

# NEW HAMPSHIRE **2010**

# **Business Tax Booklet For Corporations**

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	9
BET-80	13
NH-1120	16
DP-80	18
NOL WORKSHEET	20
DP-132	21
DP-160	23
DP-120	25
DP-9	27
SCHEDULE R (Reconciliation Worksheet)	29
ESTIMATES	31

Return due date for calendar year filers: March 15. 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.

**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.

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

**NEED FORMS**: Copies of forms, laws and administrative rules may be obtained from our web site at <a href="www.nh.gov/revenue">www.nh.gov/revenue</a> 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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a>. 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 or ordered by telephone at (603) 271-2192.

**FORM** BT-EXT

#### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

#### PAYMENT FORM AND APPLICATION FOR 7 MONTH EXTENSION OF TIME TO FILE BUSINESS TAX RETURN

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

**INSTRUCTIONS** 

AUTOMATIC EXTENSION
If you pay 100% of the Business Enterprise Tax and Business
Profits Tax determined to be due, by the due date of the tax you
will be granted an automatic 7-month extension to file your New
Hampshire returns WITHOUT filing this form. If you meet this
requirement, you may file your New Hampshire Business Enterprise
Tax and Business Profits Tax return up to 7 months beyond the original
due due. Note that an extension of time to file your returns is 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**.

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.

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.

FOR DRAUSE ONLY

#### 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

PRINT OR TY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER					
100% OF TAX PAYMENT IS	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER					
DUE ON OR BEFORE THE DUE DATE OF THE TAX	CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR L	LC NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER					
IIIL IAX	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER					
	ADDRESS (Continued)		If issued a DIN, DO NOT enter SSN or FEIN					
	CITY/TOWN, STATE & ZIP CODE+4		PRINCIPAL BUSINESS ACTIVITY CODE (Federal)					
For the CALENDAR year <b>2010</b> or other taxable period beginning and ending and ending BNTITY 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 Ente	100% of the Business Enterprise Tax determined to be du	ue (net of credit)1						
2 Ente	100% of the Business Profits Tax determined to be due (r	net of credit)2						
3 Subt	otal (Line 1 plus Line 2)	3						
4 LESS	S: Credit carried over from prior year and Total Advance Pa	ayments4						
5 BAL	ANCE DUE: (If negative or zero, do not file this application	1) 5						

FOR DRAUSE ONLY

MAIL NH DRA 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:**

<u>Civil Unions Recognized as a Marriage.</u> 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.

<u>Check 21:</u> 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 <u>gross business receipts</u> 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:
- c. 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 6252 if applicable.
   Form NH-1065, Partnership BPT Return must have federal Form 1065, pages 1-4 and all other applicable schedules.
- 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 vear 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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> 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

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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> 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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> 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 HA		PARTMENT OI INESS TAX		ENUE ADMINISTI <b>MARY</b>	RATION	DRA USE		
For the CAL	ENDAR year <b>2010</b> or other taxal	ble period begir			and ending _		6		
STEP 1	PROPRIETORSHIP - LAST NAME		Mo Day FIRST NAME & INI				′ear	SEQUENCE	F # 1
Print or Type	PROPRIETORSHIP - SPOUSE'S LAST NAMI	<b>=</b>	FIRST NAME & INI	TIAL	Т.	AXPAYER IDEN	ITIFICATION NUMBER		
Check box if there has	CORPORATE, PARTNERSHIP, ESTATE, TRU	JST, NON-PROFIT C	OR LLC NAME		Т.	AXPAYER IDEN	ITIFICATION NUMBER	R	
been a name	NUMBER & STREET ADDRESS								
change since last filing	ADDRESS (continued)						If required to us		
	CITY/TOWN, STATE & ZIP CODE+4				P		SINESS ACTIVITY CO		
STEP 2 Return Type and	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	over \$75,000)?							
Federal Informa-	subject to penalties.				`			, L	NO
tion	(2) CORPORATION	(3) PARTNER			PROPRIETORSHIF	, <u> </u>	AMENDED RETU	JRN	
	(2) COMBINED GROUP	5 NON-PRO			FIDUCIARY		FINAL RETURN		
	Check here if the IRS has made an to New Hampshire. Enter years covered DO NOT USE THIS FORM TO REPORT	ed by IRS				ome tax retu	rn which has not b	een previously re	ported
STEP 3	COMPLETE THE BET AND/OR BI					MMARY			
STEP 4	1 (a) Business Enterprise Ta	x Net of Statuto	ory Credits	1(a)					
Figure Your	(b) Business Profits Tax N	et of Statutory (	Credits	1(b)			1		
Balance Due or Over-	PAYMENTS:     (a) Tax paid with application	on for extension		2(a)					
payment	(b) Total of this year's estimated tax payments						-		
	(c) Credit carryover from prior tax period			2(b) 2(c)					
	(d) Paid with original return		rns only)	2(d)			2		
	3 TAX DUE: (Line 1 minus Line	e 2)					3		
	4 ADDITIONS TO TAX:	- <i>,</i>		4(-)					
	(a) Interest (See instruction	·		4(a)					
	(b) Failure to Pay (See ins			4(b)					
	(c) Failure to File (See ins	tructions)		4(c)					
	(d) Underpayment of Estin	nated Tax (See	instructions)	4(d)			4		
	5 (a) Subtotal of Amount Du	e (Line 3 plus L	ine 4)				5(a)		
	(b) Return Payment Made			5(b)					
	5 BALANCE DUE: Line 5(a) minu on-line at www.nh.gov/revenue or STATE OF NEW HAMPSHIRE. E tape your payment with this return	s 5(b). Make y make check pa nclose, but do	our payment yable to: not staple or	PA	AY THIS AMO	UNT →	5		
	6 OVERPAYMENT: If balance due is	less than zero, e	enter on Line 6	6					
	7 Apply overpayment amount of (a) Credit - Next Year's Tax	on Line 6 to: x Liability			DO NOT P	PAY →	7(a)		
	(b) Refund (Allow 12 weeks	for processing)	)				7(b)		
STEP 5	THIS RETURN MUST BE ACCOMPA	NIED BY COMPL	LETE AND LEGI	BLE CO	PIES OF THE APP	ROPRIATE	FEDERAL FORM	S AND SCHEDU	ILES.
FOR DRA USE ONI	If a combined group, I also ce POA: By checking this	a person other the rtify that all affilia	nan the taxpayer, ted companies a	this dec	claration is based or led in the appropria	n all informat te group des return with	ion of which the pr cribed in this retur	reparer has knov n.	wledge.)
	Signature (in ink)		Dat	te	Preparer's Tax Identif	ication Number	Prenarer's	Telephone Number	
	If joint return, BOTH parties must	sign, even if only one	e had income Dat	e	Signature (in ink) of I			Date	
	Print Signatory Name, and Title o	f Fiduciary, if applica	ble		Printed Name of Prep	parer			

Print Signatory Name, and Title of Fiduciary, if applicable

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

City/Town, State & Zip Code+4

Printed Name of Preparer

Preparer's Address

City/Town, State & Zip Code+4

[pg 7]

BT-SUMMARY Rev 09/2010

#### **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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> 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).

Number of days Daily rate decimal equivalent Tax Due (Line 3) Interest due

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

PERIOD	<u>RATE</u>	DAILY RATE DECIMAL
		<u>EQUIVALENT</u>
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 <a href="https://www.nb.gov/revenue">www.nb.gov/revenue</a> or by calling (603) 271-2192.

- Line 4 Enter the total of Lines 4(a) through 4(d).
- Line 5(a) Enter total of Lines 4(a) through 4(b).

  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
- 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.

  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.

