



[www.nh.gov/revenue](http://www.nh.gov/revenue)

## NEW HAMPSHIRE

# 2010

### Business Tax Booklet For Proprietorships

**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.

FORM	PAGE
BT-EXT	3
BT-SUMMARY	7
BET-PROP	9
NH-1040	13
NH-BPT-RCD	16
DP-9	17
NOL WORKSHEET	18
DP-132	19
SCHEDULE R Reconciliation Worksheet	21
ESTIMATES	23

Return due date for calendar year filers:  
**April 18, 2011**

#### 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](http://www.nh.gov/revenue).

**EXTENSION:** An **automatic** 7-month extension of time to file the Business Enterprise Tax and/or Business Profits Tax return(s) 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, 2011 through December 31, 2011, 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.

**NEED FORMS:** Copies of forms, laws and administrative rules may be obtained from our web site at [www.nh.gov/revenue](http://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 (FAQs) are available 24 hours a day from our web site at [www.nh.gov/revenue](http://www.nh.gov/revenue). If you have any questions please call our 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, tax booklets will not be automatically mailed to you. Forms may be downloaded for free from our web site at [www.nh.gov/revenue/forms](http://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](http://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](http://www.nh.gov/revenue).

RSA 21-J:3, XXI requires taxpayers who had a tax liability in the prior tax year of \$100,000 or more to remit payment electronically. Pursuant to RSA 21-J:33, III, in the case of any failure to comply with the electronic payment requirements under RSA 21-J:3, XXI; a penalty shall be added to the amount of tax due equal to 5 percent of the amount of such tax not to exceed \$5,000. This penalty is in addition to any other penalty that may be applicable and shall be assessed, collected, and paid in the same manner as taxes. The penalty in this paragraph shall not

apply if failure to pay electronically was due to reasonable cause and not willful neglect of the taxpayer.

**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

<b>PRINT OR TYPE</b>  <b>100% OF TAX PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX</b>	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'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)		<b>If issued a DIN, DO NOT enter SSN or FEIN</b>
	CITY/TOWN, STATE & ZIP CODE+4		PRINCIPAL BUSINESS ACTIVITY CODE (Federal)

For the CALENDAR year **2010** 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.**



**GENERAL INSTRUCTIONS FOR FILING BUSINESS ENTERPRISE & BUSINESS PROFITS TAXES**

**NEW FOR 2010:**

Civil Unions Recognized as a Marriage. Effective January 1, 2010 the NH laws were modified to allow civil unions to be recognized as a marriage solemnized pursuant to RSA 457. Two persons who are parties to a civil union established pursuant to RSA 457-A that has not been dissolved or annulled by the parties or merged into a marriage by January 1, 2011 shall be deemed to be married under RSA 457 on January 1, 2011 and such civil union shall be merged into such marriage by operation of law on January 1, 2011.

NH Business Taxes Decoupled Effective for Tax Years 2011 and Forward. For taxable periods beginning on or after January 1, 2011, Business Enterprise Tax and Business Profits Tax will no longer be combined. The separation of the quarterly estimates is the first step in the Department's modernization plan. This modernization plan includes expanded E-FILE and a redesign of the NH-1120-WE to allow unitary organizations with blended entities to file as a combined group. More information will be available soon.

Failure to Pay by Electronic Means. Effective August 13, 2010 the NH Legislature expanded RSA 21-J:33 by inserting section III. This new provision states that in the case of any failure to comply with the electronic payment requirements under RSA 21-J:3, XXI, a penalty shall be added to the amount of tax due equal to 5 percent of the amount of such tax not to exceed \$5,000. This penalty is in addition to any other penalty that may be applicable and shall be assessed, collected, and paid in the same manner as taxes. The penalty in this paragraph shall not apply if failure to pay was due to reasonable cause and not willful neglect of the taxpayer.

Check 21: When you provide a check as payment, you authorize the State of New Hampshire to either use the information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check. For inquiries, call (603) 271-2191.

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

B. If your total **gross business receipts** 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.

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 (FEIN); shares a taxpayer identification number with another entity; or is not required to obtain a FEIN, Social Security Number (SSN) 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 DIN.

**Your DIN shall be used in place of the entity's FEIN. When filing all future documents, the DIN shall be entered wherever FEINs or SSNs 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.

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

- Form NH-1120, Corporation BPT 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 BPT Return must have federal Form 1040 Schedules C, D, E, F, Form 4562, Form 4797, and Form 6252 if applicable.
- Form NH-1065, Partnership BPT Return must have federal Form 1065, pages 1-4 and all other applicable schedules.
- Form NH-1041, Fiduciary BPT 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 BPT Return and may subject the taxpayer to penalties.

