



NEW HAMPSHIRE

1998

Business Tax Returns For Corporations

This booklet contains:

FORM BT-EXT

FORM BT-SUMMARY

FORM BET

FORM BET-80

FORM NH-1120

FORM DP-80 (Schedule A)

FORM DP-132

FORM DP-160 (Schedule CR)

FORM DP-120

FORM DP-9

FORM NH-1120-ES

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

NEW FOR 1998

New Interest Rate:

Effective January 1, 1999 through December 31, 1999 the interest due on taxes administered by the NH Department of Revenue Administration is 10%. This interest rate applies to the number of days the payment remains unpaid during 1999. The interest rate for the period January 1, 1998 through December 31, 1998 is 11%, and for any period prior to January 1, 1998, the interest rate is 15%.

Single Member Limited Liability Companies:

A Single Member Limited Liability Company (SMLLC) must apply for a NH identification number at least 30 days prior to filing any tax document. Call the Forms Line at (603) 271-2192 to obtain Form DP-200 SMLLC Request for Department Identification Number.

All NH taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year must submit tax payments by Electronic Funds Transfer (EFT).

Businesses not meeting the \$100,000 payment criteria may also pay via Electronic Funds Transfer on a voluntary basis. To register for the EFT payment program, please call our Forms Line at (603) 271-2192 and request the Electronic Funds Transfer Program Guide.

If you have any questions regarding either the Business Enterprise Tax or the Business Profits Tax, then please call our Taxpayer Assistance Office at (603) 271-2186. If you need additional forms please call (603) 271-2192. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Copies of forms, laws and administrative rules may be obtained from our website at: <http://www.state.nh.us/revenue/revenue.htm> or from:

New Hampshire State Library
Government Information Bureau
20 Park Street
Concord, NH 03301 (603)271-2239

Services provided by the Department of Revenue Administration are compliant with the requirements of Title II of the Americans with Disabilities Act of 1990.

SUMMARY OF CHANGES FOR 1998 AND COMMON PROBLEM AREAS

NEW INTEREST RATE FOR 1999

Effective January 1, 1999 through December 31, 1999 the interest due on taxes administered by the New Hampshire Department of Revenue Administration is **10%**. This interest rate applies to the number of days the payment remains unpaid during 1999. The interest rate for the period January 1, 1998 through December 31, 1998 is 11%, and for any period prior to January 1, 1998, the interest rate is 15%.

INTEREST AND DIVIDENDS FORM CHANGE

Due to Federal changes on Form 1040, Schedule B, page 2 of the Interest and Dividend Tax Return has been modified. See DP-10 instructions for explanation.

NEW FORM FOR SINGLE MEMBER LIMITED LIABILITY COMPANIES

Form DP-200 SMLLC Request for Department Identification Number must be filed 30 days prior to filing any other tax related document.

NO EXTENSION OF TIME TO PAY TAX

An extension of time to file your return is not an extension of time to pay the tax due. An automatic 7 month extension of time to file your return will be granted provided 100% of the tax due has been paid by the original due date of the return.

Use form DP-59-A for Interest and Dividends Tax or Form BT-EXT for Business Taxes if you need to make an additional payment in order to have paid 100% of the tax due by the original due date.

When you calculate your return during the extension period, if the balance due is greater than zero, then you did not pay 100% of the tax by the original due date. Accordingly, your extension will be denied. If you would like the Department to consider not assessing penalties, then please attach a letter and any supporting documentation (e.g. work papers for said calculation, change of status, etc.) to the front of the return when filed. If no additional payment is necessary, do not file the extension form. As long as 100% of the tax due has been paid by the original due date, you have an automatic 7 month extension of time to file the return.

Even if you have filed a Federal and/or State extension, it is not necessary to attach a copy to your return.

BET ESTIMATE PAYMENTS REQUIRED

Estimated tax payments must be made for the Business Enterprise Tax if the tax for the 1999 taxable period is more than \$200. The BET estimate must be submitted with the Business Profits Tax estimate on the form NH-1040-ES, NH-1041-ES, NH-1065-ES or NH-1120-ES.

BT SUMMARY STEP 2 - BPT QUESTIONS MUST BE ANSWERED

Failure to answer questions in Step 2 of the BT - Summary may result in inquiries from the Department which **MAY** generate late filing penalties.