FORM **BET**  NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

#### **BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS,** COMBINED GROUPS, PARTNERSHIPS, FIDUCIARIES AND **NON-PROFIT ORGANIZATIONS**

SEQUENCE # 2

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

	For the CALENDAR year $f 2010$ or other taxable per	iod beginning _	Mo Day	Year	and end	ling	Day	Year	
	THIS RETURN MUST	BE FILED WIT	,		Y.		,		
STEP 1 Print or Type Name	CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR I		SOCIAL		IUMBER, C	ICATION NUMB OR DEPARTMEN	-		
tax, a franc the jurisdict base. Com	ness activities are conducted both inside and outside New Hise tax measured by net income, a capital stock tax, or o ion of another state to impose a net income tax or capita plete Form BET-80 to determine the values for Lines 1, 2 and 3. If you need Form BET-80 or BET-80-WE it may be	ther similar taxes I stock tax upon if and 3. Combined	, whether or r t, then the bu I groups mus	not it is ad Isiness ei t complet	ctually im nterprise e Form E	posed by a must appor BET-80-WE	nother startion its e	ate, or is sub nterprise valu nine the valu	ject to ue tax
STEP 2 Compute the Tax-	1 Dividends Paid	1							
able Enterprise Value Tax Base		2							
	3 Interest Paid or Accrued	3							
	4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3)				4				
STEP 3 Figure	5 New Hampshire Business Enterprise Tax (Line 4 multiplied by .0075)				5				
Your Tax	6 STATUTORY CREDITS (a) RSA 162-L:10. CDFA-Investment Tax Credit	6(a)							<b>,</b>
	(b) RSA 162-N Community Reinvestment and Opportunity Credit Repealed for tax years ending on or after 7/01/07.	6(b)							
	(c) RSA 162-N. Economic Revitalization Zone Tax Credit. Effective for tax periods ending on or after 7/01/07 (see instructions).	6(c)							
	(d) RSA 162-P. Research & Development Tax Credit (unused portion, see instructions) Effective for tax periods ending on or after 9/07/07.	6(d)							
,	(e) RSA 162-Q Coos County Job Creation Tax Credit	6(e)			6				
	7 Business Enterprise Tax Net of Statutory Credits (Line 5 minus Line 6. IF NEGATIVE, ENTER ZERO) ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY.				7				



#### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION **BUSINESS ENTERPRISE TAX RETURN INSTRUCTIONS**

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

FORM BET-PROP is required for Proprietorships and Single Member Limited Liability Companies (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 BFT.

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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> 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\*
- Enter the total amount from the BET-80, Line 24\* Line 2
- 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:

- Enter the total dividends paid.
- Line 2 Enter the total compensation on wages paid or accrued.
- Enter the total interest paid or accrued. Line 3
- 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 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.

#### **BUSINESS ENTERPRISE TAX**

### 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.

[pg 11] BET-CKLS1

#### **BUSINESS ENTERPRISE TAX**

## **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.
- Taxpaver'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.

[pg 12] BET-CKLST

#### FORM **BET-80**

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION BUSINESS ENTERPRISE TAX APPORTIONMENT

For the CALENDAR year **2010** or other taxable period beginning SEQUENCE #3 and ending Мо Mo Day Year Year Day

SECURITY NUMBER O	R DEP	FICATION NUMBER OR SOCIAL ARTMENT IDENTIFICATION NUMBEI	R
SECTION I-APPORTIONMENT FACTORS See General Instructions			
New Hampshire Compensation and Wages Paid or Accrued	1		
2 Everywhere Compensation and Wages Paid or Accrued	2		
3 COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places	3	•	
4 Average of New Hampshire Property	4		
5 Average of Everywhere Property	5		
6 INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26 below. Express to six decimal places	6	•	
7 New Hampshire Sales	7		
8 Everywhere Sales	8		
9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places.	9	•	
,	10	•	
Enter this amount on Line 15 below. Express to six decimal places.	11	•	
SECTION II – BUSINESS ENTERPRISE TAX BASE APPORTIONMENT See General Instructions			
12 Dividends Paid 12			
13 LESS: Dividend Deduction 13			
14 Subtotal (Line 12 minus Line 13)	14		
15 Dividend Apportionment Factor (From Line 11 above) 15 •			
16 Taxable Dividends (Line 14 multiplied by Line 15) (If negative, show in parenthesis) 16			
17 TOTAL TAXABLE DIVIDENDS (From Line 16.) <b>IF NEGATIVE, ENTER ZERO.</b> Enter this amount on Line 1, Form BET.	17		
18 Everywhere Compensation and Wages Paid or Accrued 18			
19 LESS: Retained Compensation 19			
20 Subtotal (Line 18 minus Line 19)	20		
21 Compensation Apportionment Factor (From Line 3 above) 21 •			
22 Taxable Compensation (Line 20 multiplied by Line 21)	22		
23 LESS: Dividend Offset 23			
24 TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Line 2, Form BET.	24		
25 Interest Paid or Accrued 25			
26 Interest Apportionment Factor (From Line 6 above) 26 •			
27 Taxable Interest (Line 25 multiplied by Line 26) 27			
28 LESS: Dividend Offset 28			
29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Line 3, Form BET.	29		
	SECTION I—APPORTIONMENT FACTORS See General Instructions  1 New Hampshire Compensation and Wages Paid or Accrued 2 Everywhere Compensation and Wages Paid or Accrued 3 COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places 4 Average of New Hampshire Property 5 Average of Everywhere Property 6 INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26 below. Express to six decimal places 7 New Hampshire Sales 8 Everywhere Sales 9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places. 10 Subtotal (Sum of Lines 3, 6 and 9) 11 DIVIDEND FACTOR Enter Line 10 divided by the number of factors in the subtotal. Enter this amount on Line 15 below. Express to six decimal places.  SECTION II—BUSINESS ENTERPRISE TAX BASE APPORTIONMENT See General Instructions 12 Dividends Paid 12 LESS: Dividend Deduction 13 LESS: Dividend Apportionment Factor (From Line 11 above) 15 Interest Paid Apportionment Factor (From BET. 16 Taxable Dividends (Line 14 multiplied by Line 15) 16 Taxable Dividends (Line 14 multiplied by Line 15) 17 TOTAL TAXABLE DIVIDENDS (From Line 16.) IF NEGATIVE, ENTER ZERO. Enter this amount on Line 1, Form BET. 18 Everywhere Compensation and Wages Paid or Accrued 18 19 LESS: Retained Compensation 19 20 Subtotal (Line 18 minus Line 19) 21 Compensation Apportionment Factor (From Line 3 above) 21 - 22 Taxable Compensation (Line 20 multiplied by Line 21) 23 LESS: Dividend Offset 25 Interest Paid or Accrued 26 Interest Apportionment Factor (From Line 6 above) 26 Interest Apportionment Factor (From Line 6 above) 27 Taxable Interest (Line 25 multiplied by Line 28)	SECTION I-APPORTIONMENT FACTORS See General Instructions  1 New Hampshire Compensation and Wages Paid or Accrued 2 Everywhere Compensation and Wages Paid or Accrued 2 Everywhere Compensation and Wages Paid or Accrued 3 COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places 4 Average of New Hampshire Property 5 Average of Everywhere Property 5 INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26 below. Express to six decimal places 7 New Hampshire Sales 7 New Hampshire Sales 8 Everywhere Sales 9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places. 9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places. 9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places. 9 Sales Factor (Line 8 3, 6 and 9) 10 Subtotal (Sum of Lines 3, 6 and 9) 11 DIVIDEND FACTOR Enter Line 10 divided by the number of factors in the subtotal. Enter this amount on Line 15 below. Express to six decimal places.  11 DIVIDEND FACTOR Enter Line 10 divided by the number of factors in the subtotal. Enter this amount on Line 15 below. Express to six decimal places.  12 Dividends Paid 12 Dividends Paid 13 LESS: Dividend Deduction 13 LESS: Dividend Deduction 13 LESS: Dividend Deduction 14 Subtotal (Line 12 minus Line 13) 14 Subtotal (Line 12 minus Line 13) 15 Dividend Apportionment Factor (From Line 11 above) 15 (If negative, show in parenthesis) 16 Taxable Dividends (Line 14 multiplied by Line 15) 17 TOTAL TAXABLE DIVIDENDS (From Line 16) IF NEGATIVE, ENTER ZERO. Enter this amount on Line 1, Form BET. 17 18 Everywhere Compensation and Wages Paid or Accrued 18 19 LESS: Retained Compensation Line 29 multiplied by Line 21) 20 Subtotal (Line 18 minus Line 19) 21 Compensation Apportionment Factor (From Line 6 above) 22 Taxable Compensation Cline 27 Form BET. 24 TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Line 2. Form BET. 25 Interest Paid or Accrued 26 Interest Apportionment Factor (From Line 6 above)	SECTION I-APPORTIONMENT FACTORS See General Instructions  1 New Hampshire Compensation and Wages Paid or Accrued 2 Everywhere Compensation and Wages Paid or Accrued 3 COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places 4 Average of New Hampshire Property 5 Average of Everywhere Property 5 Average of Everywhere Property 6 INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26 below. Express to six decimal places 7 New Hampshire Sales 8 Everywhere Sales 8 Everywhere Sales 9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places. 9 9 .  10 Subtotal (Sum of Lines 3, 6 and 9) 11 DIVIDEND FACTOR Enter Line 10 divided by the number of factors in the subtotal. Enter this amount on Line 15 below. Express to six decimal places.  11 SECTION II-BUSINESS ENTERPRISE TAX BASE APPORTIONMENT See General Instructions 12 Dividends Paid 14 Subtotal (Line 12 minus Line 13) 14 Subtotal (Line 12 minus Line 13) 15 Dividend Apportionment Factor (From Line 11 above) 15 If Taxable Dividends (Line 14 multiplied by Line 15) (If negative, show in parenthesis) 17 TOTAL TAXABLE DIVIDENDS (From Line 16.) IF NEGATIVE, ENTER ZERO. Enter this amount on Line 1, Form BET. 18 Everywhere Compensation and Wages Paid or Accrued 18 LESS: Dividend Offset 20 Subtotal (Line 18 minus Line 19) 20 Subtotal (Line 18 minus Line 19) 20 Subtotal (Line 18 minus Line 19) 21 Compensation Apportionment Factor (From Line 2 above) 22 Taxable Compensation (Line 22 minus Line 23) Enter this amount on Line 2, Form BET. 24 TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Line 2, Form BET. 25 Interest Paid or Accrued 26 Interest Apportionment Factor (From Line 6 above) 27 Taxable Interest (Line 25 multiplied by Line 26) 28 LESS: Dividend Offset 28 LESS: Dividend Offset 29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28) 29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28)