**OTHER REQUIRED FILINGS**

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

**SEPARATE FILING THRESHOLDS**

There are different filing criteria for the Business Enterprise Tax (BET) and the BPT. 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 BET AND/OR THE BPT 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 BET and the BPT 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](http://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](http://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 BPT return and/or a 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 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 (FEIN) and Social Security Numbers (SSN) 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 FEINs and SSNs may result in the rejection of a return or application. The failure to timely file a return or application complete with SSNs 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](http://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 BET and BPT 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.



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

FOR DRA USE ONLY

BT-SUMMARY

For the CALENDAR year 2010 or other taxable period beginning Mo Day Year and ending Mo Day Year

STEP 1 Print or Type
Check box if there has been a name change since last filing
PROPRIETORSHIP - LAST NAME, FIRST NAME & INITIAL, TAXPAYER IDENTIFICATION NUMBER, SEQUENCE # 1
CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME, TAXPAYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS, ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE+4, 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
CORPORATION, PARTNERSHIP, PROPRIETORSHIP, AMENDED RETURN, COMBINED GROUP, NON-PROFIT, 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: If balance due is less than zero, enter on Line 6 6
7 Apply overpayment amount on Line 6 to:
(a) Credit - Next Year's Tax Liability DO NOT PAY -> 7(a)
(b) Refund (Allow 12 weeks for processing) 7(b)

STEP 5 THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.

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.

Signature (in ink) Date
Filing as surviving spouse
Preparer's Tax Identification Number Preparer's Telephone Number
Signature (in ink) of Paid Preparer Date
Print Signatory Name, and Title of Fiduciary, if applicable
Printed Name of Preparer
MAIL TO: NH DRA PO BOX 637 CONCORD NH 03302-0637
Taxpayer's Telephone Number
Preparer's Address
City/Town, State & Zip Code+4



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, taxpayer identification number [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's name and SSN in the spaces provided for separate proprietorship only. SSNs are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSNs or FEINs 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 a Limited Liability Company (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](http://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 BET net of statutory credits.
- Line 1(b) Enter the amount of your BPT 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).

$$\frac{\text{Number of days} \times \text{Daily rate decimal equivalent} \times \text{Tax Due (Line 3)}}{365} = \text{Interest due}$$

**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
1/1/2011 - 12/31/2011	6%	.000164
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

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 BPT and/or BET 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](http://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 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 (FEIN), Social Security Number (SSN), 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  
**PROPRIETORSHIP BUSINESS ENTERPRISE TAX RETURN**

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.

SEQUENCE # 2

For the CALENDAR year **2010** or other taxable period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 Mo Day Year Mo Day Year

**THIS RETURN MUST BE FILED WITH THE BT-SUMMARY.**

<b>STEP 1</b> Print or Type Name	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SINGLE MEMBER LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER 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. If you need Form BET-80, it may be obtained from our web site at [www.nh.gov/revenue](http://www.nh.gov/revenue) or by calling (603) 271-2192.

<b>STEP 2</b> Compute the Taxable Enterprise Value Tax Base		COLUMN "A" -YOU-	COLUMN "B" -YOUR SPOUSE-
	1 Dividends Paid	1	1
2 Compensation and Wages Paid or Accrued	2	2	
3 Interest Paid or Accrued	3	3	
4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3)	4	4	
<b>STEP 3</b> Figure Your Tax	5(a) Business Enterprise Tax (Line 4 multiplied by .0075)	5(a)	5(a)
	5 Enter the sum of Line 5(a), Columns A and B		5
	6 STATUTORY CREDITS (a) RSA 162-L:10. CDFR-Investment Tax Credit		6(a)
	(b) RSA 162-N Community Reinvestment and Opportunity Credit Repealed for tax periods 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.		6(c)
	(d) RSA 162-P Research & Development Tax Credit (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 Enter the sum of Lines 6(a), 6(b), 6(c), 6(d), 6(e)		6
7 Business Enterprise Tax Net or Statutory Credit (Line 5 minus Line 6. IF NEGATIVE, ENTER ZERO.) <b>ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY.</b>		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 (SMLLCs) 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 Federal Employer Identification Numbers (FEIN) or Social Security Numbers (SSN) are required, taxpayers who have been issued a Department Identification Number (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 in the appropriate space provided. Combined filers PRINT the Principal NH Business Organization's name. Enter the FEIN, SSN or DIN 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 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 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](http://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 (BPT) 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 (BET) 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.

For the CALENDAR year **2010** or other taxable period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day Year

**SEQUENCE # 4A**

Due date for CALENDAR year is on or before **April 18, 2011** or the 15th day of the 4th month after the close of the taxable period.