PART-YEAR RESIDENTS

For NH Interest and Dividends Tax purposes, a "part-year resident" is someone who has permanently established, or permanently abandoned, residency in NH during the year. Only the interest and dividends earned during that portion of the year for which you were a New Hampshire resident are taxable. However, part-year residents are entitled to the full \$2,400 exemption (\$4,800 for joint filers) and the full amount of the exemptions shown in step 5, line 10 of the return.

REQUIRED SCHEDULES

Be sure to include all required forms with your return, and check the appropriate boxes in **STEP 2**, Filing Requirements.

SEQUENCING

All state forms which are required to be filed with the return have a sequencing number in the upper right-hand corner. Please place the forms that you are required to file in sequential order when assembling your return.

SIGNATURE (S)

Please sign your return in ink. If required, your spouse and/or paid preparer must sign the return also.

On all jointly filed documents, names and social security numbers should be in the same order, and should be in consistent order from year to year.

PAYMENT

- a) Complete the check and sign it.
- b) DO NOT submit your check remittance stubs.
- c) Enclose, but DO NOT staple or tape, your payment to the document you are submitting.
- d) Please make sure that the check amount equals the document amount.

QUANTITY COPIES OF FORMS

As part of our effort to make tax forms more readily available, the Department of Revenue has provided reproducible forms to copy centers throughout the State.

GENERAL INSTRUCTIONS FOR FILING BUSINESS TAX RETURNS

WHEN TO FILE	<p>Calendar Year: If the business organization files its federal return on a calendar year basis, then the BET return and the BPT return are due and must be postmarked NO LATER than the date indicated on the BPT return.</p> <p>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 year.</p> <p>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 fiscal year.</p>								
EXTENSION TO FILE	<p>New Hampshire no longer requires a taxpayer to file an application for an automatic 7-month extension of time to file provided that the taxpayer has paid 100% of both the Business Enterprise Tax and the Business Profits Tax determined to be due by the original due date of the returns.</p> <p>If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you must file a "Payment Voucher and Extension Application For Business Tax Returns", Form BT-EXT. This application and payment must be postmarked on or before the original due date of the returns. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties. You are not required to attach a copy of your federal extension to your NH returns.</p>								
WHERE TO FILE	<p>NH DEPT REVENUE ADMINISTRATION Mail To: Document Processing Division PO Box 637, Concord, NH 03302-0637</p> <p style="text-align: right;">FAX RETURNS ARE NOT ACCEPTED</p>								
IDENTICAL FILING ENTITY	<p>The return filed for the Business Enterprise Tax MUST reflect the identical business entity reported for Business Profits Tax purposes. There are separate booklets for corporate, combined group, partnership, proprietorship and fiduciary returns. Non-profit organizations shall file using the form which corresponds to their entity structure. LLC's shall file using the same entity type as they use for their federal tax return. If a separate federal tax return was not required, then use the same entity type as the reporting member used.</p>								
SEPARATE FILING THRESHOLDS	<p>There are different filing criteria for the Business Enterprise Tax and the Business Profits Tax. You must determine whether or not you are required to file for each tax independent of your filing requirement for the other tax. IF YOU ARE REQUIRED TO FILE EITHER TAX, THEN YOU MUST FILE A BUSINESS TAX SUMMARY. THE BUSINESS TAX SUMMARY VERIFIES AND UPDATES BOTH THE BUSINESS ENTERPRISE TAX AND/OR THE BUSINESS PROFITS TAX RETURNS. FAILURE TO FILE A BUSINESS TAX SUMMARY WILL CONSTITUTE AN INCOMPLETE FILING OF THE BUSINESS TAX RETURNS.</p>								
WHO MUST FILE A BET RETURN	<p>Every profit or non-profit enterprise or organization engaged in or carrying on any business activity within NH which meets the following criteria must file a Business Enterprise Tax return:</p> <p style="text-align: center;">Gross Business Receipts in excess of \$100,000 or Enterprise Value Tax Base in excess of \$50,000</p> <p>If your gross receipts total in excess of \$100,000, then you are required to file a BET return.</p> <p>If your gross receipts are \$100,000 or less, use the following worksheet to determine if your enterprise value tax base is greater than \$50,000:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1. Total compensation paid or accrued:</td> <td style="width: 40%;">1. \$ _____</td> </tr> <tr> <td>2. Total interest paid or accrued:</td> <td>2. \$ _____</td> </tr> <tr> <td>3. Total dividends paid:</td> <td>3. \$ _____</td> </tr> <tr> <td>4. Sum of lines 1, 2 and 3:</td> <td>4. \$ _____</td> </tr> </table> <p>If line 4 is greater than \$50,000, you are required to file a BET return.</p> <p>Section 501(c)(3) non-profit organizations are not required to file to the extent they do not engage in any unrelated business activity under section 513 of the IRC.</p>	1. Total compensation paid or accrued:	1. \$ _____	2. Total interest paid or accrued:	2. \$ _____	3. Total dividends paid:	3. \$ _____	4. Sum of lines 1, 2 and 3:	4. \$ _____
1. Total compensation paid or accrued:	1. \$ _____								
2. Total interest paid or accrued:	2. \$ _____								
3. Total dividends paid:	3. \$ _____								
4. Sum of lines 1, 2 and 3:	4. \$ _____								
WHO MUST FILE A BPT RETURN	<p>All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowner's associations must file a Business Profits Tax return provided they are carrying on business activity within New Hampshire and their gross business income from everywhere is in excess of \$50,000.</p> <p>"Gross business income" means all income for federal income tax purposes from whatever source derived including: 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.</p> <p>For Fiduciary Filers: 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).</p>								

