



**BUSINESS PROFITS TAX AFFILIATION SCHEDULE**

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

**A** Principal New Hampshire Business Organization

Taxpayer Identification #

For the CALENDAR year **2019**  
or other taxable period beginning:

MMDDYYYY

and ending:

MMDDYYYY

Number & Street Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

**B** New Hampshire Business Activity

**C** Other members included in the Water's Edge Combined Group. Indicate with an **X** those members who have nexus with New Hampshire. Attach additional sheets, if necessary.

Name of Business Organization	Tax Period Ending	FEIN	X
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**D**

Parent Company of this Combined Group

FEIN

X



**BUSINESS PROFITS TAX AFFILIATION SCHEDULE - Continued**

**E** Name and Federal Employer Identification Numbers (FEIN) of the domestic affiliated business organizations who are excluded from the New Hampshire Water's Edge Combined Group as non-unitary members. Indicate with an **X** those members who have nexus in New Hampshire.

Name of Business Organization. Attach additional sheets, if necessary.

Name of Business Organization. Attach additional sheets, if necessary.	FEIN	X
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**F** Name, location, and FEIN, if applicable, of the affiliates excluded from the group as qualified Overseas Business Organizations, as defined by RSA 77-A:1, XIX. Indicate with an **X** those members who have nexus in New Hampshire.

Name & Location of Business Organization. Attach additional sheets, if necessary.

Name & Location of Business Organization. Attach additional sheets, if necessary.	FEIN	X
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**G**  
Taxpayer Contact

Contact Title

Phone Number