FORM NH-1120-WE

# NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION COMBINED BUSINESS PROFITS TAX RETURN

Due Date for CALENE	R year $2004$ or other taxable period beginning $_{ ext{Mo}}$ Day $_{ ext{Year}}$ and ending $_{ ext{Mo}}$ Day	SEQUENCE #4B					
Please Print	ue Date for CALENDAR year filers is on or before March 15, 2005 or for fiscal filers the 15th day of the 3rd month after the close of the taxable peri YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.						
Ruestions  B Does C Has ti D Is this return Pleas  STEP 3 Figure Your Taxes  1 Gros (d) (e) 2 Addit (a) (b) (c) (d) (e) 4 New I 5 New 7 New I 8 New I 8 New I 9 Credit Your Your Your Your Your Your Your Your	PRINCIPAL NH BUSINESS ORGANIZATION FEDERAL EM	MPLOYER IDENTIFICATION NUMBER					
## Does   C	ne corporation filing its tax return on an IRS approved 52/53 week tax year?	Yes No					
C   Has ti   D   Is this return   Pleas     STEP 3   Figure	s the corporation file as part of a unitary group in any other jurisdiction?	Yes No					
return   Pleas	the corporation been found to be unitary by any other jurisdiction?	Yes No					
Pleas   Pleas	nis corporation affiliated with any other business organization not included within this combin	ned					
1 Gros	rn that files business tax returns with this department?						
(a) (b) (c) (d) (e) (e) (d) (e) (f) (g) (h) (i) (a) (b) (c) (d) (e) (f) (g) (h) (i) (a) (b) (c) (d) (e) (f) (g) (h) (i) (a) (b) (c) (d) (e) (f) (g) (h) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	ase identify by name and FEIN						
(a) (b) (c) (d) (e) (e) (d) (e) (d) (e) (d) (e) (d) (e) (f) (g) (h) (i) (a) (a) (b) (c) (d) (d) (e) (f) (d) (e) (f) (f) (g) (h) (f) (h) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	ss Business Profits	Bonus Depreciation					
(c) (d) (e) (e) (d) (e) (e) (d) (e) (f) (g) (h) (i) 3 Adjus 4 New 15 New 16 New 17 New 18 New 19 Credit 10 Subte 10 Subt	a) Combined Net Income from NH-1120-WE, Schedule I, Line 9 or if Bonus Depreciation was taken, Line 5 of Combined schedule R (If negative, show in parenthesis)1(a)	Bondo Baprociation					
(d) (e) 2 Addit (a) (b) (c) (d) (e) (f) (g) (h) (i) 3 Adjus 4 New I 5 New 6 New 7 New I 8 New I	b) Separate entity or passive loss limitation adjustments 1(b)						
(e) 2 Addit (a) (b) (c) (d) (e) (f) (g) (h) (i) 3 Adjus 4 New I 5 New I 6 New I 7 New I 8 New I 8 New I 10 Credit Our 10 Subte	c) Subtotal [Line 1(a) adjusted by Line 1(b)]. If negative, show in parenthesis (See instructions for Net Operating Loss (NOL) provisions)	1(c)					
2 Addit	d) Foreign Dividends (Must be the same amount as Schedule II, Line 6 and the total of Column B on Schedule III)	1(d)					
(a) (b) (c) (d) (e) (f) (g) (h) (i) 3 Adjus 4 New 5 New 6 New 7 New 1 8 New 1 8 New 1 8 New 1 8 New 1 9 Credition out 10 Subtraction	e) NH Combined Net Income (Line 1(c) adjusted by Line 1(d). If negative, show in parenthesis)	1(e)					
(b) (c) (d) (e) (d) (e) (f) (g) (h) (i) 3 Adjus 4 New 1 5 New 1 6 New 1 7 New 1 8 New 1	litions and Deductions						
(c) (d) (e) (f) (g) (h) (i) 3 Adjus 4 New 1 5 New 1 6 New 1 8 New 1 1 8 New 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a) Add back income taxes or franchise taxes measured by income 2(a)						
(d) (e (f) (g (h (i) 3 Adjus 4 New 1 5 New 1 8 New 1 1 8 New 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b) NH Net Operating Loss Deduction (Attach Form DP-132-WE) 2(b)						
(e	c) Interest on direct US Obligations2(c)						
(f) (g) (h) (i) 3 Adjus 4 New 1 5 New 1 6 New 1 8 New 1 TEP 4 igure our 10 Subte		)					
(g (h (i) 3 Adjus 4 New 5 New 6 New 7 New 1 8 New 1 TEP 4 igure our 10 Subte	(e) Foreign dividend gross-up (IRC Section 78) 2(e)	)					
(h (i) 3 Adjus 4 New I 5 New I 6 New I 7 New I 8 New I TEP 4 iigure our 10 Subte	(f) Research contribution (See RSA 77-A:4 XII. Attach computation 2(f)	)					
3 Adjus 4 New   5 New   6 New   7 New   8 New   1TEP 4 1igure 0ur 10 Subto	(g) Contribution made Prior to 5/24/04 to a Qualified Investment 2(g) Capital Company (Attach schedule detailing, Name, FEIN and amount)  (h) Add back return of capital from Qualified Investment Capital Company _ 2(h)	)					
4 New   5 New   6 New   7 New   8 New    TEP 4   igure our   10 Subte	(i) Combine Lines 2(a) through 2(h). (If negative, show in parenthesis.)	2(i)					
5 New 6 New 7 New 1 8 New 1 TEP 4 igure our 10 Subto	usted Gross Business Profits (Line 1(e) adjusted by Line 2(i). (If negative, show in parenthesis)	3					
6 New   7 New   8 New   1 TEP 4   1 igure   9 Credit our   10 Subte	Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places.)	4					
7 New I 8 New I TEP 4 igure 9 Credi	v Hampshire Water's Edge Taxable Business Profits (Line 3 multiplied by Line 4)	5					
8 New I	v Hampshire Foreign Dividends Taxable Business Profits (From Schedule II, Line 7)	6					
TEP 4 igure 9 Credi	Hampshire Taxable Business Profits (Line 5 plus Line 6. If negative, enter zero)	7					
igure 9 Credi	Hampshire Business Profits Tax (Line 7 x 8.5%)	8					
our 10 Subto	"	•					
	dits allowed under RSA 77-A:5 (Attach Form DP-160-WE)						
	total (Line 8 minus Line 9)						
	iness Enterprise Tax Credit	11					
12 Busin (E	iness Enterprise Tax Credit to be applied against Business Profits Tax Enter the lesser of Line 10 or Line 11)	12					
	Business Profits Tax Net of Statutory Credits (Line 10 minus Line 12) THE AMOUNT FROM LINE 13 ON LINE 1(b) OF THE BT- SUMMARY FORM.	13					