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. Returns filed without a DP-120 will be incomplete and may be returned to the taxpayer. S-corporations who make actual distributions to New Hampshire resident shareholders are required to file Form DP-9 separately from the return.
SINGLE MEMBER LIMITED LIABILITY COMPANIES	Single Member Limited Liability Companies (SMLLC) shall use form DP-200 to apply for a New Hampshire Department of Revenue Administration assigned identification number. This form shall be filed at least 30 days prior to the filing of any other tax related document. SMLLC's are required by New Hampshire law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. The Department of Revenue Administration assigned number is needed in order to process these non-federal tax returns. ALL SMLLC's MUST USE THE DEPARTMENT IDENTIFICATION NUMBER WHEN FILING ANY AND ALL TAX RELATED DOCUMENTS. Your department assigned number shall be used in place of the member's federal number. When filing all future documents, the Department Identification Number shall be entered wherever Federal Employer Identification Numbers or Social Security Numbers are required.
ESTIMATED BPT & BET DUE FOR 1999	Every entity required to file a Business Profits Tax return and/or a Business Enterprise Tax return must also make estimated Business Tax payments for its subsequent taxable period, unless the ANNUAL estimated tax for the subsequent taxable period 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 estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax for exceptions and penalties for noncompliance.
NEED HELP OR FORMS	Call the Taxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 - 4:00. 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. To obtain additional forms or forms not contained in this booklet, please call (603) 271-2192. Copies of the state tax forms may also be obtained from many public libraries located throughout the state or from our website at http://www.state.nh.us/revenue/revenue.htm
TDD ACCESS	Hearing or speech impaired individuals may call: TDD Access: Relay NH 1-800-735-2964.
ATTACH FEDERAL SCHEDULES/ FORMS	All Business Profits Tax returns must be accompanied by a complete and legible copy of the federal income tax return or other appropriate federal forms, consolidating schedules and supporting schedules. The corporate return must have the federal form 1120, pages 1, 2, 3 and 4 and all schedules. The proprietorship return must have federal schedules C, E, F, 4797 and 6252, if applicable. The partnership return must have the federal form 1065 and applicable schedules. The fiduciary return must have the federal form 1041 pages 1, 2, 3, and 4, and applicable schedules. Failure to attach all federal schedules as required shall be deemed a failure to file a New Hampshire return and will subject the taxpayer to penalties.
CONFIDENTIAL INFORMATION	Disclosure of Social Security Account Numbers is mandatory under Department of Revenue Administration rules 203.01, 221.02, 221.03 and 311.04 (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 Social Security Account Numbers may result in the rejection of a return or application. The failure to timely file a return or application complete with Social Security Account Numbers may result in the imposition of civil or criminal penalties, the disallowance of claimed exemptions, exclusions, credits, deductions, or an adjustment that may result in increased tax liability.
AMENDED RETURNS	If you discover an error was made on your BET and/or BPT return(s) after they were filed, 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. For changes made by the Internal Revenue Service, please see STEP 2 on the Business Tax Summary. If you need to amend prior year BET and/or BPT return(s), then please call the department for the correct form. The telephone number for forms only is (603) 271-2192. You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions. AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE RETURN.
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.
ROUNDING OFF	Money items on all Business Enterprise Tax and Business Profits Tax forms may be rounded off to the nearest whole dollar.
FILING SEQUENCE	Please file the applicable schedules in the following order sequence: BT-Summary, BET, BET-80, BPT return (NH-1120, NH-1065, NH-1040, or NH-1041) DP-80, DP 2210/2220, DP-132, DP-160, DP-120, and then the appropriate federal pages.

