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NEW HAMPSHIRE 2009

Business Tax Booklet For Combined Groups BPT: RSA 77-A and Rev 300 BET: RSA 77-E and Rev 2400

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

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Return due date for calendar year filers:
March 16, 2010

E-FILE DRA

Taxpayers can make estimate, extension, notice of assessment, and return payments on the Internet for Business Profits Tax, Business Enterprise Tax, Meals & Rentals Tax and Interest & Dividends Taxes. For more information, please visit our web site at www.nh.gov/revenue.

EXTENSION: An **automatic** 7-month extension of time to file the Business Enterprise Tax and/or Business Profits Tax return will be granted **if you pay 100%** of the taxes determined to be due by the due date of the tax. If an additional payment is necessary in order to have paid 100% of the taxes determined to be due, you may make your 100% payment on-line or file it with Form BT-EXT, Extension Application for Business Taxes.

TAX RATE: Effective for all tax years ending on or after July 1, 2001, the Business Profits Tax rate is **8.5%**, and the Business Enterprise Tax rate is **0.75%**.

BET FILING THRESHOLDS: The filing threshold for the Business Enterprise Tax is **\$150,000** of gross business receipts or **\$75,000** of the enterprise value tax base.

BPT FILING THRESHOLDS: The filing threshold for Business Profits Tax is gross business income in excess of **\$50,000** from business activity **everywhere**.

INTERNAL REVENUE CODE (IRC): The New Hampshire Legislature has not changed the current business tax laws to conform with the federal tax law changes. Therefore, unless the New Hampshire Legislature passes legislation to adopt the federal provisions, taxpayers must file their New Hampshire business tax returns using the provisions of the IRC in effect on December 31, 2000.

INTEREST RATE: Effective January 1, 2010 through December 31, 2010, the interest due on taxes administered by the New Hampshire Department of Revenue Administration is **6%**. Interest is calculated on the balance of tax due from the original due date of the tax to the date the tax is paid. For interest rates in prior years see instructions.

ELECTRONIC FUNDS TRANSFER: New Hampshire requires all taxpayers subject to Business Profits Tax, RSA 77-A, Business Enterprise Tax, RSA 77-E, and/or Interest & Dividends Tax, RSA 77, having a total liability of \$100,000 or greater for the most recently filed tax year to submit their tax payments by electronic funds transfer (EFT). This authority is provided under RSA 21-J:3, XXI. They may use either our ACH Debit program through our E-file application or our ACH Credit program. To obtain an ACH Credit program guide, please request the registration form DP-175 from our forms line at (603) 271-2192. To make payments using the ACH Debit method access the e-file system at www.nh.gov/revenue.

NEED FORMS: Copies of forms, laws and administrative rules may be obtained from our web site at www.nh.gov/revenue or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies of forms, laws, and rules can be made for a fee. Forms may be ordered by calling our forms line at (603) 271-2192.

NEED HELP: This booklet contains general information to assist you in complying with your tax obligation. Rules, laws and answers to Frequently Asked Questions (FAQ's) are available 24 hours a day from our web site at www.nh.gov/revenue. If you have any questions contact the Central Taxpayer Services Office at (603) 271-2191.

Individuals who need auxiliary aids for effective communication in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known to the New Hampshire Department of Revenue Administration at (603) 271-2318. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

IMPORTANT MESSAGE REGARDING TAX BOOKLETS:

Due to increased printing costs and postage fees, this is the last year that tax booklets will be automatically mailed to you. Forms may be downloaded for free from our web site at www.nh.gov/revenue/forms or ordered by telephone at (603) 271-2192.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**PAYMENT FORM AND APPLICATION FOR 7 MONTH EXTENSION
 OF TIME TO FILE BUSINESS TAX RETURN**

FOR DRA USE ONLY

TO MAKE YOUR PAYMENT ONLINE ACCESS E-FILE AT
www.nh.gov/revenue

INSTRUCTIONS

AUTOMATIC EXTENSION

If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, by the due date of the tax 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. **Note that an extension of time to file your returns is not an extension of time to pay the tax.**

WHO MUST FILE

If you need to make an additional payment in order to have paid 100% of the tax determined to be due, you may e-file your payment, submit this form with payment or make an electronic payment by the original due date in order to be granted an extension of time to file your return. **Do not file if the total due is zero.**

E-FILE

Make 100% of your tax payment on-line and you will not have to file this form. Access our web site at www.nh.gov/revenue.

WHEN TO FILE

This form must be postmarked on or before the original due date of the return. Electronic payments must be made before midnight of the due date of the return.

WHERE TO FILE

NH DRA (New Hampshire Department of Revenue Administration),
 PO Box 637, Concord, NH 03302-0637.

REASONS FOR DENIAL

Applications for extension will be denied for reasons such as, but not limited to, the application was postmarked **after** the due date or the payment for 100% of the balance due shown on Line 5 below did not accompany this application or was not received electronically by the due date of the return.

NEED HELP?

Call Central Taxpayer Services at (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

| | | | |
|--|---|----------------------|--|
| 100% OF TAX PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX | LAST NAME | FIRST NAME & INITIAL | SOCIAL SECURITY NUMBER |
| | SPOUSE/CU PARTNER'S LAST NAME | FIRST NAME & INITIAL | SOCIAL SECURITY NUMBER |
| | CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME | | FEDERAL EMPLOYER IDENTIFICATION NUMBER |
| | NUMBER & STREET ADDRESS | | DEPARTMENT IDENTIFICATION NUMBER |
| | ADDRESS (Continued) | | If issued a DIN, DO NOT enter SSN or FEIN |
| | CITY/TOWN, STATE & ZIP CODE | | PRINCIPAL BUSINESS ACTIVITY CODE (Federal) |

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

ENTITY TYPE Check one of the following:

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

TAX PAYMENT SCHEDULE. DO NOT FILE THIS FORM IF LINE 5 IS ZERO.

1 Enter 100% of the Business Enterprise Tax determined to be due (net of credit)..... 1

2 Enter 100% of the Business Profits Tax determined to be due (net of credit) 2

3 Subtotal (Line 1 plus Line 2)..... 3

4 LESS: Credit carried over from prior year and Total Advance Payments..... 4

5 BALANCE DUE: (If negative or zero, do not file this application) 5

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

FOR DRA USE ONLY

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

**MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE.
 ENCLOSE BUT DO NOT STAPLE OR TAPE YOUR PAYMENT TO
 THIS EXTENSION.**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
GENERAL INSTRUCTIONS FOR FILING BUSINESS ENTERPRISE & BUSINESS PROFITS TAXES

WHO MUST FILE A BET RETURN

Every for-profit or non-profit enterprise or organization engaged in or carrying on any business activity inside New Hampshire which meets the following criteria, during the taxable period, must file a Business Enterprise Tax return:

A. If your gross business receipts total was in excess of **\$150,000**, then you are required to file a BET return, regardless of B below; or

B. If your **gross business receipts** total was **\$150,000** or less, use the following worksheet to determine if your enterprise value tax base is greater than **\$75,000**:

- | | |
|--|-------------|
| 1. Total dividends paid: | 1. \$ _____ |
| 2. Total compensation paid or accrued: | 2. \$ _____ |
| 3. Total interest paid or accrued: | 3. \$ _____ |
| 4. Sum of Lines 1, 2 and 3: | 4. \$ _____ |

If Line 4 is greater than **\$75,000**, you are required to file a BET return.

C. Section 501(c)(3) of the IRC non-profit organizations are not required to file unless they engage in an unrelated business activity under Section 513 of the IRC.

Form BT-Summary must be filed by all Business Organizations.

BET FORMS TO FILE

BT-Summary is filed by all organizations that have either a BPT or BET filing requirement.

BET-Prop is filed by organizations filing as a business profits tax NH1040. BET-WE is filed by organizations filing as a business profits tax combined group. Form BET is filed by all other organizations, including corporations, partnerships fiduciaries and non-profits.

WHO MUST FILE A BPT RETURN

All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowners' associations must file a Business Profits Tax return provided they are carrying on business activity inside 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 but not limited to: 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.** Combined filers should see NH-1120-WE General Instructions for additional filing requirements to file a combined report.

Grantor Trusts: 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).

INTERNAL REVENUE CODE (IRC) AND NEW HAMPSHIRE RECONCILIATION

The New Hampshire Legislature has not changed the current business tax laws to conform with the federal tax law changes. The Internal Revenue Code (IRC) reference remains the Code **in effect on December 31, 2000**. Therefore, if changes are used on your federal filing, business taxpayers must recalculate their New Hampshire gross business profits utilizing the NH Schedule R. Schedule R has been provided in this booklet to assist businesses in recalculating their New Hampshire Gross Business Profits. The completed Schedule R must be filed with the corresponding New Hampshire Business Tax return.

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, Computation of "S" Corporation Gross Business Profits. Returns filed without a Form DP-120 will be incomplete and may be returned to the taxpayer.

SINGLE MEMBER LIMITED LIABILITY COMPANIES

For NH taxation purposes, an SMLLC is recognized as an entity separate from its member. An SMLLC is required to report and file NH taxable activities at the entity level. An SMLLC is required by law to file a NH tax return even though the SMLLC does not file a separate federal tax return.

An SMLLC that is not disregarded for federal purposes shall file the same tax classification as it does for federal taxation.

An SMLLC that is disregarded for purposes of federal taxation shall file its business tax return using:

- Form NH1120, "Corporate Business Profits Tax Return", if the member is a corporation;
- Form NH1040, "Proprietorship Business Profits Tax Return", if the member is an individual;
- Form NH1065, "Partnership Business Profits Tax Return", if the member is a partnership; and
- Form NH1041, "Fiduciary Business Profits Tax Return", if the member is a trust.

If the SMLLC does **not** have a federal employer identification number; shares a taxpayer identification number with another entity; or is not required to obtain a federal employer identification number, social security number or an individual taxpayer identification number issued by the Internal Revenue Service **THE SMLLC MUST USE A DEPARTMENT IDENTIFICATION NUMBER (DIN) WHEN FILING ALL TAX RELATED DOCUMENTS.** Form DP-200 shall be used to apply for a New Hampshire Department of Revenue Administration DIN.

Your DIN shall be used in place of the entity's federal employer identification number. When filing all future documents, the DIN shall be entered wherever federal employer identification numbers or social security numbers are required.

REQUIRED NH FORMS AND ATTACHMENTS

- Schedule R for all returns requiring reconciling federal taxable income to arrive at NH gross business profits.
- Business organizations with a federal tax classification of S Corp must file a NH Form DP-120.
- All partnerships and sole proprietorships must attach the applicable compensation deduction work sheet if a compensation deduction for personal services is claimed.

REQUIRED FEDERAL FORMS AND SCHEDULES

A complete and legible copy of the federal income tax return and applicable federal forms, consolidating schedules and supporting schedules, must accompany all Business Profits Tax returns.

- Form NH-1120, Corporation Business Profits Tax Return must have the federal Form 1120, pages 1-4 and all other applicable forms and supporting schedules. Corporations may submit the consolidating schedules **ONLY** using a Compact Disc (CD) in a PDF or PDF compatible format.
- Form NH-1040, Proprietorship Business Profits Tax Return must have federal Form 1040 Schedules C, D, E, F, Form 4562, Form 4797, and Form 6252 if applicable.
- Form NH-1065, Partnership Business Profits Tax Return must have federal Form 1065, pages 1-4 and all other applicable schedules.
- Form NH-1041, Fiduciary Business Profits Tax Return must have federal Form 1041, pages 1-4 and all other applicable schedules.