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

<b>STEP 1</b> Print or Type	PROPRIETOR LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER

**STEP 2**  
Figure Your Tax

**Spouses may NOT combine net results of separately held business organizations.**

		SCH R IRC RECONCILIATION		COLUMN A Proprietor Income		COLUMN B Spouse's Income	
1	<b>NET PROFIT (LOSS) FROM BUSINESS</b> (From Federal Schedule C).....	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<b>RENTAL INCOME (LOSS)</b>						
	(a) Income (Loss) From Rental Activity (From Federal Schedule E).....	<input type="checkbox"/>	2(a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(b) Net Farm Rental Profit (Loss) (Federal Form 4835, Line 32).....	<input type="checkbox"/>	2(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(c) <b>TOTAL</b> .....		2(c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<b>NET FARM PROFIT (LOSS)</b> (From Federal Schedule F).....	<input type="checkbox"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<b>NET GAIN (LOSS) FROM SALE OF ASSETS HELD FOR USE IN BUSINESS, FARMING AND/OR RENTAL PURPOSES</b> (See instructions) Attach schedule if additional space is needed.						(Federal Form 4797 or Schedule D)
	(1) Description of Property	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse	
	(a) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(b) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(c) <b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4(c)
5	<b>INSTALLMENT GAIN (LOSS)</b> (Federal Form 6252) (See instructions) Attach schedule if additional space is needed.						
	(1) Date of Original Sale Mo Day Year	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse	
	(a) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(b) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(c) <b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5(c)
6	<b>Gross Business Profits</b> [Combine Lines 1, 2(c), 3, 4(c), and 5(c)] .....				<input type="text"/>	<input type="text"/>	
7	<b>New Hampshire Net Operating Loss Deduction</b> (Attach Form DP-132).....				( <input type="text"/> )	( <input type="text"/> )	
8	<b>Compensation for Personal Services</b> (See worksheet and instructions) .....				( <input type="text"/> )	( <input type="text"/> )	
9	<b>Other Additions and Deductions</b> per RSA 77-A:4 (If negative, show in parenthesis.) .....				<input type="text"/>	<input type="text"/>	
10	<b>Adjusted Gross Business Profits</b> .....				<input type="text"/>	<input type="text"/>	
	(Combine Line 6 through Line 9. If negative, show in parenthesis.)						
11	<b>New Hampshire Apportionment</b> (Form DP-80, Line 5. Express as a decimal to 6 places.).....				<input type="text"/>	<input type="text"/>	
	Interstate Proprietorships must apportion income—See DP-80 instructions.				.	.	
12	<b>New Hampshire Taxable Business Profits</b> (Line 10 x Line 11. If negative, enter zero.).....				<input type="text"/>	<input type="text"/>	
13	<b>New Hampshire Business Profits Tax</b> (Line 12 x 8.5%) .....				<input type="text"/>	<input type="text"/>	
<b>STEP 3</b> Figure Your Credits	14 <b>Credits:</b> allowed under RSA 77-A:5 as shown on Form DP-160 .....				<input type="text"/>	<input type="text"/>	
	15 <b>Subtotal</b> (Line 13 minus Line 14) .....				<input type="text"/>	<input type="text"/>	
	16 <b>Business Enterprise Tax Credit</b> (See instructions).....				<input type="text"/>	<input type="text"/>	
17	<b>Business Enterprise Tax Credit</b> to be applied against Business Profits Tax (Enter the lesser of Line 15 or Line 16. See instructions) .....				<input type="text"/>	<input type="text"/>	
18	(a) <b>New Hampshire Business Profits Tax Net of Statutory Credits</b> (Line 15 minus Line 17) ..				<input type="text"/>	<input type="text"/>	18(a)
	(b) <b>New Hampshire Business Profits Tax Net of Statutory Credits</b> (Sum of Line 18(a), Columns A and B).....				<input type="text"/>	<input type="text"/>	18(b)

ENTER THE AMOUNT FROM LINE 18(b) ON LINE 1(b) OF THE BT-SUMMARY.  
**THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.**



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**PROPRIETORSHIP BUSINESS PROFITS TAX RETURN**  
**FORM NH-1040 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, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) in the spaces provided. Enter spouse's name SSN in the spaces provided for separate proprietorship only.

**NOTE**

Spouses may NOT combine net results of separately held business organizations. All applicable federal forms, schedules C, D, E, F, 4797, or 6252, as applicable, must be attached. SSNs are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSNs or FEINs are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

**STEP 2 FIGURE YOUR TAX**

**LINE 1  
IRC RECONCILIATION**

Check the box and complete the Schedule R for each separate activity to reconcile federal taxable income to NH taxable income based on the IRC in effect on December 31, 2000.