### BUSINESS ENTERPRISE TAX APPORTIONMENT FORMS BET-80 & BET-80-WE INSTRUCTIONS

#### WHO MUST APPORTION

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

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

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

#### **LINE-BY-LINE INSTRUCTIONS**

#### **NAME & IDENTIFICATION NUMBER**

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, Federal Employer Identification Number (FEIN), Social Security Number (SSN), or Department Identification Number (DIN) in the spaces provided. 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 their SSN or FEIN.

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

#### SECTION I APPORTIONMENT FACTORS

#### COMPENSATION AND WAGES FACTOR

#### **LINE 1 & 2**

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

"Compensation and wages" includes all wages, salaries, fees, bonuses, commissions or other payments paid or accrued, including deferred compensation, in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under Internal Revenue Code (IRC) Section 3401. Payments made expressly exempt from withholding under IRC Sections 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19), and (20) should not be included.

For Proprietorships and Partnerships: The compensation amount entered on Line 18 should include the amount of any compensation deduction taken under the Business Profits Tax (BPT) pursuant to RSA 77-A:4, III in the taxable period. The remainder, if any, of the guaranteed payments to partners reduced by the New Hampshire BPT Compensation for Personal Services deduction. It should also include any net earnings from self-employment subject to tax under IRC Section 1401 to the extent it was not included in the amount of any deduction taken under the BPT pursuant to RSA 77-A:4, III in the taxable period.

#### LINE 3

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

#### INTEREST FACTOR

#### **LINES 4 & 5**

Enter on Line 4 the average value of beginning and ending "New Hampshire" real and tangible personal property owned and employed. Enter on Line 5 the average value of beginning and ending "EVERYWHERE" real and

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

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

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

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

#### LINE 6

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

#### **DIVIDEND FACTOR**

#### **LINES 7 & 8**

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

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

#### LINE 9

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

#### LINE 10

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

#### **LINE 11**

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

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION BUSINESS ENTERPRISE TAX APPORTIONMENT

### FORMS BET-80 & BET-80-WE INSTRUCTIONS (continued)

### SECTION II BUSINESS ENTERPRISE TAX BASE APPORTIONMENT

### DIVIDEND APPORTIONMENT LINE 12

Enter the amount of dividends paid. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock of the same enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. See the Quick Checklist for dividends not included.

#### LINE 13

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

#### LINE 14

Enter the amount of Line 12 minus Line 13.

#### **LINF 15**

Enter the DIVIDEND FACTOR from Line 11.

#### I INF 16

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

#### LINE 17

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

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

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

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

## COMPENSATION AND WAGES APPORTIONMENT, INCLUDING DEFERRED COMPENSATION

#### **LINE 18**

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

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

#### I INF 19

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

#### **LINE 20**

Enter the amount of Line 18 minus Line 19.

#### LINE 2

Enter the COMPENSATION FACTOR from Line 3.

#### LINE 22

Enter the product of Line 20 multiplied by Line 21.

#### LINE 23 and LINE 28

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

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

#### LINE 24

Enter the amount of Line 22 minus Line 23.

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

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

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

#### INTEREST APPORTIONMENT

#### LINE 25

Enter the amount of interest paid or accrued. Per RSA 77-E:1, XI, "Interest" means all amounts paid or accrued for the use or forbearance of money or property. The term "interest" shall not include amounts paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders or by voluntary employees' beneficiary associations qualified under IRC Section 501(c) (9) to fulfill obligations to members.

#### LINE 26

Enter the INTEREST FACTOR from Line 6

#### LINE 27

Enter the product of Line 25 multiplied by Line 26.

#### LINE 28

See instructions for Line 23.

#### **LINE 29**

Enter the amount of Line 27 minus Line 28.

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

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

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

FORM NH-1120

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

For the CALENDAR year **2010** or other taxable period beginning and ending and ending and ending SEQUEN Due Date for CALENDAR year filers is on or before **March 15, 2011** or the 15th day of the 3rd month after the close of the taxable period.