Failure to attach all federal forms and schedules as required shall be deemed a failure to file a New Hampshire Business Profits Tax Return and may subject the taxpayer to penalties.

OTHER REQUIRED FILINGS

S-corporations, Partnerships, or Limited Liability Companies (LLCs) which have made actual or constructive distributions to its New Hampshire shareholders, partners, or members during the year must separately file Form DP-9.

GENERAL INSTRUCTIONS FOR FILING BUSINESS ENTERPRISE & BUSINESS PROFITS TAXES (continued)**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 EITHER 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.**

WHEN TO FILE

Calendar Year: If the business organization files its federal return on a calendar year basis, then the BET return and/or the BPT return is/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 period. The proprietorship, partnership and fiduciary returns are due the 15th day of the 4th month following the close of the taxable period.

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 taxable period.

EXTENSION TO FILE

New Hampshire does not require 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 due date of the tax.

If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you may file your payment on-line at www.nh.gov/revenue or file a payment and application for 7 month extension of time to file a business tax return, Form BT-EXT. The payment must be postmarked or received on or before the original due date of the return. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties.

WHERE TO FILE (FORMS MAY NOT BE FILED BY FAX)

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637

NEED HELP?

Call the Central Taxpayer Services Office at (603) 271-2191, Monday through Friday, 8:00 am - 4:30 pm. 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.

NEED FORMS?

To obtain additional forms or forms not contained in this booklet, you may access our web site at www.nh.gov/revenue or call the forms line at (603) 271-2192. Copies of the state tax forms may also be obtained from any of the 22 Depository Libraries located throughout the State.

ESTIMATED BPT & BET PAYMENTS

Every entity required to file a Business Profits Tax (BPT) return and/or a Business Enterprise Tax (BET) return must also make quarterly estimated tax payments for each individual tax for its subsequent taxable period, unless the **ANNUAL** estimated tax for the subsequent taxable period for each tax individually 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 quarterly estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax Form for exceptions and penalties for noncompliance.

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 at (603) 271-2191.

CONFIDENTIAL INFORMATION

Disclosure of federal employer identification numbers and social security numbers is mandatory under N.H. Code of Admin. Rules, Rev. 2903.02(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 federal employer identification numbers and social security numbers may result in the rejection of a return or application. The failure to timely file a return or application complete with social security 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 on your BET and/or BPT return(s) after filing, 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. **AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE AMENDED RETURN.** For changes made by the Internal Revenue Service for this year, see STEP 2 on the Business Tax Summary.

If you need to amend prior year BET and/or BPT return(s) and you need forms, you may access our web site at www.nh.gov/revenue or call the forms line at (603) 271-2192.

You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions.

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

The upper right corner of the NH tax forms indicate the order forms must be placed when filing. Copies of the federal tax return and supporting schedules must follow the NH forms and schedules.

BT-SUMMARYNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

FOR DRA USE ONLY

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year**SEQUENCE # 1**

| | | | |
|---|---|----------------------|---|
| STEP 1 Print or Type <input type="checkbox"/> Check box if there has been a name change since last filing | PROPRIETORSHIP - LAST NAME | FIRST NAME & INITIAL | SOCIAL SECURITY NUMBER |
| | PROPRIETORSHIP - SPOUSE/CU PARTNER'S LAST NAME | FIRST NAME & INITIAL | SOCIAL SECURITY NUMBER |
| | CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME | | FEDERAL EMPLOYER IDENTIFICATION NUMBER |
| | NUMBER & STREET ADDRESS | | DEPARTMENT IDENTIFICATION NUMBER (DIN) |
| | ADDRESS (continued) | | If required to use DIN, DO NOT enter SSN or FEIN |
| | CITY/TOWN, STATE & ZIP CODE | | |
| | | | PRINCIPAL BUSINESS ACTIVITY CODE (Federal) |

STEP 2
Return Type and Federal Information

If yes to one or both of the following questions you must complete this BT-SUMMARY or your return will be considered incomplete and may be subject to penalties.

Are You Required To File A BET Return (Gross Business Receipts over \$150,000, or Enterprise Value Tax Base over \$75,000)? ☐ YES ☐ NO

Are You Required To File A BPT Return (Gross Business Income Over \$50,000)? ☐ YES ☐ NO

☐ ② CORPORATION ☐ ③ PARTNERSHIP ☐ ① PROPRIETORSHIP ☐ AMENDED RETURN
☐ ② COMBINED GROUP ☐ ⑤ NON-PROFIT ☐ ④ FIDUCIARY ☐ 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 New Hampshire. Enter years covered by IRS _____
DO NOT USE THIS FORM TO REPORT AN IRS ADJUSTMENT. See Step 2 instructions.

STEP 3 COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY

| | | | | | |
|--|--|--|--------------------------|------|------|
| STEP 4 Figure Your Balance Due or Over-payment | 1 | (a) Business Enterprise Tax Net of Statutory Credits | 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) Total of this year's estimated tax payments | 2 (b) | | |
| | | (c) Credit carryover from prior tax period | 2 (c) | | |
| | | (d) Paid with original return (Amended returns only) | 2 (d) | | 2 |
| | 3 | TAX DUE: (Line 1 minus 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) |
| | (b) Return Payment Made Electronically | 5(b) | | | |
| | 5 BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.nh.gov/revenue or make check payable to: STATE OF NEW HAMPSHIRE. Enclose, but do not staple or tape your payment with this return. | | PAY THIS AMOUNT → | | 5 |
| 6 | OVERPAYMENT: [Line 1 plus Line 4 minus Lines 2 and 5(b)] | 6 | | | |
| 7 | Apply overpayment amount on Line 6 to: | | | | |
| | (a) Credit - Next Year's Tax Liability | | | 7(a) | |
| | (b) Refund (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**

FOR DRA USE ONLY

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.

☐ POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.

X

Signature (in ink) and Title if Fiduciary

Date

Preparer's Tax Identification Number

Preparer's Telephone Number

X

If joint return, BOTH parties must sign, even if only one had income

Date

Signature (in ink) of Paid Preparer

Date

☐ Filing as surviving spouse/CU Partner

Printed Name of Preparer

Print Signatory Name

Preparer's Address

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Taxpayer's Telephone Number

7

City/Town, State & Zip Code

BT-SUMMARY
Rev 09/2009

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY 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 from the calendar year.

PRINT the taxpayer's name, address, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) and principal business activity code in the spaces provided.

Enter spouse/CU Partner's name and SSN in the spaces provided for separate proprietorship only. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

STEP 2: RETURN TYPE AND FEDERAL INFORMATION

Check the Yes or No box to indicate if you are required to file a Business Enterprise Tax (BET) Return. Enterprises with more than \$150,000 of gross business receipts from all their activities or an enterprise value tax base of more than \$75,000 are required to file a BET Return with this Business Tax Summary Form. The BET is a 0.75% tax assessed on the taxable enterprise value tax base, after special adjustments and apportionments, the BET is the sum of all compensation paid or accrued, interest paid or accrued, and dividends paid by the business enterprise.

Check the Yes or No box to indicate if you are required to file a Business Profits Tax (BPT) Return. Businesses carrying on business activity within NH are subject to BPT unless they have \$50,000 or less of gross business income from all their activities. The BPT is an 8.5% tax assessed on taxable business profits from conducting business activity within NH.

Check the entity type which corresponds to your organizational structure. In the case of an LLC, check the tax classification 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 period. Check the FINAL RETURN box only when the business organization has ceased to exist or no longer has business activity 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 taxable periods examined by the IRS on the line provided. To report IRS adjustments you must submit the Report of Change (ROC) form under separate cover. These and other forms are available on our web site at www.nh.gov/revenue or call (603) 271-2192.

STEP 3: 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 net of statutory credits.
- Line 1(b) Enter the amount of your Business Profits Tax 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, Form BT-EXT. Include extension payments made electronically.
- Line 2(b) Enter estimated payments to be applied to this taxable period. Include estimate payments made electronically.
- Line 2(c) Enter the prior tax period overpayment that was carried forward to this taxable period.
- 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 minus Line 2. Show a negative amount with parenthesis, e.g., (\$50).
- Line 4 Additions to tax are calculated on the individual taxes. Complete the following calculations to determine the amount due, if applicable, for each line.

Line 4(a) INTEREST: Interest is calculated on the balance of tax due from the original due date to the date paid at the applicable rate listed below. Enter result on Line 4(a).

| | | | |
|----------------|-------------------------------|------------------|--------------|
| X | • | X | = |
| Number of days | Daily rate decimal equivalent | Tax Due (Line 3) | Interest due |

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

| PERIOD | RATE | DAILY RATE DECIMAL EQUIVALENT |
|-----------------------|------|-------------------------------|
| 1/1/2010 - 12/31/2010 | 6% | .000164 |
| 1/1/2009 - 12/31/2009 | 7% | .000192 |
| 1/1/2008 - 12/31/2008 | 10% | .000273 |
| 1/1/2007 - 12/31/2007 | 10% | .000274 |
| 1/1/2006 - 12/31/2006 | 8% | .000219 |

Contact the Department for applicable rates for any other tax periods.

Line 4(b) FAILURE TO PAY: 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. 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) FAILURE TO FILE: A taxpayer failing to timely file a complete return may 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 is filed.

Line 4(d) UNDERPAYMENT PENALTY: If Line 1(a) or 1(b) is more than \$200 you were required to file estimated Business Profits Tax and/or Business Enterprise Tax payments during the taxable period. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimates 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 from our web site at www.nh.gov/revenue or by calling (603) 271-2192.

- Line 4 Enter the total of Lines 4(a) through 4(d).
- Line 5(a) Enter total of Line 3 and Line 4 for subtotal of amount due.
- Line 5(b) Enter the amount of payments made electronically for this return only. Any extension or estimate payments made electronically should be included on Lines 2(a) and 2(b).
- Line 5 Enter the amount of Line 5(a) minus 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(s). Enclose, but do not staple or tape, your payment with the Form BT-SUMMARY and attachments. To ensure the check is credited to the proper account, put your SSN, FEIN OR DIN 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 or all of the overpayment as a credit toward next year's tax liability. Enter the desired credit on Line 7(a). The remainder, if any, which will be refunded, should be entered on Line 7(b). If Line 7(a) is not completed, the entire overpayment will be refunded.

STEP 5: SIGNATURE & POA'S

The Form BT-SUMMARY and return(s) must be dated and signed in ink by the taxpayer or authorized agent.

If you are filing a joint return, then **both** you and your spouse/CU Partner or authorized agent must sign and date the return, in ink. If the return was completed by a paid preparer, then the preparer must also sign and date the return in ink. The preparer must also enter their federal employer identification number, social security number, or federal preparer tax identification number (PTIN) and their complete address. By checking the POA box, the taxpayer authorizes the staff of the DRA to discuss this return with the preparer listed on the front of the return. This is a limited POA for this return only. The Department may request a completed Form DP-2848 for discussion of any other tax period or matter.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS,
 COMBINED GROUPS, PARTNERSHIPS, FIDUCIARIES AND
 NON-PROFIT ORGANIZATIONS**

SEQUENCE # 2

YOU ARE REQUIRED TO FILE THIS RETURN IF THE GROSS BUSINESS RECEIPTS WERE
 GREATER THAN **\$150,000** OR THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN **\$75,000**.