## FORM NH-1120-WE

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION COMBINED BUSINESS PROFITS TAX AFFILIATION SCHEDULE

SEQUENCE #4C

This page must be completed in its entirety as part of the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev 301.24, other members of the Water's Edge Combined Group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified Overseas Business Organizations as defined by RSA 77-A:1.

Α	PRINCIPAL NH BUSINESS ORGANIZATION	H BUSINESS ORGANIZATION FEDERAL EMPLOYER IDENTIFICATION NUMBER				
	NUMBER & STREET ADDRESS					
	STREET ADDRESS (CONTINUED)					
	CITY/TOWN, STATE & ZIP CODE					
В	NH BUSINESS ACTIVITY					
С	Attach additional sheets for the following, if necessary  Other members included in the Water's Edge Combined Group. Please indicate with an X those members who have nexus with New Hampshire.					
	Name of Business Organization	FEIN	Nexus			
1						
2						
3						
4						
5						
6						
7						
8						
D	Parent Company of this Combined Group	FEIN	Nexus			
Е	Name and federal employer identification numbers of the domestic affiliated business organizations who are excluded from the NH Water's Edge Combined Group as non-unitary members. Please indicate with an X those members who have nexus in New Hampshire.					
			Navus			
4	Name of Business Organization	FEIN	Nexus			
1			Nexus			
2			Nexus			
2			Nexus			
2 3 4			Nexus			
2 3 4 5			Nexus			
2 3 4 5 6			Nexus			
2 3 4 5 6 7			Nexus			
2 3 4 5 6 7 8	Name of Business Organization	FEIN				
2 3 4 5 6 7	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded	FEIN  from the group as qualified Ov	/erseas			
2 3 4 5 6 7 8	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded	FEIN  from the group as qualified Ov	/erseas			
2 3 4 5 6 7 8 F	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6 7	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6 7 8 7 8 7 8 8 7 8 8 8 8 8 8 8 8 8 8 8	Name of Business Organization  Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those members and Location of Business Organization	FEIN  from the group as qualified Overs who have nexus in New Har	verseas mpshire. Nexus			



# NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION COMBINED BUSINESS PROFITS TAX RETURN

Inst	ructions			
STEP 1	At the	top of the return enter the beginning and ending dates of the taxable period if different than the calendar year.		
Name & FEIN		e PRINT the principal NH business organization's name and federal employer identification number.		
STEP 2 Ques- tions	Line A Line B Line C	Check "yes" if the corporation files its tax return on an IRS approved 52/53 week tax year.  Check "yes" if the corporation files as part of a unitary group in any other jurisdiction.  Check "yes" if the corporation has been found to be unitary by any other jurisdiction regardless of its filing status in that jurisdiction.  Check "yes" if the corporation is affiliated with any other business organization not included within this combined return that		
	files business tax returns with the Department.			
STEP 3				
Figure		NH COMBINED NET INCOME		
Your Taxes	(a)	Enter Combined Net Income from NH-1120-WE, Schedule I, Line 9. If you checked the bonus depreciation box, Line 5 of the Corporate Schedule R is entered here.		
	(b)	Enter the amounts, which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment for business organizations. Examples are a New Hampshire partner's share of partnership activities reported on the partner's federal return (Rev 302.02) or adjustments required under IRC Section 857(b) (2) for real estate investment trusts and IRC Section 852(b) (2) for regulated investment companies or adjustments for the reversal of the use of Federal consolidating provisions relating to the calculation of Capital Gain (loss) and the Charitable contribution Limitation. Attach a supporting schedule detailing the amount and type of adjustment(s). Enter any passive activity loss disallowed federally under IRC Section 469. Also enter any amount used to adjust the reported gain or loss on sale of assets which is attributable to an accumulated passive loss. If the total of this adjustment is a negative amount, then show in parenthesis, e.g. (\$50).		
	(c)	Enter the amount of Line 1(a) adjusted by Line 1(b). If negative, show in parenthesis, e.g. (\$50). If Line 1(c) shows a loss AND there are two or more NH nexus members in the combined group, then the NH net operating loss (NOL) carryforward available for future deduction must be allocated amongst the members of the combined group in accordance with Administrative Rule Rev 303.03. Form DP-131-WE, which provides the allocation format, is no longer required to be filed with the return. However, the carryback and carryforward provisions of RSA 77-A:4, XIII, as well as the allocation and apportionment provisions of Rev 303.03, still apply. (The loss must be reported on Form DP-132-WE, Combined Net Operating Loss (NOL) Deduction, for the year in which the deduction is claimed).		
		If Line 1(c) shows a loss AND there is only one NH nexus member of the combined group (and the combined group did not change during the 3 carryback years), then no allocation of the loss is required. However, the carryback and the carryforward provisions of RSA 77-A:4, XIII still apply.		
		Administrative Rules and Statutes for the Business Enterprise Tax and the Business Profits Tax as well as NOL provisions are available on our web site at <a href="www.revenue.nh.gov">www.revenue.nh.gov</a> , within the laws and rules section. If you have specific questions concerning net operating loss provisions for combined filers please contact the NH Department of Revenue Administration, Audit Division, 45 Chenell Drive, PO Box 457, Concord, NH 03302-0457, telephone (603) 271-3400. Individuals with hearing or speech impairments may call TDD Access Relay NH 1-800-735-2964.		
	(d)	Foreign Dividends [RSA 77-A:3, II(b)] that are from overseas business organization payors must be included in Line 1(a) above in order to be deducted here. This amount must equal the total of column B on Schedule III. Failure to complete page 2 of the return and Schedules II and III could result in the inclusion of dividend income without factor relief or worldwide combination.		
	(e)	Line 1(c) adjusted by Line 1(d). Show negative amount in parenthesis, e.g. (\$50).		
Line 2 ADDITIONS AND DEDUCTIONS				
	(a)	Enter the total New Hampshire 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. Do not include the New Hampshire Business Enterprise Tax liability in this amount. Attach a schedule of taxes by state.		
	(b)	Enter the amount of carryover loss available as shown on Line 6 of Form DP-132-WE. Form DP-132-WE must be attached to the return. Refer to the instructions on the reverse side of Form DP-132-WE for the NOL carryover restrictions and allocation provisions.		
	(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 United States government.		
	(d)	Enter the amount of the jobs credit [IRC Section 280C(a)] deducted on this year's federal return.		
	(e)	Enter the amount of gross business profits that is attributable to foreign dividend gross-up as determined in accordance with IRC Section 78.		
	(f)	In the case of a business organization which makes qualified research contributions as defined in RSA 77-A:1, X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less.		
	(g)	Enter a deduction equal to the contribution made to a Qualified Investment Capital Company, prior to 5/24/04 during the applicable taxable period. Attach a schedule listing name, FEIN and the amount paid.		
	(h)	Enter an addition equal to any return of capital previously taken as a deduction pursuant to RSA 77-A:4, XVII as a capital contribution to a Qualifying Investment Capital Company if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted. Attach a schedule listing name, FEIN and the amount paid.		
	(i)	Enter the total of Lines 2(a) through 2(h) on Line 2(i), showing negative amounts in parenthesis, e.g. (\$50).		

### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

### **COMBINED BUSINESS PROFITS TAX RETURN**

LINE-BY-LINE INSTRUCTIONS (continued)

OTET 5 =	ROSS BUSINESS PROFITS				
(00 1)	al of Line 1(e) as adjusted by Line 2(i). Show negative amounts in parenthesis, e.g. (\$50).  HIRE APPORTIONMENT				
1	rm DP-80, Schedule A, Apportionment of Income. Enter resulting apportionment on Line 4 of your Form expressed as a decimal to six places. Form DP-80 must be attached to Form NH-1120-WE.				
'	duct of Line 3 multiplied by Line 4.				
	foreign dividends taxable business profits from Schedule II, Line 7.				
	of Line 5 plus Line 6.				
	duct of Line 7 multiplied by 8.5%.				
STEP 4 Line 9 CREDITS Figure Enter the amo	punt of gradite allowed under DCA 77 A.E. Farm DD 460 ME. Cabadula of Business Brafite Tay Cradite				
Your must be filed	bunt of credits allowed under RSA 77-A:5. Form DP-160-WE, Schedule of Business Profits Tax Credits, d with the return to support all credits claimed on Line 9. Do not include the BET credit on this line.				
Line 10 Enter the amou	ount from Line 8 minus Line 9.				
	NTERPRISE TAX CREDIT				
may be carried	erprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit d forward and allowed against Business Profits Tax due for up to 5 taxable periods from the period in which Enterprise Tax was paid. To calculate the BET credit to be applied against this year's Business Profits Tax,				
the Business E complete the f	Enterprise lax was paid. To calculate the BET credit to be applied against this year's Business Profits Tax, following worksheet:				
'	BET CREDIT WORKSHEET				
Taxable	le period ended Taxable period ended Taxable period ended Taxable period ended Taxable period ended				
A BET Credit Carryforward Amount	<del>                                    </del>				
*See note below					
B Current Period BET					
liability from Form BET, Line 5					
C Expiring BET Credit					
Carryforward (					
**See note below					
D BET Credit Available (Sum of Lines A, B and C)					
Enter on Line 11 of					
NH-1120-WE					
E Current Period BPT liability from NH-1120-					
WE, Line 10					
F BET Credit Deduction					
Line D or Line E) Enter on	this period (the lesser of Line D or Line E) Enter on				
Line 12 of NH-1120- WE					
G Credit Carryforward					
Amount (Line D minus Line F) Carry this amount forward and					
indicate on Line A in subsequent period.					
*Note: The Line A amount in the first column is from Line G, the credit carryforward amount, of the previous year's BET CREDIT WORKSHEET.					
If this is your initial year of the BET, enter zero. Note that the BET is imposed on a separate entity basis only. Any credit carryforward remains a tax attribute to the individual entities to which the tax was imposed. In the event any individual entity is no longer a member of this combined					
group, you must remove their portion of BET credit carryforward from Line A.  ** Note: The BET credit may be carried forward and allowed against BPT taxes due for 5 (five) taxable periods from the period in which the tax					
was paid. Any unused credit prior to the 5 most current tax periods expiring in this taxable period is unavailable and should be included in Line C.					
STEP 4 Line 12 Enter the lesser amount of Line 10 or Line 11. If Line 11 is greater than Line 10, then a Business Enterprise Tax credit					
	exists. Any unused portion of the current periods's Business Enterprise Tax Credit may be carried forward and ast any Business Profits tax due in a subsequent taxable period following the tax period of the BPT liability.				
0	Credits   line 13: Enter the amount of Line 10 minus Line 12				
` '	AMOUNT FROM LINE 13 ONTO LINE 1(b) OF THE BT-SUMMARY FORM.				

### PAGE 2 WATER'S EDGE COMBINED GROUP BUSINESS PROFITS TAX AFFILIATION SCHEDULE INSTRUCTIONS.

Page 2 of Form NH-1120-WE replaces Form AU-20. It must be completed in its entirety and submitted with the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev 301.24, other members of the Water's Edge Combined Group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified overseas business organizations as defined by RSA 77-A:1.