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

STEP 1 Print or Type	NAN	ИЕ OF	CORPORATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER	-				
STEP 2 Ques-	Α	Is th	ne corporation filing its tax return on an IRS approved 52/53 week tax year?	Yes No	_				
tions	В	Doe	es, provide the period beginning and ending date es the corporation file with the IRS as part of a federal consolidated return?	Yes No					
	С	ls th	nis corporation affiliated with any other business organization that files business tax return	ns with this Yes No					
			artment? Identify by name and FEIN:						
	D		es the corporation file as part of a unitary group in any other jurisdiction?						
	Е	ls ti	nis a "combined" business profits tax return? If yes, you must file Form NH-1120-WE Re	eturnYes No					
	F Were there any distributions made to NH residents? Yes No								
STEP 3	1	Gro	ss Business Profits	SCH R	ī				
Figure Your Taxes		(a)	Taxable income (loss) before net operating loss deduction and special deductions. If IRC Reconciliation is required the amount from Line 4 of the Schedule R. (Attach copy of federal return)	IRC RECONCILIATION -	J				
		(b)	Separate entity and other items of income and expense not allowed for on this form (attach schedule)						
		(c)	New Hampshire Gross Business Profits [Combine Line 1(a) and Line 1(b)] (If negative, show in parenthesis. See worksheet for Net Operating Loss, NOL, provisions)	1(c)					
	2	Add	litions and Deductions		_				
		(a)	Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state)						
		(b)	New Hampshire Net Operating Loss Deduction (Attach Form DP-132)	)					
		(c)	Interest on direct US Obligations	)					
		(d)	Wage adjustment required by IRC Section 280C 2(d)	)					
		(e)	Foreign dividend gross-up (IRC Section 78)						
		(f)	Add back expenses related to constitutionally exempt income 2(f)						
		(g)	Research contribution (See RSA 77-A:4 XII. Attach computation)2(g)	)					
		(h)	Interest and Dividends subject to tax under RSA 77 (for taxable periods ending on or after 12/31/10)2(h)						
		(i)	Add back return of capital from Qualified Investment Capital Company 2(i)						
		(j)	Combine Lines 2(a) through 2(i). (If negative, show in parenthesis).						
	3	Adj	usted Gross Business Profits (Line 1(c) adjusted by Line 2(j). If negative, show in parer	nthesis) 3	1				
	4	Nev	v Hampshire Apportionment (Attach Form DP-80)	4	-				
	5	Nev	v Hampshire Taxable Business Profits (Line 3 x Line 4. If negative, enter zero.)	5	1				
	6	Nev	v Hampshire Business Profits Tax (Line 5 x 8.5%)	6	1				
STEP 4	7	Cre	dits allowed under RSA 77-A:5 (Attach Form DP-160)	7	Ī				
Figure Your Credits	8	Sub	8						
O Cuito			v Hampshire Business Enterprise Tax Credit	3	٦				
	10		v Hampshire Business Enterprise Tax Credit to be applied against Business Profits Ta		_				
		(En	ter the lesser of Line 8 or Line 9)	10					
	11	Nev	W Hampshire Business Profits Tax Net of Statutory Credits (Line 8 minus Line 10)	11					
			TER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BT-SUMMARY. S RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDI	ERAL SCHEDULES.					



#### **CORPORATION BUSINESS PROFITS TAX RETURN** FORM NH-1120 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, Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) code in the spaces provided.

#### STEP 2: QUESTIONS

Line A Check "yes" if the corporation files its tax return on an IRS approved 52/53 week tax year. If yes provide the beginning and ending period dates.

Line B Check "yes" if the corporation files with the IRS as part of a federal consolidated return.

Line C Check "yes" if the corporation is affiliated with any other business organization that files New Hampshire business tax returns.

Line D Check "yes" if the corporation files as part of a unitary group in any other jurisdiction.

Line E New Hampshire requires business organizations that are conducting a unitary business inside and outside New Hampshire to file a combined business profits tax return. (A member of the unitary group must be subject to tax in another jurisdiction.) There is a New Hampshire Combined Business Tax booklet with information, forms and instructions specifically for combined groups. Combined groups are required to use Form NH-1120-WE which can be obtained from our web site at <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> or by calling (603) 271-2192.

#### STEP 3: FIGURE YOUR TAX **LINE 1: GROSS BUSINESS PROFITS**

IRC RECONCILIATION: Check the box and complete the Schedule R to reconcile federal taxable income to NH taxable income based on the IRC in effect on December 31, 2000.

- (a) If you checked the IRC Reconciliation box, Line 4 of the Schedule R is entered here. If not, enter the amount of taxable income or loss before application of the net operating loss deduction or other special deductions from the federal corporate tax return (Line 28). "S" Corporations including qualified subchapter "S" subsidiaries are required to complete Form DP120, Computation of "S" Corporation Gross Business Profits. Other corporations filing special federal corporate tax returns must include the income that is comparable to a Subchapter "C" corporation's taxable income before net operating loss deduction and special deductions. Corporations who file a consolidated federal return must include the amount which would have been shown as their taxable income before net operating loss deduction and special deductions if they were not part of the federal consolidated group and a separate return had been
- (b) Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment for business organizations. Other items of income could be passive activity adjustments, and items of income or expense related to treatment of these items that may be inconsistent with State tax treatment.
- (c) Enter the total of Lines 1(a) and Line 1(b). If this total is negative, this amount represents the organizations net operating loss available or future deduction may be subject to apportionment provisions.

#### **LINE 2: ADDITIONS AND DEDUCTIONS**

- (a) Enter the total New Hampshire Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Attach a schedule of taxes by state. Do not include the New Hampshire Business Enterprise Tax liability in this amount.
- (b) Enter the amount of carryforward loss available as shown on Line 11 of Form DP-132. Form DP-132 must be attached to the return.
- Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States
- (d) Enter the amount of the jobs credit (IRC Section 280C) deducted on this year's federal return.

- (e) Enter the amount of gross business profits that is attributable to foreign dividend gross-ups as determined in accordance with IRC
- Expenses paid or incurred that relate to the constitutionally exempt income must be added back here.
- In the case of a business organization which makes qualified research contributions as defined in RSA77-A:1,X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less. For taxable periods ending on or after 12/31/10, an LLC that has elected to be taxed as a corporation will be subject to tax under RSA 77.
- (i) Enter an addition equal to any return of capital previously taken as a deduction pursuant to RSA 77-A:4, XVII as a capital contribution to a Qualified Investment Capital Company if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted.
- Enter the total of Lines 2(a) through 2(i) on Line 2(j). Show negative amounts in parenthesis, e.g. (\$50).

#### Line 3: ADJUSTED GROSS BUSINESS PROFITS

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

#### Line 4: NEW HAMPSHIRE APPORTIONMENT

Line 4: NEW HAMPSHIRE APPORTIONMENT
Corporations which have business activity both inside and outside New Hampshire AND which are subject to income taxes, a franchise tax measured by net income or capital stock tax in another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by the other state, must apportion their gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. After completing the Form DP-80, enter the apportionment percentage on Line 4 of your Form NH-1120. Show to six decimal places. All others enter 1.00 on Line 4.

Enter the product of Line 3 multiplied by Line 4. If negative, enter zero.

**Line 6** Enter the product of Line 5 multiplied by 8.5%.

#### STEP 4: Figure Your Credits

#### Line 7: CREDITS

Enter the amount of credits allowed under RSA 77-A:5 as shown on Form DP-160. Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 7. Do not include the Business Enterprise Tax Credit on this line.

#### Line 8

Enter the amount of Line 6 minus Line 7.

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 five taxable periods from the period in which the Business Enterprise Tax was paid. calculate the Business Enterprise Tax credit to be applied against this years Business Profits Tax, complete the BET-Credit Worksheet.

#### Line 10

Enter the lesser amount of Line 8 or Line 9. If Line 9 is greater than Line 8, then a Business Enterprise Tax Credit carryforward exists. Any unused portion of the current tax periods credit may be carried forward and credited against any Business Profits Tax due in a subsequent taxable period following the taxable period of the Business Enterprise Tax liability.

#### Line 11

Enter the amount of Line 8 minus Line 10. Enter the amount from Line 11 on Line 1(b) of the BT-Summary.

#### FORM **DP-80**

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION BUSINESS PROFITS TAX APPORTIONMENT