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY.

| | | | | |
|---|--|------|---|--|
| STEP 1 Print or Type Name | CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME | | FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER | |
| If your business activities are conducted both inside and outside New Hampshire AND the business enterprise is subject to a business privilege tax, a net income tax, a franchise tax measured by net income, a capital stock tax, or other similar taxes, whether or not it is actually imposed by another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, 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. Combined groups must complete Form BET-80-WE to determine the values for Lines 1, 2 and 3. If you need Form BET-80 or BET-80-WE it may be obtained from our web site at www.nh.gov/revenue or by calling (603) 271-2192. | | | | |
| STEP 2 Compute the Tax- able Enterprise Value Tax Base | 1 Dividends Paid | 1 | | |
| | 2 Compensation and Wages Paid or Accrued | 2 | | |
| | 3 Interest Paid or Accrued | 3 | | |
| | 4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3) | | 4 | |
| STEP 3 Figure Your Tax | 5 New Hampshire Business Enterprise Tax (Line 4 multiplied by .0075) | | 5 | |
| | 6 STATUTORY CREDITS (a) RSA 162-L:10. CDFA-Investment Tax Credit | 6(a) | | |
| | (b) RSA 162-N Community Reinvestment and Opportunity Credit Repealed for tax years ending on or after 7/01/07. | 6(b) | | |
| | (c) RSA 162-N. Economic Revitalization Zone Tax Credit. Effective for tax periods ending on or after 7/01/07 (see instructions). | 6(c) | | |
| | (d) RSA 162-P. Research & Development Tax Credit (unused portion, see instructions) Effective for tax periods ending on or after 9/07/07. | 6(d) | | |
| | (e) RSA 162-Q Coos County Job Creation Tax Credit | 6(e) | 6 | |
| | 7 Business Enterprise Tax Net of Statutory Credits (Line 5 minus Line 6. IF NEGATIVE, ENTER ZERO) ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY. | | 7 | |

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX RETURN INSTRUCTIONS

FORM BET is required for all Corporations, Partnerships, Estates, Trusts, Non-Profits, LLC's and Combined Groups to report Business Enterprise Tax.

FORM BET-PROP is required for Proprietorships and Single Member Limited Liability Companies that are disregarded for purposes of federal taxation and the member is an individual to report Business Enterprise Tax.

STEP 1: NAME, IDENTIFICATION NUMBER, AND TAXABLE PERIOD

Whenever FEIN's or SSN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not the FEIN or SSN.

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

FORM BET: PRINT the Corporate, Partnership, Estate, Trust, Non-Profit or LLC name. Combined filers PRINT the Principal NH Business Organization's name. Enter the Federal Employer Identification, Social Security or Department Identification Number in the space provided.

FORM BET-PROP: Print the primary individual's name and SSN and the spouses name and SSN, if both have a filing requirement. SMLLCs issued a unique and separate Federal Employer Identification Number (FEIN) must enter the FEIN and not the individual member's SSN.

BET-80 APPORTIONMENT

If your business activity is conducted both inside and outside New Hampshire and is subject to tax in another state, whether or not actually imposed by the state, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for Lines 1, 2 and 3 of the Form BET.

Note: Combined group filers are required to complete the BET-80-WE to account for each individual nexus entity to determine the values for Lines 1, 2, and 3 of the Form BET.

BET Nexus differs from BPT Nexus (see RSA 77-E).

If both you and your spouse/CU Partner conduct separate business activities both inside and outside New Hampshire, then each must complete a **separate** Form BET-80 (which may be obtained by accessing our web site at www.nh.gov/revenue or by calling (603) 271-2192). After completing Form BET-80, enter the amount from Line 17 on Line 1 of your Form BET-PROP. Enter the amount from Line 24 on Line 2 of your Form BET-PROP. Enter the amount from Line 29 on Line 3 of your Form BET-PROP. Proceed to Line 4.

STEP 2: COMPUTE THE TAXABLE ENTERPRISE VALUE TAX BASE

If business activity was both **inside and outside** NH:

Line 1 Enter the total amount from the BET-80, Line 17*
Line 2 Enter the total amount from the BET-80, Line 24*
Line 3 Enter the total amount from the BET-80, Line 29*
Line 4 Enter the sum of Lines 1, 2, and 3.

* Combined filers must transfer the amounts from BET-80-WE Lines 17 (a), 24 (a) and 29 (a) respectively.

If business activity was **100% inside** New Hampshire:

Line 1 Enter the total dividends paid.
Line 2 Enter the total compensation on wages paid or accrued.
Line 3 Enter the total interest paid or accrued.
Line 4 Enter the sum of Lines 1, 2, and 3.

See BET Quick Checklist for what is a dividend, compensation or interest.

LINE 1: DIVIDENDS PAID

Enter the amount of dividends paid.

LINE 2: COMPENSATION AND WAGES PAID OR ACCRUED

Enter the amount of compensation paid or accrued, per RSA 77-E:1,V, 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 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 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. Regarding partnerships, the net earnings from self-employment do include a partner's distributive share of the partnership earnings.

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.

LINE 4: TAXABLE ENTERPRISE VALUE TAX BASE

Enter the sum of Lines 1, 2 and 3.

Form BET-PROP: Enter the sum of Lines 1, 2 and 3, columns A and B.

STEP 3: FIGURE YOUR TAX

LINE 5: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX

Multiply Line 4 by .0075.

Form BET-PROP: Multiply Line 4, columns A & B by .0075.

Line 5 is the sum of Line 5(a), column A & B.

LINE 6: STATUTORY CREDITS

CDFA Credit (Investment Tax Credit RSA 162-L:10 & RSA 77-A:5,XI). Enter the amount of any CDFA Investment Tax Credit claimed pursuant to RSA 162-L:10. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or \$200,000 for tax periods ending prior to July 1, 1999 or \$1,000,000 for tax periods ending after June 30, 1999. If you also claim this credit on your BPT or other tax forms(s) the combined total shall not exceed \$200,000 for tax periods ending prior to July 1, 1999 or \$1,000,000 for tax periods ending after June 30, 1999.

Community Reinvestment and Opportunity Zone Tax Credit ("CROP"). RSA 162-N:7 CROP Zone Tax Credit was repealed for tax years ending on or after 7/1/07. The law provided that the credit shall be available for tax liabilities arising during the 5 consecutive tax periods following the signing of the agreement. As a result, although the law was repealed, the carry forwards may be available.

Economic Revitalization Zone (ERZ) Tax Credit. The ERZ may be utilized as a credit against BET or BPT. The ERZ Credits applied first against BPT shall not be available as a credit against BET. ERZ Credit applied first against BET shall be considered BET paid and available as a credit against BPT only to the extent it is a credit against BET. The NH Department of Resources and Economic Development (DRED) awards the ERZ Credit pursuant to RSA 162-N.

Research & Development Tax Credit enter the unused amount of BPT credit awarded by the Department with taxpayer's application (Form DP-165) pursuant to RSA 162-P.

Coos County Job Creation Tax Credit enter the amount taken (DRED Form CJCTC-1A application) as authorized by Department of Resources & Economic Development (DRED) by RSA 162-Q.

Enter the sum of 6(a) through 6(e) on Line 6.

LINE 7: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX BALANCE DUE

Enter the amount of Line 5 minus Line 6. **IF NEGATIVE, ENTER ZERO.**

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BT-SUMMARY.

QUICK CHECKLIST

- 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 expenditures 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 indebtedness to the business enterprise, unless reported as compensation or interest to the individual and included in those elements of the 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 proprietor or partner. (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.
- Cash or non-cash payments of life, sickness, accident, or other benefits to members or their dependents or designated beneficiaries from VEBA’S (Voluntary Employees’ Beneficiary Association) qualified under Section 501(c)(9) of the IRC.
- Distributions of money or property to participants from any common trust fund as defined under Section 584 of the IRC.
- 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 which is either subject to taxation under Section 641 or 664 of the IRC.
- Patronage dividends.
- Distributions of money or property to beneficiaries of a trust qualified under Section 401 of the IRC.
- Policy holder dividends as defined under Section 808 of the IRC, to extent such dividends are not reduced pursuant to Section 809 of the IRC.

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 on the New Hampshire BPT return by a proprietorship, partnership, or limited liability company pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the New Hampshire BPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2402.01.

Non-taxable Compensation

- Payment for independent contractors where no employer/employee relationship exists.
- Payments in the form of or for the following services:
 - IRC 3401(a) (1) Members of the armed forces
 - IRC 3401(a) (9) Ministers
 - IRC 3401(a) (10) Paper boys and girls under the age of 18
 - IRC 3401(a) (13) Volunteers of Peace Corps
 - IRC 3401(a) (14) Group term life insurance on the life of an employee
 - IRC 3401(a) (15) Moving expenses
 - IRC 3401(a) (16) Non-cash or cash tips to an employee if not deductible by the employer
 - IRC 3401(a) (18) Educational assistance
 - IRC 3401(a) (19) Scholarships
 - IRC 3401(a) (20) 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 to fulfill policy and contractual responsibilities to policy holders.
- Amount paid by VEBA’s (Voluntary Employees’ Benefit Associations) qualified under Section 501(c) (9) of the IRC to fulfill obligations to members.

BET-80-WE**BUSINESS ENTERPRISE TAX APPORTIONMENT FOR INDIVIDUAL
NEXUS MEMBERS OF A COMBINED GROUP**For the CALENDAR year **2009** or other taxable period beginning _____ Mo Day Year and ending _____ Mo Day Year**SEQUENCE #3**

NAME OF PRINCIPAL NH BUSINESS ORGANIZATION _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR
DEPARTMENT IDENTIFICATION NUMBER

COLUMN A

COLUMN B

COLUMN C

Name:

Name:

Name:

SECTION I APPORTIONMENT FACTORS (See General Instructions)

FEIN

FEIN

FEIN

**Com-
pen-
sa-
tion and
Wages
Factor**1 New Hampshire Compensation and
Wages Paid or Accrued

2 Everywhere Compensation

3 COMPENSATION FACTOR (Line 1 divided by Line 2)
Enter on Line 21

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.

.

**Interest
Factor**

4 Average of New Hampshire Property

5 Average of Everywhere Property

6 INTEREST FACTOR (Line 4 divided by Line 5)
Enter on Line 26

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**Dividend
Factor**

7 New Hampshire Sales

8 Everywhere Sales

9 Sales Factor (Line 7 divided by Line 8)

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10 Subtotal (Sum of Lines 3, 6 and 9)

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11 DIVIDEND FACTOR (Line 10 divided by number of
factors in subtotal) Enter on Line 15

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SECTION II BUSINESS ENTERPRISE TAX BASE APPORTIONMENT (See General Instructions)**Dividend
Appor-
tionment**

12 Dividends Paid

13 LESS: Dividend Deduction

14 Subtotal (Line 12 minus Line 13)

15 Dividend Apportionment Factor (From Line 11)

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16 Taxable Dividends (Line 14 multiplied by Line 15)

17 TOTAL TAXABLE DIVIDENDS (From Line 16.
If negative enter zero)

17(a) Sum of Columns 17(A), 17(B), and 17(C). Enter this amount on Form BET, Line 1: TOTAL 17(a)

**Com-
pen-
sa-
tion and
Wages
Appor-
tionment**

18 Everywhere Compensation Paid or Accrued

19 LESS: Retained Compensation

20 Subtotal (Line 18 minus Line 19)

21 Compensation Apportionment Factor (From Line 3)

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22 Taxable Compensation (Line 20 multiplied by Line 21)

23 LESS: Dividend Offset

24 TOTAL TAXABLE COMPENSATION
(Line 22 minus Line 23)

24(a) Sum of Columns 24(A), 24(B) and 24(C). Enter this amount on Form BET, Line 2: TOTAL 24(a)

**Interest
Appor-
tionment**

25 Interest Paid or Accrued

26 Interest Apportionment Factor (From Line 6)

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.