**PROFIT (LOSS) FROM BUSINESS**

Enter the total net profit (loss) of all your Schedule C business activities in the respective column. Be sure to enter the net profit (loss) from all of your separate business activities in your column and all of the net income (loss) from your spouse's separate business activities in the spouse's column. **SPOUSES JOINTLY OWNING AND OPERATING A SCHEDULE C BUSINESS ACTIVITY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL PROFIT (LOSS) UNDER ONE COLUMN.** If a loss, show dollar amounts in parenthesis, e.g. (\$50). If any of the Schedule C activity is conducted outside New Hampshire, you must report on Line 1 the TOTAL net profit (loss) from all Schedule C activity. You are also required to complete and file Form DP-80, Apportionment of Income. See Line 12 for further instructions on apportionment.

**LINE 2 RENTAL INCOME (LOSS)**

Enter the total amount of rental income (loss) attributable to you and/or your spouse under the appropriate column. **SPOUSE/CU PARTNERS JOINTLY OWNING OR SELLING RENTAL PROPERTY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL RENTAL INCOME (LOSS) UNDER ONE COLUMN.** If the rental income (loss) is derived from joint ownership and the other owner is not reporting on this form, attach a schedule showing the joint owner's name(s), social security number(s) and respective share of net income (loss).

If rental property is owned both inside and outside New Hampshire, you must report on Line 2 the TOTAL net income (loss) from all rental property activity. You are also required to complete and file Form DP-80, Apportionment of Income. See Line 12 for further instructions on apportionment.

**LINE 2(a)**

Enter the total of Federal Form 1040, Schedule E, Line 22, columns A + B + C. Include only the Line 22 amounts attributable to rental activity.

**LINE 2(b)**

Enter the amount shown on Federal Form 4835, Net Farm Rental Profit (Loss), Line 32. If a loss, show dollar amount in parenthesis, e.g. (\$50).

**LINE 2(c)**

Enter the sum of Lines 2(a) and 2(b) on Line 2(c) separately for Column A and Column B.

**LINE 3 FARM PROFIT (LOSS)**

Enter the total amount of your net farm profit (loss) from Federal Form 1040, Schedule F, Line 36.

**LINE 4 NET GAIN (LOSS) ON SALE OF ASSETS FROM A BUSINESS, FARMING AND/OR RENTAL ACTIVITIES.**

**LINE 4(a) and LINE 4(b)**

If you need additional space, attach a schedule.

Column 1: Enter the description of property held or used for business as shown on Federal Form 1040, Schedule D or Form 4797, e.g., land, building, vehicle, etc.

Column 2: Enter the amount shown on Schedule D or Form 4797 as a gain (loss). If a loss, show dollar amount in parenthesis, e.g. (\$50).

Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain (loss) reported in Column 2.

Column 4: Enter the total of Column 2 plus Column 3.

Column 5: Enter the amount shown in Column 4 which is attributable to you.

Column 6: Enter the amount shown in Column 4 which is attributable to your spouse.

**LINE 4(c)**

Enter the total of Lines 4(a) and 4(b) on Line 4(c) separately for Column A and Column B.

**LINE 5 INSTALLMENT GAIN (LOSS)**

Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on Form NH-1040. Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained by calling (603) 271-2192 or from our web site at [www.nh.gov/revenue](http://www.nh.gov/revenue).

Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. You MUST file a return every year, regardless of the amount of installments, if the actual sales price exceeded \$50,000 for taxable periods ending July 1, 1993, to the present.

**LINE 5(a) and LINE 5(b)**

If you need additional space, attach a schedule.

Column 1: Enter the original date of the sale.

Column 2: Enter the taxable amount of gain or loss from Federal Form 6252 for this tax year. If a loss, show dollar amount in parenthesis, e.g. (\$50).

Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain (loss) reported in Column 2.

Column 4: Enter the total of Column 2 plus Column 3.

Column 5: Enter the amount shown in Column 4 which is attributable to you.

Column 6: Enter the amount shown in Column 4 which is attributable to your spouse.

**LINE 5(c)**

Enter the total of Lines 5(a) and 5(b) on Line 5(c).

**LINE 6**

Combine Lines 1, 2(c), 3, 4(c) and 5(c) separately for Column A and Column B.

**LINE 7 NEW HAMPSHIRE NET OPERATING LOSS DEDUCTION**

Enter the amount of carryforward loss available as shown on Line 11 of Form DP-132. A separate Form DP-132 must be filed for you and your spouse. Form DP-132 must be attached to the return.