Schedule A

For	the CALENDAR year 201	0 or other	taxable period beginning		а	ind ending			SEQUENCE #5	
		0.0		Mo Day Ye	ear	Mo	Day	Year		
NAI	ME								NUMBER OR SOCIAL IDENTIFICATION NUMBER	
			(a) Everywhere (Denominator)			(b) w Hampshire Numerator)		Sales	(c) s/Receipts Factor	
1(0)	SALES/RECEIPTS FACTO Divide 1(b) by 1(a) and mul		\$	1(b) \$	a docir	mal to 6 places	) 1(c)			
	Divide I(b) by I(a) and Ind	itipiy by Z		(Схргезз аз	a uecii		) 1(0)	•	(a)	
			(a) Everywhere (Denominator)			(b) v Hampshire lumerator)		P	(c) Payroll Factor	
2 2(c)	PAYROLL FACTOR: Divide 2(b) by 2(a)	` '	\$	2(b) \$	a decir	mal to 6 places	) 2(c)			
	Divide 2(b) by 2(a)			(Схргезз аз	a uecii	nai to o piaces	) 2(0)	•	(h)	
3	PROPERTY FACTOR:	Beginning	(a) Everywhere (Denominator) of Period End of Period				Beginni		(b) Hampshire umerator) iod End of Period	
•	Inventory	Dogiiiiiig	End of Fortion	Invento	ory		Dogiiiiii	19 01 1 01	End of Fortion	
	Buildings			Buildin	•					
	Furniture & Fixtures				ıre & Fi					
	Leasehold Improvements  Land			Leaseh Land	nold Im	provements				
	Other Tangible Assets				Tangible	e Assets				
	Subtotal	\$	\$	Subtota	al		\$		\$	
	Average of Subtotals		\$	Averag	ge of Su	ubtotals		\$		
	Rented Property (annual ra	ate x 8) [		Rented	Rented Property (annual rate					
	Total Everywhere Property	ر ' 3(a) [	<b>¢</b>	Total NI	Total NEW HAMPSHIRE Property 3(b) \$					
		L								
3(c)	Divide 3(b) by 3(a)			(Express as a	a decim	al to 6 places)	3(c)	•		
4	TOTAL OF LINES 1(c), 2(d	c) and 3(c)					4			
5	NEW HAMPSHIRE APPO	RTIONMEN	T: Line 4 divided by 4 and	expressed as	a decin	nal to 6 places	5			
	If there are only one or tw	o factors wit	h an "Everywhere" denomir	nator, see instr	ructions	S.		•		
			ADDITIONA	L INFORMAT	ΓΙΟΝ				_	
	cipal business activity in Nev iness locations in New Hamp	•		, warehouses,	etc. (At	tach a list if mo	re space i	s require	d)	
	ar first NH return filed:  y, State and Country where			y of State:		_ State of inco	orporation	(2-letter	ID):	
-	•		CITY/TOWN				STA	TE	COUNTRY	
Bus	siness locations outside New	Hampshire.	(Attach a list if more space	is required)			Ans	wer Yes	or No	
	Location City/Town and State	e	Indicate whether factor warehouse, construct	•	bus	gistered to do siness in state here located?	Files re in state locat	where	Apportion sales, payroll and/or property in state where located?	



#### **BUSINESS PROFITS TAX APPORTIONMENT** FORM DP-80 INSTRUCTIONS

#### WHO MUST APPORTION

A business organization must apportion its income if:

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

#### **INCOME SUBJECT TO APPORTIONMENT**

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

#### **LINE-BY-LINE INSTRUCTIONS**

#### **NAME & IDENTIFICATION NUMBER**

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, Federal Employer Identification Number (FEIN), Social Security Number (SSN), or Department Identification Number (DIN) in the spaces provided. 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 their SSN or FEIN.

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

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

#### LINE 1: SALES/RECEIPTS FACTOR:

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

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

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

#### LINE 2: PAYROLL FACTOR

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

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

#### LINE 3: PROPERTY FACTOR

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

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

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

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

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

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

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

#### LINE 5: NEW HAMPSHIRE APPORTIONMENT

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

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



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

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

#### LINE 1

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

#### LINE 2

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

#### LINE 3

Enter the amount of Line 1 multiplied by Line 2.

#### LINE 4

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

#### LINE 5

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

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

1 The amount of the current period net operating loss (See tax type line reference below)	<u> </u>
Fiduciary: Line 6 of NH-1040	
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 places2	
3 Apportionment limitations (Line 1 multiplied by Line 2)	
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	



#### **NET OPERATING LOSS (NOL) DEDUCTION**

For the CALENDAR year **2010** or other taxable period beginning

and ending Day Мо

SEQUENCE #7

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER NAME COLUMN (A) COLUMN (E) COLUMN (B) COLUMN (C) COLUMN (D) Ending date of New Hampshire net Amount of NOL Amount of NOL to be Amount of NOL to taxable period operating loss available carryforward which has used as a deduction in carryforward to future in which NOL this taxable period. for carryforward from been used in taxable taxable period. Net Operating Loss occurred. periods prior to this Worksheets. taxable period. 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 10 10 10 10

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.

......11

#### WHEN TO USE FORM DP-132

(Sum of Column D, Lines 1-10).....

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

11 Amount of NOL carryforward deducted this taxable period.

#### WHEN TO USE FORM DP-132-WE

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

#### NAME AND IDENTIFICATION NUMBER

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

#### Column (A)

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

#### Carry Forward

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

Tax Year ending

On or <u>After</u> 7/1/02 Carryforward Losses Incurred On or After 7/1/97 10 years

Enter the amount of the NOL which is available for carryforward

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

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

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

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

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

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 <a href="https://www.nh.gov/">www.nh.gov/</a> revenue or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies may be made for a fee.



## SCHEDULE OF BUSINESS PROFITS TAX (BPT) CREDITS

**RSA 77-A:5** 

SEQUENCE #8

#### **CREDIT FOR TAXES PAID UNDER RSA 400-A**

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

For example, a Business Profits Tax calendar year 2010 filer would be allowed a credit for the total creditable tax liability paid on the 2009 return due in March 2008.

#### WHEN TO USE

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

#### **NAME & IDENTIFICATION NUMBERS**

In the spaces provided on this Schedule, 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.

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.

#### LINE 1

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

#### I INF 2

CDFA-Investment Tax Credit, per RSA 162-L and RSA 77 A:5, XI	<b>CDFA-Investment</b>	Tax Credit,	per RSA 1	62-L and RSA	77 A:5, XI.
--	------------------------	-------------	-----------	--------------	-------------

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

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

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. The ERZ Credit applied first against BET shall be considered BET paid and available as a credit against BPT only to the extent it is a credit against BET. The NH Department of Resources and Economic Development (DRED) awards the ERZ Credit pursuant to RSA 162-N.

#### LINE 4

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

#### LINE 5

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

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

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

#### LINE 8

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

	For the CALENDAR year <b>20 10</b> or other taxable period beginning				and ending				
		Мо	Day	Yea	ır	Мо	Day	Year	
N	AME				FEDERAL EMPLOYER SECURITY NUMBER				
1	Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies (This is net of BET if BET was taken as a credit against RSA 400-A)				1				
2	CDFA - Investment Tax Credit (RSA 162-L)				2				
3	Economic Revitalization Zone Tax Credit. (RSA 162-N)				3				
4	Research & Development Tax Credit (RSA 162-P)				4				
5	Coos County Job Creation Tax Credit (RSA 162-Q)				5				
6	Total credits allowable pursuant to RSA 77-A:5 (Enter the sum of Lines 1	throu	gh 5)		6				
7	Total New Hampshire Business Profits Tax				7				
8	Total amount of allowable credits (Enter the lesser of Line 6 or Line 7)				8				

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



DP-120 Schedule S

#### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## BUSINESS PROFITS TAX-SMALL BUSINESS CORPORATIONS COMPUTATION OF "S" CORPORATION GROSS BUSINESS PROFITS

SEQUENCE # 9

INT	ENT	WHO MUST FILE
disti part inco	the primary intent of RSA 77-A:1, III(b) to equate the federally nguished subchapter "S" corporations with regular corporations. No of this form shall be construed as to allow a greater deduction from me or inclusion to income than would be allowable for regular "C" orations. (Rev 302.01).	Corporations which qualify for and file as Subchapter "S" corporations for federal income tax purposes pursuant to the Internal Revenue Code, as amended, are treated the same as corporations which file as regular "C" corporations for federal income tax purposes. All business organizations organized as Subchapter "S" corporations for federal income tax purposes, that have gross business income in excess of \$50,000 must file New Hampshire Form DP-120.
WH	EN TO FILE	·
Forn	n DP-120 must be filed with Form NH-1120.	
Fo	or the CALENDAR year $f 2010$ or other taxable period beginning $  \_$	and ending Mo Day Year
NAME	<u> </u>	FEDERAL EMPLOYER IDENTIFICATION NUMBER
If ye	RE ANY DISTRIBUTIONS MADE TO NEW HAMPSHIFT IN THE REST. TO NEW HAMPSHIFT IN THE REST. TO SEE THE REST. TO SE	rate cover on or before May 1st after the end of the calendar
1 Inc	ome and Deductions from Federal Form 1120S. SHOW ALL LOSSE	S IN PARENTHESIS, e.g. (\$50)
(a)	Ordinary income (loss) from trade or business activities	1(a)
(b)	(Federal Form 1120S, Page 1, Line 21)  Net income (loss) from rental real estate activities	1(b)
(c)	Net income (loss) from other rental activities	1(c)
(d)	Income (loss) such as but not limited to	1(d)
	interest, dividend or royalty income	
(e)	Capital gain on the sale of assets	1(e)
(f) (g)	Net gain (loss) under section 1231 (include items and amounts required to be reported separately to shareholders) Other income	
(9)	Out mone	'(9)
(h)	Other "S" Corporation expenses	
	(Refer to Rev 302.01 for limitations)	1(h) (
(i)	Total "S" Corporation income and deductions	1(i)
	ner deductions not included in "S" Corporation return allowable to "Cernal Revenue Code. (Attach supporting schedule)	
	Corporation Gross Business Profits (Loss)	7
[Co	ombine Line 1(i) and Line 2.] Enter here and on Form NH-1120, pag preciation was taken enter on Line 1 of Schedule R	