27 Taxable Interest (Line 25 multiplied by Line 26)

28 LESS: Dividend Offset

29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28)

29(a) Sum of Columns 29(A), 29(B) and 29(C). Enter this amount on Form BET, Line 3: TOTAL 29(a)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX APPORTIONMENT
FORMS BET-80 & BET-80-WE INSTRUCTIONS

WHO MUST APPORTION

A business enterprise must apportion its enterprise value tax base if:

- Its business activities are conducted both inside and outside New Hampshire, AND
- The business enterprise 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, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not it is actually imposed by the other state.

Combined Group Filers: The individual nexus members must apportion the separate entities, activities, using the Form BET-80-WE.

LINE-BY-LINE INSTRUCTIONS

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number, social security number, or department identification number in the spaces provided. Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

Combined groups on Form BET-80-WE, enter the name and federal identification number of each nexus member at the top of each column. If additional columns are needed attach a schedule using the same format. Complete Lines 1 through 29 separately for each New Hampshire nexus member in the combined group. Note: BET nexus differs from BPT nexus. Public Law 86-272 does not apply to BET.

SECTION I APPORTIONMENT FACTORS

COMPENSATION AND WAGES FACTOR

LINE 1 & 2

Enter on Line 1 the "New Hampshire" compensation and wages paid or accrued. Enter on Line 2 the "EVERYWHERE" compensation and wages paid or accrued.

"Compensation and wages" includes all wages, salaries, fees, bonuses, commissions or other payments paid or accrued, including deferred compensation, 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 Internal Revenue Code (IRC) Section 3401. Payments made expressly exempt from withholding under IRC Sections 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19), and (20) should not be included.

For Proprietorships and Partnerships: The compensation amount entered on Line 18 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. The remainder, if any, of the guaranteed payments to partners reduced by the New Hampshire BPT Compensation for Personal Services deduction. It should also include any net earnings from self-employment subject to tax under IRC Section 1401 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.

LINE 3

Enter on Line 3 the amount of Line 1 divided by Line 2. Express this amount as a decimal to six places.

INTEREST FACTOR

LINES 4 & 5

Enter on Line 4 the average value of beginning and ending "New Hampshire" real and tangible personal property owned and employed. Enter on Line

5 the average value of beginning and ending "EVERYWHERE" real and tangible personal property owned and employed. Property includes all real and tangible personal property owned and employed by the business enterprise during the taxable period in the regular course of its trade or business. Leasehold improvements are treated as property owned by the business enterprise. Real and tangible personal property which is rented or leased is NOT included in the Business Enterprise Tax interest factor.

"Real and tangible personal property" includes land, buildings, improvements, equipment, merchandise or manufacturing inventories, leasehold improvements and other similar property that reflects the enterprise's business activities. Property shall be included if it is actually used or is available for or capable of being used during the taxable period in the regular course of the trade or business of the enterprise. Property or equipment under construction during the taxable period, except inventoriable goods in process, shall be excluded until such property is actually used or available for use by the business enterprise in its regular trade or business.

Valuation of Owned Property: Property owned by the business enterprise must be valued at its original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition, prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment, etc. Inventory is included in accordance with the valuation method used for federal income tax purposes.

Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property. Where fluctuations in values exist during the period or where property is acquired or disposed of during the period, a monthly average shall be used to prevent distortions. "Beginning of Period" means the start of the taxable period or when available for use.

LINE 6

Enter on Line 6 the amount of Line 4 divided by Line 5. Express this amount as a decimal to six places.

DIVIDEND FACTOR

LINES 7 & 8

Enter on Line 7 the "New Hampshire" sales. Enter on Line 8 the "EVERYWHERE" sales. Sales include:

- sales less returns and allowances,
- interest, rents and royalties,
- dividends which are not eligible for the dividend deduction under RSA 77-E:3, II and III,
- capital gain income,
- net gains or losses, and
- other income unless the other income is properly includible as a reduction of an expense or allowance.

LINE 9

Enter on Line 9 the amount of Line 7 divided by Line 8. Express this amount as a decimal to six places.

LINE 10

Enter on Line 10 the sum of the Lines 3, 6 and 9.

LINE 11

Enter on Line 11 the amount of Line 10 divided by 3. Express this amount as a decimal to six places. If there are only two "EVERYWHERE" factors, then divide by 2; if only one "EVERYWHERE" factor, divide by 1.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX APPORTIONMENT
FORMS BET-80 & BET-80-WE INSTRUCTIONS (continued)

**SECTION II BUSINESS ENTERPRISE TAX BASE
APPORTIONMENT**

DIVIDEND APPORTIONMENT
LINE 12

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. See the Quick Checklist for dividends not included.

LINE 13

Enter the amount allowed for dividends received from members of an affiliated group of business enterprises, as provided in RSA 77-E:3, II and III. Include only those dividends which have previously been included in the payor corporation's taxable business enterprise value tax base, subject to taxation under the Business Enterprise Tax law.

LINE 14

Enter the amount of Line 12 minus Line 13.

LINE 15

Enter the DIVIDEND FACTOR from Line 11.

LINE 16

Enter the product of Line 14 multiplied by Line 15. If negative, show in parenthesis, e.g., (\$50).

LINE 17

If Line 16 is **negative**, enter **zero**. If Line 16 is positive, enter this amount on Line 17.

Enter the amount from Line 17 on Line 1 of your Business Enterprise Tax Return, Form BET or Form BET-PROP.

LINE 17(a) For Combined Group BET-80-WE

Sum of columns 17(A), 17(B) & 17(C), for all Nexus Members of the Combined Group on Line 17(a). If additional columns were used, include the sum of all columns in the total. Enter this amount on Form BET, Line 1.

**COMPENSATION AND WAGES APPORTIONMENT,
INCLUDING DEFERRED COMPENSATION**

LINE 18

Enter the amount of everywhere compensation paid or accrued, including deferred compensation. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period.

FOR PROPRIETORSHIPS AND PARTNERSHIPS: See Line 1 and 2 for definitions.

LINE 19

Enter the amount of any net earnings from self-employment which are retained and used for the reasonable needs of the enterprise. See Rev 2403.01 for further clarification.

LINE 20

Enter the amount of Line 18 minus Line 19.

LINE 21

Enter the COMPENSATION FACTOR from Line 3.

LINE 22

Enter the product of Line 20 multiplied by Line 21.

LINE 23 and LINE 28

If Line 16 is positive or 0, enter zero on Lines 23 and 28. If Line 16 is negative, then this amount may be applied on Line 23 to offset "TAXABLE COMPENSATION" or applied on Line 28 to offset "TAXABLE INTEREST".

The amount entered on Line 23 cannot exceed the amount on Line 22. The amount entered on Line 28 cannot exceed the amount on Line 27. The sum of Lines 23 and 28 can not exceed the amount on Line 16.

LINE 24

Enter the amount of Line 22 minus Line 23.

Enter the amount from Line 24 on Line 2 of your Business Enterprise Tax Return, Form BET or Form BET-PROP.

LINE 24(a) For Combined Group BET-80-WE

Sum COLUMNS 24(a), 24(b) & 24(c), for all Nexus Members of the Combined Group ON LINE 24(a). If additional columns were used, include the sum of all columns in the total. Enter this amount on Line 2 OF Form BET.

INTEREST APPORTIONMENT

LINE 25

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 IRC Section 501(c) (9) to fulfill obligations to members.

LINE 26

Enter the INTEREST FACTOR from Line 6

LINE 27

Enter the product of Line 25 multiplied by Line 26.

LINE 28

See instructions for Line 23.

LINE 29

Enter the amount of Line 27 minus Line 28.

Enter the amount from Line 29 on Line 3 of your Business Enterprise Tax Return, Form BET or Form BET-PROP.

LINE 29(a) For Combined Group BET-80-WE

Enter the sum of Columns 29(A), 29(B) & 29(C), for all nexus members of the combined group on Line 29(a). If additional columns were used, include the sum of all columns in the total. Enter this amount on Form BET, Line 3.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
COMBINED BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year**SEQUENCE #4A**Due Date for CALENDAR year filers is on or before **March 15, 2010** or for FISCAL filers the 15th day of the 3rd month after the close of the taxable period.**YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.**

| | | |
|--------------------------------|---|--|
| STEP 1 Print or Type | NAME OF PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION _____ | FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER _____ |
|--------------------------------|---|--|

| | |
|----------------------------|---|
| STEP 2 Questions | <p>A Is the Business Organization filing its tax return on an IRS approved 52/53 week tax year?..... Yes _____ No _____ If yes, provide the period beginning _____ and ending _____ Mo Day Year Mo Day Year</p> <p>B Does the Business Organization file as part of a unitary group in any other jurisdiction?..... Yes _____ No _____</p> <p>C Has the Business Organization been found to be unitary by any other jurisdiction?..... Yes _____ No _____</p> <p>D Is this Business Organization affiliated with any other business organization not included within this combined return that files business tax returns with this department?..... Yes _____ No _____ Identify by name and FEIN _____</p> |
|----------------------------|---|

| | |
|------------------------------------|--|
| STEP 3 Figure Your Taxes | <p>1 Gross Business Profits SCH R IRC RECONCILIATION <input type="checkbox"/></p> <p>(a) Combined Net Income from NH-1120-WE, Schedule I, Line 9 or if IRC Reconciliation is required, Line 4 of Schedule R (If negative, show in parenthesis)..... 1(a) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(b) Separate entity and other items of income or expense not allowed for on this form (attach schedule)1(b) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(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) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(d) Foreign Dividends (Must be the same amount as Schedule II, Line 6 and the total of Column B on Schedule III) 1(d) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(e) New Hampshire Combined Net Income (Line 1(c) adjusted by Line 1(d). If negative, show in parenthesis)1(e) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>2 Additions and Deductions</p> <p>(a) Add back income taxes or franchise taxes measured by income.....2(a) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(b) New Hampshire Net Operating Loss Deduction (Attach Form DP-132-WE)....2(b) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(c) Interest on direct US Obligations2(c) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(d) Wage adjustment required by IRC Section 280C2(d) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(e) Foreign dividend gross-up (IRC Section 78).....2(e) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(f) Research contribution (See RSA 77-A:4 XII). Attach computation2(f) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(g) Add back return of capital from Qualified Investment Capital Company.....2(g) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>(h) Combine Lines 2(a) through 2(g). (If negative, show in parenthesis.).. 2(h) <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>3 Adjusted Gross Business Profits (Line 1(e) adjusted by Line 2(h). (If negative, show in parenthesis) 3 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>4 New Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places.)..... 4 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>5 New Hampshire Water's Edge Taxable Business Profits (Line 3 multiplied by Line 4)..... 5 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>6 New Hampshire Foreign Dividends Taxable Business Profits (From Schedule II, Line 7)..... 6 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>7 New Hampshire Taxable Business Profits (Line 5 plus Line 6. If negative, enter zero)..... 7 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>8 New Hampshire Business Profits Tax (Line 7 x 8.5%)..... 8 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> |
|------------------------------------|--|

| | |
|--------------------------------------|--|
| STEP 4 Figure Your Credits | <p>9 Credits allowed under RSA 77-A:5 (Attach Form DP-160-WE) 9 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>10 Subtotal (Line 8 minus Line 9).....10 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>11 New Hampshire Business Enterprise Tax Credit11 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>12 New Hampshire Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 10 or Line 11)12 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> <p>13 New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 12)13 <table border="1" style="display:inline-table; width:150px; height:20px;"></table></p> |
|--------------------------------------|--|