FORM

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY 1998**

BT-SUMMARY

For the CALENDAR year **1998** or other tax year beginning and ending
Mo Day Year Mo Day Year

SEQUENCE # 1

STEP 1 Place LABEL HERE Otherwise Please Print or Type	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
	CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER
	CITY OR TOWN, STATE AND ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)

STEP 2 Return Type, Federal Information and Filing Requirement	<p>ARE YOU REQUIRED TO FILE A BET RETURN: YES _____ NO _____ If you checked yes, please make sure the complete return is attached to the BT-Summary.</p> <p>ARE YOU REQUIRED TO FILE A BPT RETURN: YES _____ NO _____</p> <p> <input type="checkbox"/> ② CORPORATION <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ① PROPRIETORSHIP <input type="checkbox"/> AMENDED RETURN <small>-OR-</small> <input type="checkbox"/> ② COMBINED GROUP <input type="checkbox"/> ⑤ NON-PROFIT <input type="checkbox"/> ④ FIDUCIARY <input type="checkbox"/> FINAL RETURN </p> <p><input type="checkbox"/> Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to NH. Enter years covered by IRS _____ Submit changes under a separate cover.</p>
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STEP 3 PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY.

STEP 4 Figure Your Balance Due or Overpayment	1 (a) Business Enterprise Tax Net of Statutory Credit	1 (a)			
	(b) Business Profits Tax Net of Statutory Credits	1 (b)			1
	2 PAYMENTS:				
	(a) Tax paid with application for extension	2 (a)			
	(b) Payments from 1998 estimated taxes	2 (b)			
	(c) Payments carried over from prior year	2 (c)			
	(d) Payments with original return (Amended returns only)	2 (d)			2
	3 TAX DUE (Line 1 less line 2)				3
	4 ADDITIONS TO TAX:				
	(a) Interest (See instructions)	4(a)			
	(b) Failure to Pay (See instructions)	4(b)			
	(c) Failure to File (See instructions)	4(c)			
	(d) Underpayment of Estimated Tax (See instructions)	4 (d)			4
	5 (a) Subtotal of Amount Due (Line 3 plus line 4)	5(a)			
	5 (b) Payment made by EFT (See instructions)	5(b)			
5 BALANCE DUE Make checks payable to: State of New Hampshire. Enclose, but do not staple or tape your payment with this return.				5	
6 OVERPAYMENT (Line 2 plus line 5 (b) less line 1, adjusted by line 4, if applicable)	6				
7 Apply overpayment amount of line 6 to: (a) The 1999 tax liability				7(a)	
(b) Refund - Please allow 12 weeks for processing				7(b)	

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

STEP 5 Signature(s)	Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.		
Signature	Signature of Paid Preparer Other Than Taxpayer		
Title and Date	Preparer's Identification Number	Date	
Spouse's Signature and Date (PROPRIETORSHIP ONLY)	Preparer's Address		
<p>MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD, NH 03302-0637</p>	City/Town, State and Zip Code		

FORM

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY 1998**

BT-SUMMARY

For the CALENDAR year **1998** or other tax year beginning Mo Day Year and ending Mo Day Year

SEQUENCE # 1

STEP 1 Place LABEL HERE Otherwise Please Print or Type	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
	CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER
	CITY OR TOWN, STATE AND ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)

STEP 2 Return Type, Federal Information and Filing Requirement	<p>ARE YOU REQUIRED TO FILE A BET RETURN: YES _____ NO _____ If you checked yes, please make sure the complete return is attached to the BT-Summary.</p> <p>ARE YOU REQUIRED TO FILE A BPT RETURN: YES _____ NO _____</p> <p> <input type="checkbox"/> ② CORPORATION <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ① PROPRIETORSHIP <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> ② COMBINED GROUP <input type="checkbox"/> ⑤ NON-PROFIT <input type="checkbox"/> ④ FIDUCIARY <input type="checkbox"/> FINAL RETURN </p> <p><input type="checkbox"/> Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to NH. Enter years covered by IRS _____ Submit changes under a separate cover.</p>
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STEP 3 PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY.