FORM **DP-9** 

#### 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.

rederal Scriedule	; N-1.	"	
NAME OF "S" CORPOR	RATION		FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET AI	DDRESS		FOR CALENDAR YEAR
ADDRESS (continued)			DO NOT FILE WITH BUSINESS
CITY/TOWN, STATE & 2	ZIP CODE		RETURN. MAIL UNDER SEPARATE COVER TO ADDRESS BELOW.
	der Name and Address npshire Residents ONLY)	Shareholder So Security Numbe	
		SOCIAL SECURITY NUMBER	\$
		SOCIAL SECURITY NUMBER	\$
		SOCIAL SECURITY NUMBER	\$
		SOCIAL SECURITY NUMBER	\$
	If additional space is	required attach and	ther sheet
Under penalties			belief it is true, correct and complete. (If prepared by
a person other th	nan the taxpayer, this declaration is based on all	information of which the p	reparer has knowledge.)
FOR DRA USE ONLY	<b>X</b>	X	
	SIGNATURE (IN INK) OF OFFICER	SIGNATU	RE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER DATE
	PRINT SIGNATORY NAME & TITLE	DATE PRINT P	REPARER'S NAME & TAX IDENTIFICATION NUMBER
	MAIL AUDIT DIVISION TO: PO BOX 457	PREPAR	ER'S ADDRESS
	CONCORD NH 03302-0457	CITY/TO	WN STATE & ZIP CODE
	T. Control of the con		

Schedule R

#### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

# BUSINESS PROFITS TAX RECONCILIATION OF NEW HAMPSHIRE GROSS BUSINESS PROFITS SCHEDULE R FOR CORPORATE, NON-CORPORATE AND COMBINED GROUPS

**SEQUENCE #4B** 

Fort	the C	ALEN	IDAR year <b>2010</b> or other taxable period beginning	and ending	
NAME OF BUSIN	NESS C	RGAN	IZATION	FEDERAL EMPLOYER IDENTIF SECURITY NUMBER OR DEPA	FICATION NUMBER, SOCIAL RTMENT IDENTIFICATION NUMBER
	ne tax	retu	be used to reconcile the New Hampshire Gross Business Profits before in filed with the Internal Revenue Service to the federal income calculated.		
	1	NH-	eral Income (Loss) from business activities from return filed with IRS or 1120-WE, Schedule I		
	2		itions required to federal income:	in alcoding a same access	
		(a)	IRC Section 179 expense taken on federal return in excess of \$20,000 amounts allowed		
		(b)	Bonus depreciation on assets acquired and placed in service after Sep (Federal Form 4562)		
		(c)	Domestic production activities deduction under IRC 199	2(c)	
		(d)	Other amounts reported on federal return that need to be adjusted due to the IRC in effect on December 31, 2000		
		(e)	Total additions [Sum of Line 2(a) through Line 2(d)]	2(e)	
	3	ded	uctions required from federal income: (The deductions allowed in this se uctions that would be allowed on assets placed in service after December in effect pursuant to RSA 77-A.)		
		(a)	Depreciation related to items added back under 2(a) and 2(b)	3(a)	
		(b)	Other deductions required due to revisions to the IRC in effect on Dece	ember 31, 2000 3(b)	
		(c)	Total deductions [Sum of Line 3(a) and Line 3(b)]	3(c)	
	4		usted Taxable Income Line 1 plus Line 2(e) minus Line 3(c) [Enter this arour New Hampshire Business Profits Tax return]		

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.



[pg 29]

## 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	m 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

### 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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> or mail estimated tax payments to:

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

# 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 <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> 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.

#### **ESTIMATED BUSINESS TAX WORKSHEET**

### TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT www.nh.gov/revenue

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

### **ESTIMATE TAX FORM INSTRUCTIONS**

Enter  $\frac{1}{4}$  of the Business Enterprise Tax calculated on Line 6 BET(a) on Form NH-BET-ES. Enter  $\frac{1}{4}$  of the Business Profits Tax calculated on Line 6 BPT(b) on Form NH-BPT-ES.