ENTER THE AMOUNT FROM LINE 13 ON LINE 1(b) OF THE BT- SUMMARY FORM.
THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

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, XIX.

| | | | |
|---|---|--|--------------|
| A PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION | | FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER | |
| NUMBER & STREET ADDRESS | | | |
| STREET ADDRESS (CONTINUED) | | | |
| CITY/TOWN, STATE & ZIP CODE | | | |
| B NEW HAMPSHIRE BUSINESS ACTIVITY | | | |
| Attach additional sheets for the following, if necessary | | | |
| C Other members included in the Water's Edge Combined Group. 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 |
| | | | |
| E Name and federal employer identification numbers of the domestic affiliated business organizations who are excluded from the New Hampshire Water's Edge Combined Group as non-unitary members. Indicate with an X those members who have nexus in New Hampshire. | | | |
| | Name of Business Organization | FEIN | Nexus |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| F Name, location, and federal employer identification number, if applicable, of the affiliates excluded from the group as qualified Overseas Business Organizations, as defined by RSA 77-A:1, XIX. Indicate with an X those members who have nexus in New Hampshire. | | | |
| | Name and Location of Business Organization | FEIN | Nexus |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| G Taxpayer Contact: | | | |
| Name and Title | | Telephone Number | |

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
COMBINED BUSINESS PROFITS TAX RETURN
FORM NH-1120-WE INSTRUCTIONS

STEP 1: NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, or identification number in the spaces provided. Federal Employer Identification Number and Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

STEP 2: QUESTIONS

- Line A Check "yes" if the business organization files its tax return on an IRS approved 52/53 week tax year. If yes, provide the beginning and ending period dates.
- Line B Check "yes" if the business organization files as part of a unitary group in any other jurisdiction.
- Line C Check "yes" if the business organization has been found to be unitary by any other jurisdiction regardless of its filing status in that jurisdiction.
- Line D Check "yes" if the business organization is affiliated with any other business organization not included within this combined return that files business tax returns with the Department.

STEP 3: FIGURE YOUR TAXES

IRC Reconciliation: Check box and complete the Schedule R.

LINE 1: NEW HAMPSHIRE COMBINED NET INCOME

- (a) Enter Combined Net Income from NH-1120-WE, Schedule I, Line 9. If you checked the IRC Reconciliation box, Line 4 of the 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. Other items of income could be passive activity adjustments, and items of income or expense related to treatment of these items that may be inconsistent with State tax treatment.
- (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 New Hampshire nexus members in the combined group, then the New Hampshire net operating loss (NOL) carryforward available for future deduction must be allocated amongst the members of the combined group in accordance with N.H. Code of Admin. Rules, Rev. 303.03. 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.

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 www.nh.gov/revenue, within the laws and rules section. If you have specific questions concerning net operating loss provisions for combined filers contact the NH DRA, PO Box 457, Concord, NH 03302-0457, telephone (603) 271-2191. 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 12 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 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.
- (h) Enter the total of Lines 2(a) through 2(g) on Line 2(h), showing negative amounts in parenthesis, e.g. (\$50).

LINE 3: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of Line 1(e) as adjusted by Line 2(h). Show negative amounts in parenthesis, e.g. (\$50).

LINE 4: NEW HAMPSHIRE APPORTIONMENT

Complete Form DP-80, Schedule A, Apportionment of Income. Enter resulting apportionment on Line 4 of your Form NH-1120-WE, expressed as a decimal to six places. Form DP-80 must be attached to Form NH-1120-WE.

LINE 5: Enter the product of Line 3 multiplied by Line 4.

LINE 6: Enter the New Hampshire foreign dividends taxable business profits from Schedule II, Line 7.

LINE 7: Enter the sum of Line 5 plus Line 6.

LINE 8: Enter the product of Line 7 multiplied by 8.5%.

STEP 4 FIGURE YOUR CREDITS

LINE 9: CREDITS

Enter the amount of credits allowed under RSA 77-A:5. **Form DP-160-WE, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 9.** Do not include the BET credit on this line.

LINE 10: Enter the amount from Line 8 minus Line 9.

LINE 11: BUSINESS ENTERPRISE TAX CREDIT

Business Enterprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit may be carried forward and allowed against Business Profits Tax due for up to 5 taxable periods from the period in which the Business Enterprise Tax was paid. To calculate the BET credit to be applied against this year's Business Profits Tax, complete the BET-Credit Worksheet.

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 carryforward exists. Any unused portion of the current periods's Business Enterprise Tax Credit may be carried forward and credited against any Business Profits tax due in a subsequent taxable period following the tax period of the BPT liability.

LINE 13: Enter the amount of Line 10 minus Line 12.

ENTER THE AMOUNT FROM LINE 13 ONTO LINE 1(b) OF THE BT-SUMMARY FORM.

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

Form NH-1120-WE Affiliation Schedule 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.

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SUMMARY OF COMBINED NET INCOME
SCHEDULE I**

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

SEQUENCE #10

| | | | |
|---|---|--|--|
| NAME OF PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION | | FEDERAL EMPLOYER IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER / DEPARTMENT IDENTIFICATION NUMBER | TAXABLE INCOME before net operating loss deduction and special deductions. |
| Line 1 | US Consolidated (Line 28 as filed with the IRS)..... | 1 | |
| Line 2 | LESS Overseas Business Organizations included in Line 1 above | 2 | |
| Line 3 | LESS Non-Unitary Entities included in Line 1 above..... | 3 | |
| Line 4 | ADD Consolidating Eliminations attributable to entities included in Line 2 or Line 3 above..... | 4 | |
| Line 5 | ADD Unitary Entities not included in Line 1 above | 5 | |
| Line 6 | ELIMINATE Inter-Company Income (Expense)..... | 6 | |
| Line 7 | SUBTOTAL (Sum of Lines 1 through 6) | 7 | |
| Line 8(a) | LESS Income Exempt under federal constitutional law..... | 8(a) | |
| Line 8(b) | ADD Related Expenses..... | 8(b) | |
| Line 9 | COMBINED NET INCOME [Line 7 adjusted by Line 8(a) & Line 8(b)] to Schedule R, Line 1, if IRC reconciliation is required..... | 9 | |

GENERAL INSTRUCTIONS

Form NH-1120-WE is used for combined filing. Consolidated returns are not permitted. The purpose of Schedule I is to reconcile the federally reported net income to the New Hampshire combined net income of the water's edge group.

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number (FEIN), social security number (SSN), or department identification number (DIN) in the spaces provided. Federal Employee Identification Numbers and Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

LINE 1: US CONSOLIDATED

Enter the amount as filed with the IRS from Page 1, Line 28 of the US consolidated return of the principal New Hampshire business organization, as defined in Rev 301.24.

LINE 2: OVERSEAS BUSINESS ORGANIZATIONS INCLUDED IN LINE 1

Enter the total of those business organizations gross business profits included in the consolidated US federal income tax return which qualify as overseas business organizations, as defined by RSA 77-A:1, XIX. These business organizations are included in part F of the NH-1120-WE Affiliation Schedule.

LINE 3: NON-UNITARY ENTITIES INCLUDED IN LINE 1

Enter the total gross business profits of those entities included in the consolidated US federal income tax return which are not part of the water's edge combined group, as defined in RSA 77-A:1,XV. These business organizations are included in part E of the NH-1120-WE Affiliation Schedule.

LINE 4: CONSOLIDATING ELIMINATIONS ATTRIBUTABLE TO ENTITIES INCLUDED IN LINE 2 & 3

Enter the total federal consolidating eliminations which are attributable to those entities excluded from the water's edge combined group as either overseas business organizations or non-unitary affiliates (Line 2 and Line 3).

LINE 5: UNITARY ENTITIES NOT INCLUDED IN LINE 1

Enter the total of those business organizations gross business profits including corporations, partnerships, joint ventures, etc., which are part of the water's edge combined group but are not part of the consolidated US federal income tax return reported on Line 1.

LINE 6: INTERCOMPANY INCOME (EXPENSE)

Eliminate any intercompany income (Expense) between members of New Hampshire water's edge combined group. Examples would include:

- Income (expense) not eliminated through federal 1120 consolidation.
- Income (expense) between the additional unitary members on Line 5.
- Income (expense) between New Hampshire water's edge affiliates on Line 1 and those on Line 5.

LINE 7: SUBTOTAL

Enter the subtotal of Lines 1 through 6.

LINE 8(a): INCOME (LOSS) EXEMPT UNDER FEDERAL CONSTITUTIONAL LAW

Enter the income (loss) included in Lines 7 which is allowed to be excluded pursuant to federal constitutional law.

LINE 8(b): RELATED EXPENSES

Enter the amount of any deducted expenses related to the portion of gross business profits reported on Line 8(a).

LINE 9: COMBINED NET INCOME

Enter on Line 9 the subtotal from Line 7 adjusted for any amounts on Lines 8(a) and 8(b). This total represents the combined net income of the water's edge group. Enter on Form NH-1120-WE Line 1(a) the amount from Line 9 or if IRC Reconciliation has been taken, enter on NH Schedule R Line 1.

Supporting schedules in column form **must** be submitted for amounts in Lines 2 through 8 which represent more than one entity (e.g., the US consolidating schedule prepared for federal purposes would support Line 1).