**LINE 8 COMPENSATION FOR PERSONAL SERVICES (SEE COMPENSATION WORKSHEET)**

Enter on Line 8 the value of the services performed by the proprietor during the taxable period. The deduction is only allowed for the proprietor who actually renders personal services to the business organization.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**PROPRIETORSHIP BUSINESS PROFITS TAX RETURN**  
**FORM NH-1040 INSTRUCTIONS (continued)**

A business organization may utilize comparative compensation data from business organizations of similar size, volume and complexity from industry statistics or from publications such as the most current editions of the Occupational Outlook Handbook published by the US Department of Labor Statistics and available at [www.bls.gov](http://www.bls.gov) and the New Hampshire Wages and Benefits published by the New Hampshire Department of Employment Security and available at [www.nhes.state.nh.us](http://www.nhes.state.nh.us), as a reference point. You must maintain adequate records to substantiate the activities performed by you and the methods used to determine the rate of compensation for such activities.

**LINE 9 OTHER ADDITIONS AND DEDUCTIONS**

Enter in Column A the net total of all your other additions and deductions allowed or required under RSA 77-A:4. Enter the net total of your spouse's additions and deductions in Column B. Show negative amounts in parenthesis, e.g. (\$50).

**LINE 10 ADJUSTED GROSS BUSINESS PROFITS**

Combine Lines 6 through 9. If negative, show in parenthesis e.g. (\$50).

**LINE 11 NEW HAMPSHIRE APPORTIONMENT**

Proprietorships which have business activity, including rental activity, both inside and outside this state AND which are subject to income taxes (or a franchise tax measured by net income) 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, must apportion its gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. If you and your spouse each conduct separate business activities both inside and outside New Hampshire, each must complete a separate Form DP-80. Be sure to identify your form by using your social security number and your spouse's form by using your spouse's social security number. Form DP-80 may be obtained from the web site at [www.nh.gov/revenue](http://www.nh.gov/revenue) or by calling (603) 271-2192. After completing Form DP-80, enter the apportionment percentage on Line 12 of your Form NH-1040. Show to six decimal places. **All others enter 1.00 on Line 11.**

**LINE 12**

Enter the product of Line 10 multiplied by Line 11. If negative, enter zero.

**LINE 13**

Enter the product of Line 12 multiplied by 8.5%.

**STEP 3 FIGURE YOUR CREDITS**

**LINE 14 CREDITS**

Enter the amount of credits allowed under RSA 77-A:5. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 14.** If both you and your spouse are claiming credits on Line 14, then you must file two separate DP-160 Forms. Be sure to identify your form by using your SSN and your spouse's form by using your spouse's SSN. Form DP-160 may be obtained from our web site at [www.nh.gov/revenue](http://www.nh.gov/revenue) or by calling (603) 271-2192.

DO NOT INCLUDE THE BET CREDIT ON THIS LINE.

**LINE 15**

Enter the amount of Line 13 minus Line 14.

**LINE 16 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 BPT, complete the BET Credit worksheet for both you and your spouse. The proprietor and spouse proprietor must calculate their BET Credits separately and should complete two separate BET Credit Worksheets.

**LINE 17**

Enter the lesser amount of Line 15 or Line 16. If Line 16 is greater than Line 15, then a "Business Enterprise Tax Credit" carryforward exists. Any unused portion of the current period's Business Enterprise Tax Credit may be carried forward and allowed against any Business Profits Tax due in a subsequent taxable period.

**LINE 18 BUSINESS PROFITS TAX NET OF STATUTORY CREDITS**

- (a) Enter the amount of Line 15 minus Line 17.
- (b) Enter the sum of Line 18(a) Columns A and B. **IF NEGATIVE, ENTER ZERO. ENTER THE AMOUNT FROM LINE 18(b) ON LINE 1(b) OF THE BT-SUMMARY.**

**IF NEGATIVE, ENTER ZERO. ENTER THE AMOUNT FROM LINE 18 ON LINE 1(b) OF THE BT-SUMMARY.**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ALLOCATION SCHEDULE FOR  
 REASONABLE COMPENSATION DEDUCTION**

For the CALENDAR year **2010** or other taxable period beginning                and ending                 
Mo Day Year Mo Day Year

RSA 77-A:4, III(e) requires this schedule to be attached to the tax return of the business organization claiming a compensation deduction to report: 1) the total reasonable compensation deduction claimed by the business organization for the taxable period; and 2) the amount of such deduction allocated to each proprietor, partner, or member actually devoting time and effort in the operation of the business organization.

BUSINESS ORGANIZATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
NUMBER & STREET ADDRESS	DEPARTMENT IDENTIFICATION NUMBER (DIN)
ADDRESS (continued)	SOCIAL SECURITY NUMBER (SSN)
CITY/TOWN, STATE & ZIP CODE	

Total compensation claimed for this tax period: \$

ALLOCATION OF COMPENSATION DEDUCTION CLAIMED (attach additional sheets as necessary)			
Name of proprietor, partner or member	Social Security Number	Amount of Compensation Deduction Allocated	% of Total
1)		\$	
2)		\$	
3)		\$	
4)		\$	
5)		\$	
6)		\$	
7)		\$	
8)		\$	
9)		\$	
10)		\$	
11)		\$	
12)		\$	
<b>Total</b>		\$	

Must be the same as amount on NH-1040, Line 8, or NH-1065, Line 6(i).