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

NH-BET-ES

### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

#### **ESTIMATED BUSINESS ENTERPRISE TAX - 2011**

For the CALENDAR	R year <b>2011</b> or ot	her taxable per	riod beginning	Mo Day Year	and ending	Mo Day Year	
	_	PROP	PART	CORP	S-CORP	TRUST	FOR DRA USE ONLY
Do you file federally	y as (check one):	1040	1065	1120	1120S	1041	
		732	712	702	702	722	and a DINI da nativa a CCNI an EUN
FOR DRA USE ONLY	LAST NAME		FIRST	IAME & INITIAL		_	sued a DIN, do not use SSN or FEIN TY NUMBER, FEDERAL IDENTIFICATION
	CORPORATE PARTNE	RSHIP, ESTATE, TR	UST, NON-PROFIT	OR LLC NAME		NUMBER, OR DE	EPARTMENT IDENTIFICATION NUMBER
	NUMBER & STREET AI	DDRESS					
	ADDRESS CONTINUED	)					
	CITY/TOWN, STATE & 2	ZIP CODE+4					
	CHECK IF ADDR	ESS IS DIFFERE	NT FROM PRIO	R RETURN.			
	Pay online at www payable to: <b>STAT</b>	v.nh.gov/revenu	ue or make che	ck			
	Enclose your pay Do not file a \$0 e	yment with this	s estimate.				Do not file a \$0 estimate
		stilliate.		7	Amount of TI	his Payment	\$
	MAIL NH DRA	NT PROCESSI	NG DIVISION		Make addition	onal copies as	needed to meet the guarterly
	IO. PO BOX 6	637 D NH 03302-0			estimated t	ax requiremer	nt pursuant to RSA 77-E:5, II.
							NH-BET-E Rev 09/20
FORM NH-RET-ES	. <b>                                 </b>				IIII IIII IIII IIIII IIIIIIIIIIIIIIIII		
FORM NH-BET-ES	<b>!                                 </b>				ENUE ADMINIST		
NH-BET-ES	]	ESTIMAT	ED BUSINE		PRISE TAX - 2		
NH-BET-ES		ESTIMAT	ED BUSINE		PRISE TAX - 2		FOR DRAUSE ONLY
NH-BET-ES		ESTIMAT	ED BUSINE	ESS ENTER	PRISE TAX - 2	2011	FOR DRA USE ONLY
NH-BET-ES		ESTIMAT	riod beginning	Mo Day Year	and ending	2011  //O Day Year  TRUST	FOR DRA USE ONLY
NH-BET-ES For the CALENDAR		estimat  ther taxable per  PROP  1040	riod beginning PART	Mo Day Year	and ending score	2011	FOR DRA USE ONLY
NH-BET-ES For the CALENDAR		ESTIMAT	riod beginning	Mo Day Year	and ending	2011  Mo Day Year  TRUST  1041  722	
Oo you file federally		estimat  ther taxable per  PROP  1040	riod beginning PART 1065 712	ESS ENTER  Mo Day Year  CORP  1120	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEIN
Oo you file federally	y as (check one):	ther taxable per PROP 1040	riod beginning PART 1065 712 FIRST N	CORP 1120 702	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEIN
Oo you file federally	y as (check one):  LAST NAME  CORPORATE PARTNE	ther taxable per PROP 1040 732	riod beginning PART 1065 712 FIRST N	CORP 1120 702	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEIN
Oo you file federally	y as (check one):	ther taxable per PROP 1040 732	riod beginning PART 1065 712 FIRST N	CORP 1120 702	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEIN
NH-BET-ES	y as (check one):  LAST NAME  CORPORATE PARTNE	PROP 1040 732  RSHIP, ESTATE, TR	riod beginning PART 1065 712 FIRST N	CORP 1120 702	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEIN
Oo you file federally	y as (check one):  LAST NAME  CORPORATE PARTNE!  NUMBER & STREET AL	ther taxable per 1040 732 RSHIP, ESTATE, TR	riod beginning PART 1065 712 FIRST N	CORP 1120 702	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEII
Oo you file federally	y as (check one):  LAST NAME  CORPORATE PARTNE!  NUMBER & STREET AI  ADDRESS CONTINUEC  CITY/TOWN, STATE & 2	PROP 1040 732  RSHIP, ESTATE, TR DDRESS D ZIP CODE+4	PART 1065 712 FIRST N UST, NON-PROFIT	CORP 1120 702 IAME & INITIAL OR LLC NAME	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEII
Oo you file federally	y as (check one):  LAST NAME  CORPORATE PARTNE!  NUMBER & STREET A!  ADDRESS CONTINUED  CITY/TOWN, STATE &  CHECK IF ADDR	PROP 1040 732  RSHIP, ESTATE, TR DDRESS D ZIP CODE+4  RESS IS DIFFERE	PART 1065 712 FIRST N UST, NON-PROFIT	CORP 1120 702 IAME & INITIAL OR LLC NAME	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEII
Oo you file federally	y as (check one):  LAST NAME  CORPORATE PARTNEI  NUMBER & STREET AI  ADDRESS CONTINUED  CITY/TOWN, STATE & :  CHECK IF ADDR  Pay online at www payable to: STAT	PROP 1040 732  RSHIP, ESTATE, TR DDRESS D ZIP CODE+4  RESS IS DIFFERE W.nh.gov/revenu	PART 1065 712 FIRST N UST, NON-PROFIT	CORP 1120 702 IAME & INITIAL OR LLC NAME	and ending score	TRUST 1041 722 If is	sued a DIN, do not use SSN or FEII TY NUMBER, FEDERAL IDENTIFICATION EPARTMENT IDENTIFICATION NUMBER
NH-BET-ES For the CALENDAR Do you file federally	y as (check one):  LAST NAME  CORPORATE PARTNE!  NUMBER & STREET AI  ADDRESS CONTINUED  CITY/TOWN, STATE &:  CHECK IF ADDR  Pay online at www payable to: STAT  Enclose your pay Do not file a \$0 e	PROP 1040 732  RSHIP, ESTATE, TR DDRESS D ZIP CODE+4  RESS IS DIFFERE W.nh.gov/revenu EF OF NEW HA Syment with this estimate.	PART 1065 712 FIRST N UST, NON-PROFIT ENT FROM PRIOR IS OF MASS AND THE SE SESTIMATE.	CORP 1120 702 IAME & INITIAL OR LLC NAME	and ending S-CORP 1120S 702	TRUST 1041 722 If is SOCIAL SECURI NUMBER, OR DE	sued a DIN, do not use SSN or FEII TY NUMBER, FEDERAL IDENTIFICATION
Oo you file federally	y as (check one):  LAST NAME  CORPORATE PARTNEI  NUMBER & STREET AI  ADDRESS CONTINUED  CITY/TOWN, STATE & :  CHECK IF ADDR  Pay online at www payable to: STAT  Enclose your pay Do not file a \$0 e  MAIL NH DRA TO: PO BOX 6	PROP 1040 732  RSHIP, ESTATE, TR DDRESS DIFFERE W.nh.gov/revenu E OF NEW HA yment with this estimate.	PART 1065 712 FIRST N UST, NON-PROFIT  ENT FROM PRIOR IS e or make che IMPSHIRE IS estimate.  NG DIVISION	CORP 1120 702 IAME & INITIAL OR LLC NAME	and ending S-CORP 1120S 702  Amount of TI Make addition	TRUST 1041 722 If is SOCIAL SECURI NUMBER, OR DE	sued a DIN, do not use SSN or FEII TY NUMBER, FEDERAL IDENTIFICATION EPARTMENT IDENTIFICATION NUMBER  Do not file a \$0 estimate
Oo you file federally	y as (check one):  LAST NAME  CORPORATE PARTNEI  NUMBER & STREET AI  ADDRESS CONTINUED  CITY/TOWN, STATE & :  CHECK IF ADDR  Pay online at www payable to: STAT  Enclose your pay Do not file a \$0 e  MAIL NH DRA TO: PO BOX 6	PROP 1040 732  RSHIP, ESTATE, TR DDRESS  ZIP CODE+4  RESS IS DIFFERE V.nh. gov/revenu. E OF NEW HA yment with this stimate.  NT PROCESSI	PART 1065 712 FIRST N UST, NON-PROFIT  ENT FROM PRIOR IS e or make che IMPSHIRE IS estimate.  NG DIVISION	CORP 1120 702 IAME & INITIAL OR LLC NAME	and ending S-CORP 1120S 702  Amount of TI Make addition	TRUST 1041 722 If is SOCIAL SECURI NUMBER, OR DE	sued a DIN, do not use SSN or FEII TY NUMBER, FEDERAL IDENTIFICATION EPARTMENT IDENTIFICATION NUMBER  Do not file a \$0 estimate  \$ needed to meet the quarterly

NH-BET-ES

### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

#### **ESTIMATED BUSINESS ENTERPRISE TAX - 2011**

MII-DE I-ES		ESTIMATE	D DOSINE	33 ENIER	PRISE IAX -	2011			
For the CALENDA	R year <b>2011</b> or o	ther taxable perio	od beginning	Mo Day Year	and ending	Mo Day Year			
	_	PROP	PART	CORP	S-CORP	TRUST	FOR DRA USE ONLY		
Do you file federall	y as (check one):	1040	1065	1120	1120S	1041			
		732	712	702	702	722	and a DINI do not use CCNI or FFINI		
FOR DRA USE ONLY	LAST NAME		FIRST	IAME & INITIAL		SOCIAL SECURIT	sued a DIN, do not use SSN or FEIN  Y NUMBER, FEDERAL IDENTIFICATION		
	CORPORATE PARTNE	ERSHIP, ESTATE, TRU	ST, NON-PROFIT	OR LLC NAME		NUMBER, OR DE	PARTMENT IDENTIFICATION NUMBER		
	NUMBER & STREET A	ADDRESS							
	ADDRESS CONTINUE	:D							
	CITY/TOWN, STATE &	ZIP CODE+4							
	CHECK IF ADDI	RESS IS DIFFEREN	IT FROM PRIO	R RETURN.					
	Pay online at ww payable to: STA	w.nh.gov/revenue	e or make che				Do not file a \$0 estimate.		
	Enclose your pa Do not file a \$0	estimate.	commute.		Amount of T	his Paymont	\$		
	MAIL NH DRA			]	Amount of Ti	, i	· ·		
	TO: PO BOX	ENT PROCESSIN 637 RD NH 03302-06			estimated t	tax requiremen	needed to meet the quarterly t pursuant to RSA 77-E:5, II.		
							NH-BET-ES Rev 09/2010		
							Kev 09/2010		
FORM		NEW HAMPSH	IRF DEPARTI	MENT OF REV	ENUE ADMINIST	RATION			
NH-BET-ES					PRISE TAX -	1			
	_								
For the CALENDA	R year <b>2011</b> or o	than tayahla nasi	nd basinnins	1 1	and anding	1 1			
FOI THE CALLINDA	K year <b>ZOTT</b> or o	iller taxable perio	od beginning .	Mo Day Year	and ending N	Mo Day Year	FOR DRA USE ONLY		
	Г	PROP	PART	CORP	S-CORP	TRUST			
Do you file federall	y as (check one):	1040	1065	1120	1120S	1041			
		732	712	702	702	722 If iss	sued a DIN, do not use SSN or FEIN		
FOR DRAUSE ONLY	LAST NAME		FIRST	IAME & INITIAL		SOCIAL SECURIT NUMBER, OR DE	Y NUMBER, FEDERAL IDENTIFICATION PARTMENT IDENTIFICATION NUMBER		
	CORPORATE PARTNE	CORPORATE PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME							
	NUMBER & STREET A	ADDRESS							
	ADDRESS CONTINUE	D							
	CITY/TOWN, STATE &	ZIP CODE+4							
	CHECK IE ADDI	RESS IS DIFFEREN	IT FROM PRIO	R RETURN					
	Pay online at ww payable to: STA Enclose your pa	w.nh.gov/revenue	e or make che				Do not file a \$0 estimate.		
				7	Amount of T	his Payment	\$		
	· · · PO BOX	ENT PROCESSIN 637 RD NH 03302-06			Make addition	ا ا onal copies as	needed to meet the quarterly pursuant to RSA 77-E:5, II.		
				2)  22 2    21  22  : 22					
							NH-BET-ES Rev 09/2010		
			. <b></b>						