**APPORTIONMENT OF FOREIGN DIVIDENDS
SCHEDULE II**

SEQUENCE #11

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

| | | | |
|---|-------------------------------------|--------------------------------------|---|
| Principal New Hampshire Business Organization | | | |
| Social Security Number, Federal Employer Identification Number or Department Identification Number | | | |
| LINE 1 SALES | EVERYWHERE (Denominator) | NEW HAMPSHIRE (Numerator) | New Hampshire as portion of EVERYWHERE |
| 1(a) Enter amounts from Form DP-80, Schedule A, Line 1 | 1(a) | 1(a) | |
| 1(b) Enter the Foreign Dividend Sales Factor Increment from Schedule III, Column L | 1(b) | | |
| 1(c) Enter the Adjusted Sales Factor [Line 1(a) plus Line 1(b)] | 1(c) | 1(c) | |
| 1(d) Enter Line 1(c) New Hampshire divided by Line 1(c) Everywhere | | 1(d) | |
| 1(e) Enter Line 1(d) multiplied by 2 expressed as a decimal to 6 places | | | 1(e) . |
| | | | |
| LINE 2 PAYROLL | EVERYWHERE (Denominator) | NEW HAMPSHIRE (Numerator) | New Hampshire as portion of EVERYWHERE |
| 2(a) Enter the amounts from Form DP-80, Schedule A, Line 2. | 2(a) | 2(a) | |
| 2(b) Enter the Foreign Dividend Payroll Factor Increment from Schedule III, Column M | 2(b) | | |
| 2(c) Enter the Adjusted Payroll Factor [Line 2(a) plus Line 2(b)] | 2(c) | 2(c) | |
| 2(d) Enter Line 2(c) New Hampshire, divided by Line 2(c) Everywhere total and express as a decimal to 6 places. | | | 2(d) . |
| | | | |
| LINE 3 PROPERTY | EVERYWHERE (Denominator) | NEW HAMPSHIRE (Numerator) | New Hampshire as portion of EVERYWHERE |
| 3(a) Enter the amount from Form DP-80, Schedule A, Line 3 | 3(a) | 3(a) | |
| 3(b) Enter the amount of Foreign Dividend Property Factor Increment from Schedule III, Column N | 3(b) | | |
| 3(c) Enter the Adjusted Property Factor [Line 3(a) plus Line 3(b)] | 3(c) | 3(c) | |
| 3(d) Enter Line 3(c) New Hampshire, divided by Line 3(c) Everywhere total and expressed as a decimal to 6 places. | | | 3(d) . |
| | | | |
| LINE 4 Total [Add Lines 1(e), 2(d), and 3(d)] | | | 4 . |
| LINE 5 Modified Apportionment Percentage (Line 4 divided by 4, expressed as a decimal to 6 places. If there are only one or two factors, then see instructions) | | | 5 . |
| LINE 6 FOREIGN DIVIDENDS as defined in RSA 77-A:1, XVII (This amount must agree with NH-1120-WE, page 1, Line 1(d) and the total of Form Schedule III, Column B.) | | | 6 |
| LINE 7 NEW HAMPSHIRE FOREIGN DIVIDENDS TAXABLE BUSINESS PROFITS (Line 6 multiplied by Line 5) Enter this amount on Form NH-1120-WE, Line 6. | | | 7 |

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
APPORTIONMENT OF FOREIGN DIVIDENDS
FORM NH-1120-WE SCHEDULE II
INSTRUCTIONS

Schedule II is used to compute the modified apportionment percentage needed to determine the amount of foreign dividends, as defined by RSA 77-A:1, XVII, which are to be included in the New Hampshire Taxable Business Profits for the water's edge combined group. Prior to completing Schedule II, you must first complete Form DP-80 for the combined group and Schedule III.

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number, social security number, or department identification number in the spaces provided. Federal Identification Numbers and Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

LINE 1

Complete the Form DP-80 and enter the amount of Everywhere and New Hampshire sales, payroll, and property on Lines 1(a), 2(a), and 3(a) respectively on the NH-1120-WE, Schedule II.

LINE 2

Complete Schedule III. The Foreign Dividend Factor Increments calculated on Schedule III for sales, payroll, and property must be carried to Schedule II as follows:

1. Enter the total of Schedule III, column L on Line 1(b).
2. Enter the total of Schedule III, column M on Line 2(b).
3. Enter the total of Schedule III, column N on Line 3(b).

Note: The New Hampshire amount for Foreign Dividend Factor Increments will always be zero.

LINE 3

Total Everywhere and New Hampshire sales Line 1(c), payroll Line 2(c), and property Line 3(c) to obtain denominators and numerators for each. Complete the following calculations, as done for Form DP-80, expressed in decimal form and computed to 6 places.

1. Divide the total New Hampshire sales by the adjusted Everywhere sales. Multiply Line 1(d) by 2 to arrive at the adjusted sales factor and enter this amount on Line 1(e).
2. Divide the total New Hampshire payroll by the adjusted Everywhere payroll to arrive at the adjusted payroll factor and enter this amount on Line 2(d).
3. Divide the total New Hampshire property by the adjusted Everywhere property to arrive at the adjusted property factor and enter this amount on Line 3(d).

LINE 4

Add Lines 1(e), 2(d), and 3(d) and enter the sum on Line 4.

LINE 5

Divide Line 4 by 4.

If there are less than 3 factors with an "Everywhere" denominator, then divide Line 4 as follows:

- Sales/Receipts and Payroll- divide by 3
- Sales/Receipts and Property- divide by 3
- Payroll and Property- divide by 2
- Sales/Receipts only- divide by 2
- Property OR Payroll only- divide by 1

Enter the results of your calculation on Line 5. This is the modified apportionment percentage to be applied to taxable foreign dividends.

LINE 6

Enter the amount of taxable foreign dividends on Line 6. This amount must agree with NH-1120-WE, page 1, Line 1(d) and the total of Schedule III, column B.

LINE 7

Multiply Line 6 by the modified apportionment percentage on Line 5. This is the New Hampshire Foreign Dividends Taxable Business Profits. Enter this amount on Line 7 and also on NH-1120-WE, page 1, Line 6.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
FOREIGN DIVIDEND FACTOR INCREMENTS
SCHEDULE III

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE #12

Principal New Hampshire Business Organization _____

Social Security Number, Federal Employer Identification Number or Department Identification Number _____

| Column A | B | C | D |
|---------------|----------|----------------|-----------------------|
| NAME OF PAYOR | DIVIDEND | TAXABLE INCOME | PERCENTAGE (B ÷ C) |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

TOTAL

| Column E | F | G | H | I |
|--------------------|---------|--------------------|-----------------|---------------------------------|
| SALES AND RECEIPTS | PAYROLL | BEGINNING PROPERTY | ENDING PROPERTY | AVERAGE PROPERTY (G + H) ÷ 2 |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

| Column J | K | L | M | N |
|-----------|---------------------------|---------------------------|-----------------------------|------------------------------|
| RENTS x 8 | TOTAL PROPERTY (I + J) | MODIFIED SALES (D x E) | MODIFIED PAYROLL (D x F) | MODIFIED PROPERTY (D x K) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

TOTALS [Carry total modified factor amounts to
Schedule II, Line 1(b), 2(b) and 3(b)]

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
FOREIGN DIVIDEND FACTOR INCREMENTS
FORM NH-1120-WE SCHEDULE III
INSTRUCTIONS

New Hampshire law provides factor relief for the dividends received from overseas business organizations as defined in RSA 77-A:1, XIX. In order to obtain factor relief, a separate apportionment percentage for foreign dividends must be calculated.

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number (FEIN), social security number (SSN), or department identification number (DIN) in the spaces provided. Federal Employee Identification Numbers and Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

COLUMN A

List in column A the unitary foreign dividend payors whose dividends qualify for factor relief, including those from:

New Hampshire 80/20 business organization as defined in Rev 301.12 is an entity whose income is included in a consolidated US income tax return but whose activities are primarily outside the US because 80 percent or more of the average of **payroll** and **property** is outside the 50 states and the District of Columbia.

Controlled foreign corporations (CFC) that meet the **payroll** and **property** requirements of an overseas business organization as defined in RSA 77-A:1, XIX.

IRC Section 936 Sales Companies that meet the **payroll** and **property** requirements of an overseas business organization.

Foreign sales corporation (FSC) that meet the **payroll** and **property** requirements of an overseas business organization.

Business organizations meeting the **payroll** and **property** requirements of an overseas business organization which made deemed dividends to a member of the unitary group.

**FOR EACH UNITARY DIVIDEND PAYOR LISTED ABOVE,
PROVIDE THE FOLLOWING INFORMATION IN US
DOLLARS:**

COLUMN B

Enter the amount of the dividend paid or deemed paid.

COLUMN C

Enter the taxable income computed using US tax standards.

COLUMN D

Enter the result of column B divided by column C, expressed as a decimal to 6 places. If this amount is greater than 1, enter 1.000000. If this amount is less than zero, enter zero.

COLUMN E

Enter the sales and receipts less returns and allowances pursuant to RSA 77-A:3, I(c). Refer to Rev 304.

COLUMN F

Enter the total payroll pursuant to RSA 77-A:3, I(b). Refer to Rev 304.

COLUMNS G & H

Enter the beginning and ending property valued at original cost pursuant to RSA 77-A:3, I(a). Refer to Rev 304.

COLUMN I

Enter the results of the sum of Column G and Column H divided by 2.

COLUMN J

Enter the valuation of rented property valued at 8 times the net annual rental rate pursuant to RSA 77-A:3, I(a). Refer to Rev 304.02.

COLUMN K

Enter the total of Columns I and J.

COLUMNS L, M & N

Enter the product of Column D multiplied by Columns E, F and K, respectively.

The total of Columns L, M and N will be used on Schedules II, Lines 1(b), 2(b) and 3(b) to modify the apportionment percentage used to determine the amount of foreign dividends from unitary sources subject to New Hampshire Business Profits Tax.

USE ADDITIONAL SHEETS IF NECESSARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**SCHEDULE OF BUSINESS PROFITS TAX CREDITS FOR
 COMBINED GROUPS**

SEQUENCE # 8

APPLICATION OF CREDITS

Credits claimed on Lines 1 through 3 shall apply against the Business Profits Tax liability of the individual member of the water's edge combined group. Rev 306 provides the calculation to determine the individual member's portion of the total tax liability based on each member's activity inside New Hampshire.

SEPARATE SCHEDULES

A separate schedule **must** be filed with Form DP-160-WE when a combined filer claims any credit on Lines 1 through 4 AND more than one member of the combined group is subject to the Business Profits Tax. This separate schedule must show the Rev 306 calculation and application of the credit.

CREDITS FOR TAXES PAID UNDER RSA 400-A

A business organization which is also subject to the tax imposed under a creditable tax shall be allowed a credit against its Business Profits Tax Liability or Insurance Premium tax liability paid on the related return for the prescribed due date that falls **within** its taxable period for Business Profits Tax purposes. If the taxable period for the Business Profits Tax is different from that for the creditable taxes, the business organization shall be allowed the credit for the taxable period that ends within the taxable period for Business Profits Tax purposes.

For example, a Business Profits Tax calendar year 2007 filer would be allowed a credit for the total creditable tax liability paid on the 2006 return due in March 2007.

EXCESS CREDITS FOR TAXES PAID UNDER RSA 400-A

For taxes paid under RSA 400-A, if the individual member's credit exceeds such member's portion of the total tax liability using the Rev 306 calculation, then the excess credit shall be allowed as a credit against any other member's tax liability provided such other member is also subject to the tax imposed by RSA 400-A.

WHEN TO USE

Use this Form DP-160-WE Schedule to report credits taken pursuant to RSA 77-A:5, RSA 162-L, RSA 162-N, RSA 162-P and RSA 162-Q.

INSTRUCTIONS**LINE 1**

Enter the total amount of taxes paid pursuant to RSA 400-A, Taxation of Insurance Companies.

LINE 2 CDFA-INVESTMENT TAX CREDIT, PER RSA 162-L & RSA 77A:5, XI.

2(a) Credit for this tax period \$ _____
 2(b) Credit from prior tax period \$ _____
 2(c) **Subtotal** of Lines 2(a) and 2(b). \$ _____
 Not to exceed \$1,000,000* \$ _____
 2(d) Minus CDFA-Investment Tax Credits utilized against the taxes imposed by RSA 400-A and/or RSA 77-E.. \$ _____
 2(e) **Total** credit available against Business Profits Tax liability \$ _____
 Enter on Line 2 below.