If the compensation deduction taken by the business organization reduces the business organization's taxable business profits below zero for this tax period, the total compensation must be actually paid to the proprietor, partner or member by the business organization in that taxable period.

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

**X**

_____ SIGNATURE (IN INK)	_____ DATE	_____ SIGNATURE OF PREPARER (IN INK) OTHER THAN TAXPAYER	_____ DATE
_____ PRINT NAME		_____ PRINT PREPARER NAME	
_____ TITLE		_____ PREPARER'S TAX IDENTIFICATION NUMBER	
_____ TELEPHONE NUMBER		_____ PREPARER'S STREET ADDRESS/PO BOX	
		_____ PREPARER'S CITY/TOWN, STATE and ZIP CODE+4	





NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**SMALL BUSINESS CORPORATIONS ("S" Corp)  
INFORMATION REPORT**

**DO NOT  
ATTACH TO  
RETURN**

**WHO MUST FILE**

This report must be completed by every subchapter "S" corporation which has made actual or constructive distributions to its New Hampshire shareholders during the year, per RSA 77:17-a.

**WHAT TO FILE**

Actual distributions from "S" corporations made to New Hampshire residents are taxable to the individual recipient under New Hampshire Interest & Dividends Tax law. "S" corporations are required to use this form to report such distributions. Report any **actual distributions** from current year or prior year accumulated profits (as defined in RSA 77 and Rev 901). Do not report the shareholder's proportionate share of the "S" corporation's income (loss) as shown on the individual or shareholders Federal Schedule K-1.

**WHEN TO FILE**

This report is due annually on or before May 1st, after the end of the year. Pursuant to RSA 77:17-a, a list of New Hampshire shareholders during the preceding year together with the amount of dividends paid to each must be reported on this form.

**NEED HELP?**

Call Central Taxpayer Services at (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access: Relay NH, 1-800-735-2964.

NAME OF "S" CORPORATION
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER
--

FOR CALENDAR YEAR 

--

**DO NOT FILE WITH BUSINESS RETURN. MAIL UNDER SEPARATE COVER TO ADDRESS BELOW.**

Shareholder Name and Address (New Hampshire Residents ONLY)	Shareholder Social Security Number	Amount of Distribution					
<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				SOCIAL SECURITY NUMBER <table border="1"><tr><td> </td></tr></table>		\$ <table border="1"><tr><td> </td></tr></table>	
<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				SOCIAL SECURITY NUMBER <table border="1"><tr><td> </td></tr></table>		\$ <table border="1"><tr><td> </td></tr></table>	
<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				SOCIAL SECURITY NUMBER <table border="1"><tr><td> </td></tr></table>		\$ <table border="1"><tr><td> </td></tr></table>	
<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				SOCIAL SECURITY NUMBER <table border="1"><tr><td> </td></tr></table>		\$ <table border="1"><tr><td> </td></tr></table>	

If additional space is required, attach another sheet.

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

FOR DRA USE ONLY

**X**

SIGNATURE (IN INK) OF OFFICER \_\_\_\_\_

PRINT SIGNATORY NAME & TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**X**

SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER \_\_\_\_\_

MAIL TO: NH DRA  
AUDIT DIVISION  
PO BOX 457  
CONCORD NH 03302-0457

PREPARER'S ADDRESS \_\_\_\_\_

CITY/TOWN STATE & ZIP CODE \_\_\_\_\_



**NOL  
WORKSHEET**

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

NOTE: REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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	



DP-132

NET OPERATING LOSS (NOL) DEDUCTION

For the CALENDAR year 2010 or other taxable period beginning Mo Day Year and ending Mo Day Year

SEQUENCE # 7

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

Table with 5 columns: COLUMN (A) Ending date of taxable period, COLUMN (B) New Hampshire net operating loss available, COLUMN (C) Amount of NOL carryforward, COLUMN (D) Amount of NOL to be used as a deduction, COLUMN (E) Amount of NOL to carryforward to future taxable period. Rows 1-10.

11 Amount of NOL carryforward deducted this taxable period. (Sum of Column D, Lines 1-10) 11

This is the amount to be reported on the applicable Business Profits Tax return. NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E). This amount cannot exceed the New Hampshire Adjusted Gross Business Profits before the NOL deduction.

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.

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.

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:

Table with 3 columns: 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.

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.

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/





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

Schedule R

SEQUENCE #4B

For the CALENDAR year 2010 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.