### **ESTIMATED BUSINESS PROFITS TAX - 2011**

or the CALENDAR	year <b>2011</b> or of	her taxable perio			_ and ending		
			М	lo Day Year	М	o Day Year	FOR DRA USE ONLY
	ı	PROP	PART	CORP	S-CORP	TRUST	
Do you file federall	y as (check one):	1040	1065	1120	1120S	1041	
		032	012	002	002	022 If iss	ued a DIN, do not use SSN or FEI
FOR DRA USE ONLY	LAST NAME		FIRST N	AME & INITIAL			Y NUMBER, FEDERAL IDENTIFICATIO PARTMENT IDENTIFICATION NUMBER
	CORPORATE PARTN	ERSHIP, ESTATE, TR	UST, NON-PROFIT	OR LLC NAME		- NUMBER, OR DE	PARTMENT IDENTIFICATION NUMBER
	NUMBER & STREET	ADDRESS					
	ADDRESS CONTINUE	ED					
	CITY/TOWN, STATE 8	ZIP CODE+4					
	1—	RESS IS DIFFERE					
	Pay online at ww payable to: STA Enclose your pa Do not file a \$0	TE OF NEW HA ayment with this	ie or make chec MPSHIRE s estimate.	ck			Do not file a \$0 estimat
	MAIL NH DRA				Amount of T	his Payment	\$
	TO: DOCUMI	ENT PROCESSI 637 RD NH 03302-0			Make addition estimated t	onal copies as n ax requirement	eeded to meet the quarterly pursuant to RSA 77-E:5, II.
							NH-BPT-E Rev 09/20
r the CALENDAR	year <b>2011</b> or ot	her taxable perio	od beginning	Day Year	_ and ending	Day Year	FOR DRA USE ONLY
	Г	PROP	PART	CORP	S-CORP	TRUST	
o you file federally	y as (check one):	1040	1065	1120	1120S	1041	
		032	012	002	002	022 If ice	ued a DIN, do not use SSN or FEI
FOR DRA USE ONLY	LAST NAME		FIRST NA	AME & INITIAL		SOCIAL SECURITY	NUMBER, FEDERAL IDENTIFICATIO
	CORPORATE PARTNE	RSHIP ESTATE TRI	IST NON-PROFIT (	OR LLC NAME		- NUMBER, OR DEF	ARTMENT IDENTIFICATION NUMBER
	NUMBER & STREET A	ADDRESS					
	ADDRESS CONTINUE	:D					
	CITY/TOWN, STATE &	ZIP CODE+4					
	CHECK IF ADD	RESS IS DIFFERE	NT FROM PRIOR	RETURN.			
	Pay online at ww payable to: STA Enclose your pa	w.nh.gov/revenu TE OF NEW HAI syment with this	e or make chec MPSHIRE s estimate.	k		_	Do not file a \$0 estimate
	Enclose your pa Do not file a \$0				Amount of T	his Payment	\$
	MAIL NH DRA TO: PO BOX	ENT PROCESSII 637 RD NH 03302-0			Make addition	nal copies as nax requirement	eeded to meet the quarterly pursuant to RSA 77-E:5, II.
		W 1411 0330Z-0					NH-BPT-ES
		811181 8811 81181 1818 <b>1</b> 1   		88 8    8   <b>  18</b>     <b>  88</b>   			Rev 09/201



### **ESTIMATED BUSINESS PROFITS TAX - 2011**

For the CALENDAR	year <b>2011</b> or oth	ner taxable perio			_ and ending _		
			М	lo Day Year	IV	lo Day Year	FOR DRA USE ONLY
	Г	PROP	PART	CORP	S-CORP	TRUST	
Do you file federall	y as (check one):	1040	1065	1120	11208	1041	
		032	012	002	002	022 If is	sued a DIN, do not use SSN or FEIN
FOR DRA USE ONLY	LAST NAME		FIRST N	AME & INITIAL			TY NUMBER, FEDERAL IDENTIFICATION EPARTMENT IDENTIFICATION NUMBER
	CORPORATE PARTNE	RSHIP, ESTATE, TRU	 JST, NON-PROFIT (	OR LLC NAME		— NOMBER, OR BE	ELYNTHIEN IDENTIFICATION NOMBER
	NUMBER & STREET A	DDRESS					
	ADDRESS CONTINUE	D .					
	CITY/TOWN, STATE &	ZIP CODE+4					
	CHECK IF ADDR	RESS IS DIFFERE	NT FROM PRIOR	RETURN.			
	Pay online at www payable to: STAT Enclose your pay Do not file a \$0 6	yment with this	e or make ched MPSHIRE s estimate.	ck			Do not file a \$0 estimate.
	MAIL NH DRA	- Cumator			Amount of T	Γhis Payment	\$
	TO: PO BOX	NT PROCESSIN 337 D NH 03302-0			Make addition estimated to	onal copies as tax requirement	needed to meet the quarterly t pursuant to RSA 77-E:5, II.
							NH-BPT-ES Rev 09/2010
For the CALENDAR	year <b>2011</b> or oth	·	Mo	,	and ending	,	FOR DRA USE ONLY
	Г	PROP	PART	CORP	S-CORP	TRUST	
Do you file federally	/ as (check one):	1040	1065	1120	1120S	1041	
		032	012	002	002	022 If is:	sued a DIN, do not use SSN or FEIN
FOR DRA USE ONLY	LAST NAME		FIRST NA	AME & INITIAL		SOCIAL SECURI NUMBER, OR DE	TY NUMBER, FEDERAL IDENTIFICATION EPARTMENT IDENTIFICATION NUMBER
	CORPORATE PARTNER	RSHIP, ESTATE, TRU	IST, NON-PROFIT C	OR LLC NAME			
	NUMBER & STREET AL	DDRESS					
	ADDRESS CONTINUED	)					
	CITY/TOWN, STATE & 2	ZIP CODE+4					
	CHECK IF ADDR	ESS IS DIFFEREN	NT FROM PRIOR	RETURN.			
	Pay online at www	E OF NEW HAN	/IPSHIRE	:k			Do not file a \$0 estimate.
	Enclose your pay Do not file a \$0 e				Amount of T	his Payment	\$
	MAIL NH DRA TO: PO BOX 6 CONCOR	NT PROCESSIN 337 D NH 03302-0			Make addition estimated t	onal copies as i ax requirement	needed to meet the quarterly t pursuant to RSA 77-E:5, II.
							NH-BPT-ES Rev 09/2010