*** If any portion of the CDFA-Investment Tax Credit is claimed on Line 6 of the BET return, or claimed as a credit against the New Hampshire Insurance Premium Tax, then the combined total of the CDFA credit shall not exceed \$1,000,000.**

LINE 3

Economic Revitalization Zone (ERZ) Tax Credit. The ERZ may be utilized as a credit against BET or BPT. The ERZ Credits applied first against BPT shall not be available as a credit against BET. ERZ Credit applied first against BET shall be considered BET paid and available as a credit against BPT only to the extent it is a credit against BET. The NH Department of Resources and Economic Development (DRED) awards the ERZ Credit pursuant to RSA 162-N.

LINE 4

Research & Development Tax Credit enter the amount of credit awarded by the Department with taxpayer's application (Form DP-165) pursuant to RSA 162-P and RSA 77-A:5, XIII.

LINE 5

Coos County Job Creation Tax Credit enter the excess amount not taken as a BET Credit (DRED Form CJCTC-1A) as authorized by Department of Resources & Economic Development (DRED) pursuant to RSA 162-Q.

LINE 6

Enter the sum of Lines 1, 2, 3, 4, and 5.

LINE 7

Enter the amount of New Hampshire Business Profits Tax as computed on Form NH-1120, Form NH-1065, Form NH-1041 or Form NH-1040.

LINE 8

Enter the lesser amount of Line 6 or Line 7. This is the total amount of statutory credits allowed under RSA 77-A:5. Enter this amount on the line "CREDITS ALLOWED UNDER RSA 77-A:5" on your New Hampshire Business Profits Tax return.

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____

Mo Day Year

Mo Day Year

| | |
|------|---|
| NAME | FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER |
|------|---|

| | | | | |
|---|--|---|--|--|
| 1 | Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies..... (This is net of BET if BET was taken as a credit against RSA 400-A) | 1 | | |
| 2 | CDFA - Investment Tax Credit (RSA 162-L)..... | 2 | | |
| 3 | Economic Revitalization Zone Tax Credit. (RSA 162-N)..... | 3 | | |
| 4 | Research & Development Tax Credit (RSA 162-P)..... | 4 | | |
| 5 | Coos County Job Creation Tax Credit (RSA 162-Q)..... | 5 | | |
| 6 | Total credits allowable pursuant to RSA 77-A:5 (Enter the sum of Lines 1 through 5)..... | 6 | | |
| 7 | Total New Hampshire Business Profits Tax | 7 | | |
| 8 | Total amount of allowable credits (Enter the lesser of Line 6 or Line 7)..... | 8 | | |

Total amount of these credits shall not exceed the tax due under RSA 77-A.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX APPORTIONMENT

Schedule A

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE #5

| | |
|------|--|
| NAME | FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER |
|------|--|

| | | | |
|--|------------------------------------|-------------------------------------|------------------------------|
| | (a) Everywhere (Denominator) | (b) New Hampshire (Numerator) | (c) Sales/Receipts Factor |
| 1 SALES/RECEIPTS FACTOR: | 1(a) \$ | 1(b) \$ | |
| 1(c) Divide 1(b) by 1(a) and multiply by 2..... (Express as a decimal to 6 places) | | | 1(c) . |

| | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| | (a) Everywhere (Denominator) | (b) New Hampshire (Numerator) | (c) Payroll Factor |
| 2 PAYROLL FACTOR: | 2(a) \$ | 2(b) \$ | |
| 2(c) Divide 2(b) by 2(a)..... (Express as a decimal to 6 places) | | | 2(c) . |

| | | | | | | | |
|-----------------------------------|--|--------------------------------------|--------------------------------------|------------------------|--|--|--|
| | (a) Everywhere (Denominator) | | (b) New Hampshire (Numerator) | | | | |
| 3 PROPERTY FACTOR: | Beginning of Period End of Period | | Beginning of Period End of Period | | | | |
| Inventory | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | | Inventory | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | |
| | | | | | | | |
| Buildings | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | | Buildings | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | |
| | | | | | | | |
| Furniture & Fixtures | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | | Furniture & Fixtures | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | |
| | | | | | | | |
| Leasehold Improvements | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | | Leasehold Improvements | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | |
| | | | | | | | |
| Land | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | | Land | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | |
| | | | | | | | |
| Other Tangible Assets | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | | Other Tangible Assets | <table border="1" style="width:100%"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | |
| | | | | | | | |
| Subtotal | \$ | Subtotal | \$ | | | | |
| Average of Subtotals | \$ | Average of Subtotals | \$ | | | | |
| Rented Property (annual rate x 8) | | Rented Property (annual rate x 8) | | | | | |
| Total Everywhere Property 3(a) | \$ | Total NEW HAMPSHIRE Property 3(b) | \$ | | | | |

3(c) Divide 3(b) by 3(a)..... (Express as a decimal to 6 places) 3(c) .

4 TOTAL OF LINES 1(c), 2(c) and 3(c)..... 4 .

5 NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places..... 5 .
If there are only one or two factors with an "Everywhere" denominator, see instructions.

ADDITIONAL INFORMATION

Principal business activity in New Hampshire: _____

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc. (Attach a list if more space is required)

| | | |
|-----------------------------------|---|---|
| Year first NH return filed: _____ | Year registered with NH Secretary of State: _____ | State of incorporation (2-letter ID): _____ |
|-----------------------------------|---|---|

City, State and Country where records are located _____

| | | |
|--|---|--|
| CITY/TOWN | STATE | COUNTRY |
| Business locations outside New Hampshire. (Attach a list if more space is required) | | |
| Location City/Town and State | Indicate whether factory, sales office, warehouse, construction site, etc. | Answer Yes or No |
| | | Registered to do business in state where located? |
| | | Files returns in state where located? |
| | | Apportion sales, payroll and/or property in state where located? |
| | | |
| | | |
| | | |

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX APPORTIONMENT
FORM DP-80 INSTRUCTIONS

WHO MUST APPORTION

A business organization must apportion its income if:

- Its business activities are conducted both inside and outside New Hampshire, **AND**
- The business organization is subject to a net income tax, a franchise tax based upon net income or a capital stock tax in another state or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by the other state. See RSA 77-A:3.

INCOME SUBJECT TO APPORTIONMENT

The Business Profits Tax law, RSA 77-A, does not contain a provision differentiating between business and non-business income. All income constitutes business income subject to apportionment unless specifically excluded by RSA 77-A.

LINE-BY-LINE INSTRUCTIONS

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number, social security number, or department identification number in the spaces provided. Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

For each Line 1, 2, and 3 show in (a) the dollar amount attributable to the organization's "EVERYWHERE" (the denominator) and show in (b) the dollar amount attributable to "NEW HAMPSHIRE" (the numerator).

Business organizations included in a combined group must eliminate all intercompany transactions with other members of the unitary group from both the numerator and the denominator. Business organizations that have flow through items should not include those items in their apportionment factors.

LINE 1: SALES/RECEIPTS FACTOR:

The sales/receipts factor includes, but may not be limited to:

- sales, less returns and allowances,
- interest, rents and royalties,
- capital gain net income,
- net gains or losses, and
- other income unless the item is properly includible as a reduction of an expense or allowance.

Enter Everywhere sales in 1(a). Enter New Hampshire sales in 1(b). Divide 1(b) by 1(a). Multiply the result by 2. Enter the result in Line 1(c) expressed as a decimal to six places.

LINE 2: PAYROLL FACTOR

The payroll factor is the total compensation consisting of wages, salaries, commissions and other forms of remuneration paid during the taxable period to employees for personal services. Employee benefits should not be included in the payroll factor.

Enter Everywhere payroll in 2(a). Enter NEW HAMPSHIRE payroll in 2(b). Divide 2(b) by 2(a) and enter the result express as a decimal to six places in 2(c).

LINE 3: PROPERTY FACTOR

The property factor includes all real and tangible personal property owned, rented and employed by the business organization during the tax period in the regular course of its trade or business. Leasehold improvements are treated as property owned by the business organization. Other tangible assets should be listed separately under 3(a) and 3(b).

"Real and tangible personal property" includes land, buildings, improvements, equipment, merchandise or manufacturing inventories, leasehold improvements and other similar property that reflects the organization's business activities. Property shall be included in the property factor if it is actually used or is available for use or capable of being used during the taxable period in the regular course of the trade or business of the organization. Property or equipment under construction during the taxable period, except inventoriable goods in process, shall be excluded from the factor until such property is actually used or available for use by the business organization in its regular trade or business.

Valuation of Owned Property: Property owned by the business organization must be valued at its original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition, prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment, etc. Inventory is included in the property factor in accordance with the valuation method used for federal income tax purposes.

Valuation of Rented Property: Property rented by a business organization is valued at **8 times** the net annual rental rate. The net rental rate is the annual rental rate paid by the business organization less any annual rental rate received by the business organization from sub-rentals.

Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property factor. Where fluctuations in values exist during the period or where property is acquired or disposed of during the period, a monthly average shall be used to prevent distortions. "Beginning of Period" means the start of the tax period or when the assets are available for use.

Enter Everywhere property in 3(a). Enter New Hampshire property in 3(b). Divide 3(b) by 3(a) and enter the result expressed as a decimal to six places in 3(c).

LINE 4: Enter the total of Lines 1(c), 2(c) and 3(c).

LINE 5: NEW HAMPSHIRE APPORTIONMENT

Enter the result of Line 4 divided by 4. Express as a decimal to six places. **If there are less than three factors with an "EVERYWHERE" denominator, then divide Line 4 as follows:**

- Sales/Receipts and Payroll—divide by 3
- Sales/Receipts and Property—divide by 3
- Payroll and Property—divide by 2
- Sales/Receipts only—divide by 2
- Property OR Payroll only—divide by 1

**NOL
WORKSHEET**
WORKSHEET FOR APPORTIONMENT OF NET OPERATING LOSS (NOL)

EFFECTIVE FOR TAXABLE PERIODS ENDING ON OR AFTER JULY 1, 2005 (SEE RSA 77-A:4,XIII)

LINE 1

Enter this period's NOL as defined in the United States Income Tax Regulations relative to IRC Section 172 in effect pursuant to RSA 77-A:4, XIII. If a gain or -0-, **DO NOT** use this worksheet. (Business organizations not qualifying for treatment as a Subchapter "C" Corporation under the IRC should calculate their NOL as if the business organization were a Subchapter "C" Corporation.)

LINE 2

Enter on Line 2 the current period's New Hampshire apportionment percentage from Form DP-80, Line 5, expressed to six decimal places.

LINE 3

Enter the amount of Line 1 multiplied by Line 2.

LINE 4

From July 1, 2005 and forward, \$1,000,000 is the maximum amount that may be carried forward.

LINE 5

Enter the lesser of Line 3 or Line 4. This is your New Hampshire NOL available from the current period for carryforward.

COMBINED FILERS: Rev 303.03(e) states with regard to NOLs for combined filers that each business organization subject to RSA 77-A shall treat its apportioned share of the combined loss amount as a tax attribute which remains with that business organization. The individual member's net operating loss, pursuant to RSA 77-A:4,XIII applied to the individual member's allocated portion of the BPT liability, should be tracked in the event of an individual member's disposition or acquisition.

1 The amount of the current period net operating loss (See tax type line reference below)..... 1

Proprietorship: Line 6 of NH-1040

Fiduciary: Line 6 of NH-1041

Partnership: Line 5 of NH-1065

Corporation: Line 1(c) of NH-1120

2 Current period apportionment percentage from Form DP-80, expressed to six decimal places.....2

3 Apportionment limitations (Line 1 multiplied by Line 2).....3

4 Statutory limitations (See instructions above).....4

5 New Hampshire Net Operating Loss available for carryforward (the lesser amount of Line 3 or Line 4)5

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) DEDUCTION FOR COMBINED GROUPS

See Form DP-132 for instructions.

