.

FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE VOUCHER.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO: STATE OF NEW HAMPSHIRE

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use form RP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, please call the forms line at (603) 271-2192.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 637, Concord, NH 03302-0637. Telephone (603) 271-2186. Hearing or speech impaired individuals may call TDD Access:Relay NH 1-800-735-2964.

FORM
NH-1065-ES
712

BUSINESS TAX - PARTNERSHIP

1999 Estimated Tax Worksheet (Keep for your records - Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment		
b Gross Business Profits Tax After Apportionment		
2 TAX		
a Line 1(a) x .0025		
b Line 1(b) x 7%		
3 CREDITS		
a RSA 162-L. CDFA		
b RSA 77-A:5 (Please be sure to include the BET Credit)		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)]		
5 Overpayment from last year		
6 Balance of Business Taxes Due (line 4 less line 5)		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of line 6 of worksheet) BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1	$	$	$	April 15, 1999
2	$	$	$	June 15, 1999
3	$	$	$	Sept. 15, 1999
4	$	$	$	Dec. 15, 1999

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

FORM
NH-1065-ES
712

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PARTNERSHIP BUSINESS TAX - 1999

For CALENDAR year **1999** or other tax year beginning ___ Mo ___ Day ___ Year and ending ___ Mo ___ Day ___ Year

OFFICE USE ONLY

Please Print or Type

NAME OF PARTNERSHIP

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER

Business Enterprise Tax	1	
Business Profits Tax	2	
AMOUNT OF THIS PAYMENT	**3**	

MAIL TO:
NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

Make check payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your payment with this estimate. Do not file a $0 estimate.

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