Table with 4 main rows and sub-rows (a-e). Row 1: Federal Income (Loss) from business activities... Row 2: Additions required to federal income: (a) IRC Section 179 expense... (b) Bonus depreciation... (c) Domestic production activities deduction... (d) Other amounts reported... (e) Total additions... Row 3: Deductions required from federal income: (a) Depreciation related to items added back... (b) Other deductions required... (c) Total deductions... Row 4: Adjusted Taxable Income Line 1 plus Line 2(e) minus Line 3(c)...

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 as 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.	Line 3 from Form NH DP-120	
Partnership	22	1065
Proprietorship	31	Schedule C
Trust	22	1041

**LINE 2(a)**

Limit the IRC Section 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.

**TO MAKE YOUR PAYMENT ONLINE, ACCESS OUR WEB SITE AT**  
**[www.nh.gov/revenue](http://www.nh.gov/revenue)**

## **1 Who Must Pay Estimated Tax**

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

## **2 Where to Make Payments**

Make estimated tax payments on line at [www.nh.gov/revenue](http://www.nh.gov/revenue) or mail estimated tax payments to:

NH DRA (NH DEPT OF REVENUE ADMINISTRATION)  
PO BOX 637  
CONCORD NH 03302-0637

## **3 When to Make Payments**

CALENDAR YEAR FILERS:

1st quarterly payment due April 18, 2011  
2nd quarterly payment due June 15, 2011  
3rd quarterly payment due September 15, 2011  
4th quarterly payment due December 15, 2011

FISCAL YEAR FILERS:

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th, and 12th months of the taxable period to which they relate.

**FISCAL YEAR FILERS MUST ENTER THE TAX PERIOD ON EACH ESTIMATE FORM.**

## **4 Need Help?**

QUESTIONS not covered herein may be answered in our Frequently Asked Questions (FAQ) brochure available on our web site at [www.nh.gov/revenue](http://www.nh.gov/revenue) or by calling Central Taxpayer Services at (603) 271-2191.

## **5 Payment of Estimated Tax**

Estimated tax may be paid in full with the initial declaration or in installments on the due dates. If paying in full, only one payment form is required.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

## **6 Underpayment Penalty**

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

**This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.**

## **7 Exceptions to the Underpayment Penalty**

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Use Form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

## **8 Mandatory Electronic Payments**

RSA 21-J:3, XXI requires taxpayers who had a tax liability in the prior tax year of \$100,000 or more to remit payment electronically. Pursuant to RSA 21-J:33, III, in the case of any failure to comply with the electronic payment requirements under RSA 21-J:3, XXI; a penalty shall be added to the amount of tax due equal to 5 percent of the amount of such tax not to exceed \$5,000. This penalty is in addition to any other penalty that may be applicable and shall be assessed, collected, and paid in the same manner as taxes. The penalty in this paragraph shall not apply if failure to pay electronically was due to reasonable cause and not willful neglect of the taxpayer.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS TAX WORKSHEET**TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT [www.nh.gov/revenue](http://www.nh.gov/revenue)

1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		BET(a)	BPT(b)
a	BET Taxable Base After Apportionment		
b	New Hampshire Taxable Business Profits After Apportionment		
2 TAX			
a	Line 1(a) x .0075		
b	Line 1(b) x .085		
3 CREDITS			
a	RSA 162-L:10 (CDFA Investment Tax Credit)		
b	RSA 162-N CROP Carryforwards (Community Reinvestment Opportunity Program)		
c	RSA 162-N (Economic Revitalization Zone Tax Credit)		
d	RSA 162-P (Research & Development Tax Credit)		
e	RSA 162-Q (Coos County Job Creation Tax Credit)		
f	RSA 77-A:5 (Be sure to include the BET Credit)		
3 CREDITS TOTAL [sum of Lines 3(a) - 3(f)]			
4 Estimated tax for current year (Line 2 minus Line 3)			
5 Overpayment from previous taxable period			
6 Balance of Business Taxes Due (Line 4 minus Line 5)			

**ESTIMATE TAX FORM INSTRUCTIONS**

Enter ¼ of the Business Enterprise Tax calculated on Line 6 BET(a) on Form NH-BET-ES.

Enter ¼ of the Business Profits Tax calculated on Line 6 BPT(b) on Form NH-BPT-ES.