SEQUENCE #7

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

NEW HAMPSHIRE NEXUS MEMBERS

| | | | | |
|---|---|---|--|--|
| COLUMN (A) Ending date of tax year in which NOL occurred as calculated, per applicable statute and administrative rule. | COLUMN (B) NOL amount available for carryforward. See instructions for limitations. | COLUMN (C) Amount of NOL carry forward which has been used in taxable periods prior to this taxable period. | COLUMN (D) Amount of NOL to be used as a deduction in this taxable period. | COLUMN (E) Amount of NOL to carry forward to future taxable periods. |
|---|---|---|--|--|

NEXUS MEMBER NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

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 | | | | 6 | | | | 6 | | | | 6 | | | | 6 | | | |
| 7 | | | | 7 | | | | 7 | | | | 7 | | | | 7 | | | |
| 8 | | | | 8 | | | | 8 | | | | 8 | | | | 8 | | | |
| 9 | | | | 9 | | | | 9 | | | | 9 | | | | 9 | | | |
| 10 | | | | 10 | | | | 10 | | | | 10 | | | | 10 | | | |

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

NEXUS MEMBER NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

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 | | | | 6 | | | | 6 | | | | 6 | | | | 6 | | | |
| 7 | | | | 7 | | | | 7 | | | | 7 | | | | 7 | | | |
| 8 | | | | 8 | | | | 8 | | | | 8 | | | | 8 | | | |
| 9 | | | | 9 | | | | 9 | | | | 9 | | | | 9 | | | |
| 10 | | | | 10 | | | | 10 | | | | 10 | | | | 10 | | | |

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

12 Total of NOL carryforward deduction this taxable period..... 12
 (Sum of each nexus members Line 11)

This is the amount to be reported on NH-1120-WE.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E). Use additional Forms DP-132-WE if you have NOL carryforward deduction(s) from more than two entities.

DP-132-WE**NET OPERATING LOSS (NOL) DEDUCTION**

INSTRUCTIONS

Instructions

WHEN TO USE FORM DP-132

Use this form to detail the NOL carryforward amounts which comprise the current tax period NOL deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the New Hampshire tax return in the taxable period the NOL deduction is claimed. No loss amounts incurred before 7/1/97, shall contribute to the net operating loss deduction.

WHEN TO USE FORM DP-132-WE

Use Form DP-132-WE to detail the NOL carryforward amounts which comprise the current taxable period NOL deduction taken on NH-1120-WE. NOTE: This worksheet is applicable on when the combined group members are the same in all taxable periods. See Rev. 303. If there are more than two New Hampshire nexus members of the combined group, attach additional Forms DP-132-WE.

NAME AND IDENTIFICATION NUMBER

Enter name and SSN, FEIN, or DIN in the space provided. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

Column (A)

Enter the month, day, and year of each taxable period from which the NOL is being carried forward.

Carry Forward

A net operating loss may be carried forward for the following number of years:

| Tax Year ending On or After 7/1/02 | Carryforward 10 years | Losses Incurred On or After 7/1/97 |
|--|--------------------------|---------------------------------------|
|--|--------------------------|---------------------------------------|

Column (B)

Enter the amount of the NOL which is available for carryforward purposes.

For tax periods ending before July 1, 2005, the carryforward amount is computed by first carrying the loss back three years and then offsetting the loss by any profits during those three tax periods. (However, the carryback cannot result in an amended return or a refund in those carryback years).

Combined groups DP-132-WE: If there is more than one New Hampshire nexus member allocated in the combined group, then the carryback loss must be allocated in accordance with the New Hampshire Admin. Rules, Rev. 303.03 in existence for that tax period.

If a loss remains after carryback and offset, then the remaining loss must be apportioned using the apportionment percentage of the loss period. The apportioned loss cannot exceed the following limits based on the tax period the loss was incurred:

From July 1, 2003 to June 30, 2004, \$500,000 is the maximum amount that may be carried forward. From July 1, 2004 to June 30, 2005, \$750,000 is the maximum amount that may be carried forward. Prior to July 1, 2003, the maximum amount that may be carried forward is \$250,000 for each member of the combined group.

For tax periods ending on or after July 1, 2005, no carryback is required or allowed. In addition, the maximum amount that may be carried forward was increased to \$1,000,000.

Column (C)

Enter the NOL amount that was claimed as a deduction in the prior taxable period(s).

Column (D)

Enter only those amounts that will be claimed as a deduction this taxable period.

Column (E)

Enter the excess amount(s) available for future deduction.

N.H. Code of Admin. Rules, Rev. 303 of the New Hampshire Business Profits Tax includes guidance on how to compute the NOL. The RSA's and administrative rules regarding NOL provisions (RSA 77-A:4,XIII and Rev 303.03) may be obtained from our web site at www.nh.gov/revenue or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies may be made for a fee.

Schedule R

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**BUSINESS PROFITS TAX RECONCILIATION OF NEW HAMPSHIRE
 GROSS BUSINESS PROFITS SCHEDULE R
 FOR CORPORATE, NON-CORPORATE AND COMBINED GROUPS**

SEQUENCE #4B

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____

NAME OF BUSINESS ORGANIZATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL
SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER

This Schedule R shall be used to reconcile the New Hampshire Gross Business Profits before Net Operating Loss and Special Deductions line of the federal income tax return filed with the Internal Revenue Service to the federal income calculated using the Internal Revenue Code (IRC) in effect on **December 31, 2000**.

| | | | |
|---|--|------|----------------------|
| 1 | Federal Income (Loss) from business activities from return filed with IRS or Line 9 from NH-1120-WE, Schedule I | 1 | <input type="text"/> |
| 2 | Additions required to federal income: | | |
| | (a) IRC Section 179 expense taken on federal return in excess of \$20,000 including carryover amounts allowed | 2(a) | <input type="text"/> |
| | (b) Bonus depreciation on assets acquired and placed in service after September 10, 2001, (Federal Form 4562) | 2(b) | <input type="text"/> |
| | (c) Domestic production activities deduction under IRC 199 | 2(c) | <input type="text"/> |
| | (d) Other amounts reported on federal return that need to be adjusted due to revisions to the IRC in effect on December 31, 2000. | 2(d) | <input type="text"/> |
| | (e) Total additions [Sum of Line 2(a) through Line 2(d)] | 2(e) | <input type="text"/> |
| 3 | Deductions required from federal income: (The deductions allowed in this section are the deductions that would be allowed on assets placed in service after December 31, 2000 using the IRC in effect pursuant to RSA 77-A.) | | |
| | (a) Depreciation related to items added back under 2(a) and 2(b) | 3(a) | <input type="text"/> |
| | (b) Other deductions required due to revisions to the IRC in effect on December 31, 2000 | 3(b) | <input type="text"/> |
| | (c) Total deductions [Sum of Line 3(a) and Line 3(b)] | 3(c) | <input type="text"/> |
| 4 | Adjusted Taxable Income Line 1 plus Line 2(e) minus Line 3(c) [Enter this amount on Line 1(a) of your New Hampshire Business Profits Tax return] | 4 | <input type="text"/> |

This schedule must be attached to your Business Profits Tax Return and you must check the box on the front of the return indicating **IRC Reconciliation**.

NH-1120 filers must complete the Schedule R, transfer Line 4 to the NH-1120 on Line 1(a) Gross Business Profits.

NH-1120-WE filers must complete Form Schedule R for each member of a combined group. Summarize and enter Line 9 from NH-1120-WE, Schedule I to Line 1 on Schedule R. Attach Form Schedule R for each entity. Summarize the members adjustments onto one combined Schedule R, transfer Line 4 to Line 1(a) of NH-1120-WE.

NH-1040 and NH-1065 must complete Form Schedule R for each business activity reported.

NH-1041 filers must complete Schedule R and transfer the amounts from Lines 2(e) and 3(c) to the NH-1041, Lines 1(g) and 2(l) respectively.

Sale of an asset that has a different adjusted basis for New Hampshire than for federal purposes should be reflected on the federal Schedule D, Form 4797, Form 6252, or Schedule K-1.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX RECONCILIATION OF NEW HAMPSHIRE
GROSS BUSINESS PROFITS SCHEDULE R INSTRUCTIONS

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, and identification number in the spaces provided. When taxpayers have been issued a DIN, they shall use their DIN only, and not their FEIN or SSN.

**INTERNAL REVENUE CODE (IRC) AND
NEW HAMPSHIRE RECONCILIATION**

The New Hampshire Legislature has not changed the current business tax laws to conform with the federal tax law changes. The Internal Revenue Code (IRC) reference remains the Code in effect on December 31, 2000. Therefore, if changes are used on your federal filing, business profits tax filers must recalculate their New Hampshire gross business profits utilizing the applicable NH Schedule R. A Schedule R has been provided in this booklet to assist businesses in recalculating their New Hampshire Gross Business Profits. The completed Schedule R for each business organization must be filed with the corresponding New Hampshire Business Tax return.

LINE 1

From your Federal return enter the amount from the following applicable line;

| Federal entity type | Use line from federal form | |
|---------------------|----------------------------|------------|
| C-corp. | 28 | 1120 |
| S-corp. | 21 | 1120S |
| Partnership | 22 | 1065 |
| Proprietorship | 31 | Schedule C |
| Trust | 22 | 1041 |

LINE 2(a)

Limit the IRC § 179 expense to \$20,000, all amounts in excess of \$20,000 must be added back

LINE 2 (b)

Bonus depreciation is not a deduction because it is a post December 31, 2000 Internal Revenue Code amendment, all bonus depreciation must be added back.

LINE 2(c)

The domestic production activities deduction is a post December 31, 2000 Internal Revenue Code amendment, this deduction is added back in total.

LINE 2(d)

Enter other additions required due to revisions to the IRC in effect on December 31, 2000 and attach a brief description of the additions.

LINE 2(e)

Enter the sum of Line 2(a) through Line 2(d).

LINE 3(a)

Calculate the amount of depreciation that is allowable for the expenditures

in excess of \$20,000 because the IRC Section 179 expense deduction was limited to \$20,000. Calculate the amount of depreciation allowable on bonus depreciation not allowed on assets purchased. The depreciation allowed by these adjustments are an annual allowance until fully depreciated or the assets are disposed of.

LINE 3(b)

Enter other deductions required due to revisions to the IRC in effect on December 31, 2000 and attach a brief description of the deductions.

LINE 3(c)

Total lines 3(a) and 3(b).

LINE 4

Enter Line 1 plus Line 2(e) minus Line 3(c).

Reminder - This schedule must be attached to your Business Profits Tax Return.

NH-1120 filers must complete the Schedule R, transfer Line 4 to Line 1(a) of the NH-1120 New Hampshire Gross Business Profits.

NH-1120-WE filers must complete Schedule R for each member of a combined group. Attach Form Schedule R for each entity. Summarize the members adjustments onto one combined Schedule R, transfer Line 4 to Line 1(a) of NH-1120-WE.

NH-1040 and NH-1065 must complete Schedule R for each business activity reported.

NH-1041 filers must complete Schedule R and transfer the amounts from Lines 2(e) and 3(c) to the NH-1041, Lines 1(g) and 2(l) respectively.