

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTION TO REPORT NET GAIN IN YEAR OF SALE

WHO MUST FILE	Pursuant to Rev 311.15(a), the Form DP-95, election to report the net gain in the year of sale, shall be used by a business organization electing to report, to the department, the full amount of gain from a sale in the year of that sale, rather than on the installment basis as provided in Rev 302.07(d).
WHERE TO FILE	MAIL NH DEPT OF REVENUE ADMINISTRATION TO: AUDIT DIVISION 45 CHENELL DRIVE PO BOX 457 CONCORD, NH 03302-0457 FACSIMILE FORMS ARE NOT ACCEPTED
STEP 1	Please print or type the name and address of the taxpayer in the space provided. Also enter the Federal Employer Identification Number, Social Security Number or the Department Identification Number. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN, and not both.
STEP 2	Enter the tax period in which the net gain is being reported. Enter the entity type for which the request is being made.
STEP 3	The form must be dated signed (in ink) by the Proprietor, Partner, Fiduciary Trustee or Authorized Agent. If the form was completed by a paid preparer, then preparer must also sign (in ink) and date the form.

Pursuant to the Business Profits Tax Law, RSA 77-A, and the Department of Revenue Administration Rules - Rev 311.15, the undersigned requests permission to include in gross business profits the entire amount of gain, although the installment method is being utilized for Federal Income Tax purposes.

STEP 1 Please Print or Type	TAXPAYER NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS	
	ADDRESS (CONTINUED)	
	CITY/TOWN, STATE, ZIP CODE	
STEP 2 Return Type and Year End	Indicate taxable period in which the net gain from installment sale is being reported to New Hampshire: FISCAL YEAR ENDING _____ CALENDAR YEAR ENDING _____ Indicate the entity type for which this request is being made: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> PARTNERSHIP	
STEP 3 Signatures	Under penalties of perjury, I declare that I have examined this return 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.	
	X SIGNATURE (IN INK) _____ DATE _____	X SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER _____ DATE _____
	TITLE _____	PREPARER'S TAX IDENTIFICATION NUMBER _____
		PREPARER'S ADDRESS _____
		CITY/TOWN, STATE & ZIP CODE _____

THIS REQUEST IS TO BE MADE IN DUPLICATE WITH THE ORIGINAL ATTACHED TO THE RETURN ALONG WITH A COPY OF THE INSTALLMENT SALES SCHEDULE FILED WITH THE FEDERAL INCOME TAX RETURN. A copy of this form filed with the reported gain shall be submitted with each subsequent New Hampshire Business Tax return required to be filed as long as the business organization continues to report the gain on the installment method on their federal income tax return.

Pursuant to Rev 302.07 "If the filing requirement for subsequent years is solely the result of reporting the gain or loss from the installment sale to New Hampshire, a business organization may elect to report the entire gain or loss in a single year for business profits tax purposes although it has not elected pursuant to section 453(d) of the IRC by attaching a completed form DP-95 to the business profits tax return."