<b>COMPUTATION and RECORD of PAYMENTS</b>			
Date Paid	Amount of each Installment (1/4 of Line 6 above)		CALENDAR YEAR DUE DATES
	BET	BPT	
1	\$	\$	<b>April 18, 2011</b>
2	\$	\$	<b>June 15, 2011</b>
3	\$	\$	<b>Sept. 15, 2011</b>
4	\$	\$	<b>Dec. 15, 2011</b>



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS ENTERPRISE TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning 

Mo	Day	Year

 and ending 

Mo	Day	Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP 732     **1040**     PART 712     **1065**     CORP 702     **1120**     S-CORP 702     **1120S**     TRUST 722     **1041**

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER
	CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		
	NUMBER & STREET ADDRESS		
	ADDRESS CONTINUED		
	CITY/TOWN, STATE & ZIP CODE+4		

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

Amount of This Payment \$ 

--

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.

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



NH-BET-ES  
Rev 09/2010

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS ENTERPRISE TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning 

Mo	Day	Year

 and ending 

Mo	Day	Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP 732     **1040**     PART 712     **1065**     CORP 702     **1120**     S-CORP 702     **1120S**     TRUST 722     **1041**

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER
	CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		
	NUMBER & STREET ADDRESS		
	ADDRESS CONTINUED		
	CITY/TOWN, STATE & ZIP CODE+4		

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

Amount of This Payment \$ 

--

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.

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



NH-BET-ES  
Rev 09/2010



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS ENTERPRISE TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning 

Mo	Day	Year

 and ending 

Mo	Day	Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP 732     **1040**     PART 712     **1065**     CORP 702     **1120**     S-CORP 702     **1120S**     TRUST 722     **1041**

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER
	CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		
	NUMBER & STREET ADDRESS		
	ADDRESS CONTINUED		
	CITY/TOWN, STATE & ZIP CODE+4		

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

Amount of This Payment \$ 

--

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.

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



NH-BET-ES  
Rev 09/2010

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS ENTERPRISE TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning 

Mo	Day	Year

 and ending 

Mo	Day	Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP 732     **1040**     PART 712     **1065**     CORP 702     **1120**     S-CORP 702     **1120S**     TRUST 722     **1041**

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER
	CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		
	NUMBER & STREET ADDRESS		
	ADDRESS CONTINUED		
	CITY/TOWN, STATE & ZIP CODE+4		

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

Amount of This Payment \$ 

--

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.

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



NH-BET-ES  
Rev 09/2010



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS PROFITS TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning                and ending                 
Mo Day Year Mo Day Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP **1040**     PART **1065**     CORP **1120**     S-CORP **1120S**     TRUST **1041**  
032                      012                      002                      002                      022

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY

LAST NAME                      FIRST NAME & INITIAL                      SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER

CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME

NUMBER & STREET ADDRESS

ADDRESS CONTINUED

CITY/TOWN, STATE & ZIP CODE+4

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

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

Amount of This Payment

\$

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.



NH-BPT-ES  
Rev 09/2010

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS PROFITS TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning                and ending                 
Mo Day Year Mo Day Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP **1040**     PART **1065**     CORP **1120**     S-CORP **1120S**     TRUST **1041**  
032                      012                      002                      002                      022

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY

LAST NAME                      FIRST NAME & INITIAL                      SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER

CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME

NUMBER & STREET ADDRESS

ADDRESS CONTINUED

CITY/TOWN, STATE & ZIP CODE+4

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

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

Amount of This Payment

\$

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.



NH-BPT-ES  
Rev 09/2010



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS PROFITS TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning                and ending                 
Mo Day Year Mo Day Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP **1040**  PART **1065**  CORP **1120**  S-CORP **1120S**  TRUST **1041**  
032 012 002 002 022

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY

LAST NAME FIRST NAME & INITIAL SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER

CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME

NUMBER & STREET ADDRESS

ADDRESS CONTINUED

CITY/TOWN, STATE & ZIP CODE+4

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

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

Amount of This Payment

\$

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.



NH-BPT-ES  
Rev 09/2010

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED BUSINESS PROFITS TAX - 2011**

For the CALENDAR year **2011** or other taxable period beginning                and ending                 
Mo Day Year Mo Day Year

FOR DRA USE ONLY

Do you file federally as (check one):  
 PROP **1040**  PART **1065**  CORP **1120**  S-CORP **1120S**  TRUST **1041**  
032 012 002 002 022

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY

LAST NAME FIRST NAME & INITIAL SOCIAL SECURITY NUMBER, FEDERAL IDENTIFICATION NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER

CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME

NUMBER & STREET ADDRESS

ADDRESS CONTINUED

CITY/TOWN, STATE & ZIP CODE+4

CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.

Pay online at [www.nh.gov/revenue](http://www.nh.gov/revenue) or make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose your payment with this estimate.  
Do not file a \$0 estimate.

Do not file a \$0 estimate.

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

Amount of This Payment

\$

Make additional copies as needed to meet the quarterly estimated tax requirement pursuant to RSA 77-E:5, II.



NH-BPT-ES  
Rev 09/2010