STEP 4 Figure Your Balance Due or Overpayment	1 (a) Business Enterprise Tax Net of Statutory Credit	1 (a)			
	(b) Business Profits Tax Net of Statutory Credits	1 (b)			1
	2 PAYMENTS:				
	(a) Tax paid with application for extension	2 (a)			
	(b) Payments from 1998 estimated taxes	2 (b)			
	(c) Payments carried over from prior year	2 (c)			
	(d) Payments with original return (Amended returns only)	2 (d)			2
	3 TAX DUE (Line 1 less line 2)				3
	4 ADDITIONS TO TAX:				
	(a) Interest (See instructions)	4(a)			
	(b) Failure to Pay (See instructions)	4(b)			
	(c) Failure to File (See instructions)	4(c)			
	(d) Underpayment of Estimated Tax (See instructions)	4 (d)			4
	5 (a) Subtotal of Amount Due (Line 3 plus line 4)	5(a)			
	5 (b) Payment made by EFT (See instructions)	5(b)			
5 BALANCE DUE Make checks payable to: State of New Hampshire. Enclose, but do not staple or tape your payment with this return.				5	
6 OVERPAYMENT (Line 2 plus line 5 (b) less line 1, adjusted by line 4, if applicable)	6				
7 Apply overpayment amount of line 6 to: (a) The 1999 tax liability				7(a)	
(b) Refund - Please allow 12 weeks for processing				7(b)	

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

STEP 5 Signature(s)	Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.		
Signature	Signature of Paid Preparer Other Than Taxpayer		
Title and Date	Preparer's Identification Number	Date	
Spouse's Signature and Date (PROPRIETORSHIP ONLY)	Preparer's Address		
<p>MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD, NH 03302-0637</p>	City/Town, State and Zip Code		

BUSINESS TAX SUMMARY
LINE-BY-LINE INSTRUCTIONS

<p>STEP 1 Name, Address, Social Security or Federal Employer Identification Number</p>	<p>At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1998.</p> <p>If you have received a booklet of tax forms and instructions with a pre-addressed label, remove it from the booklet cover and place it in the space provided. If no label was provided, please PRINT the taxpayer's name, address, social security number or federal employer identification number, and principal business activity code in the spaces provided.</p> <p>Enter spouse's name and social security number in the spaces provided for separate proprietorship only. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.</p>								
<p>STEP 2 Return Type, Federal Information and Filing Requirement</p>	<p>Please indicate whether or not you are required to file the Business Enterprise Tax return and Business Profits Tax return. If you are not required to file either the Business Enterprise Tax return or Business Profits Tax return do not submit the returns or the BT-Summary. Failure to answer questions in step 2 may result in inquiries from the department, which may generate late filing penalties.</p> <p>Check the entity type which corresponds to your organizational structure. In the case of a single member LLC, check the organization structure that corresponds to the federal return used to report the income and deductions to the IRS.</p> <p>Check the AMENDED RETURN box if this is the second (or additional) Business Tax Summary that has been filed for any ONE tax year. Check the FINAL RETURN box only when the business organization has ceased to exist or no longer operates in New Hampshire.</p> <p>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 tax years examined by the IRS on the line provided. To report IRS adjustments, you must submit the appropriate Form DP-87 under separate cover. To obtain this form please call (603) 271-2192.</p>								
<p>STEP 3</p>	<p>PLEASE COMPLETE THE BET AND/OR BPT RETURNS AND THEN THE BUSINESS TAX SUMMARY.</p>								
<p>STEP 4 Figure Your Balance Due or Overpayment</p>	<p>Line 1(a) Enter the amount of your Business Enterprise Tax balance due net of statutory credits.</p> <p>Line 1(b) Enter the amount of your Business Profits Tax balance due net of statutory credits.</p> <p>Line 1 Enter the sum of lines 1(a) and 1(b)</p> <p>Line 2(a) Enter the amount paid with application for extension(s), Form BT-EXT. Include extension payments made by Electronic Funds Transfer.</p> <p>Line 2(b) Enter estimated payments to be applied to this year. Include estimate payments made by Electronic Funds Transfer.</p> <p>Line 2(c) Enter the prior year overpayment which was carried forward to this tax year.</p> <p>Line 2(d) When filing an AMENDED RETURN, enter the amount of payment remitted with the original Business Tax Summary.</p> <p>Line 2 Enter the total of lines 2(a) through 2(d).</p> <p>Line 3 Enter the amount of line 1 less line 2. Show a negative amount with brackets, e.g., (\$50).</p> <p>Line 4 Additions to tax are calculated on the individual taxes. Please complete the following calculations to determine the amount due if applicable for each line.</p> <p>Line 4(a) Interest is calculated on the balance of tax due from the original due date to the date paid at 10% per year. (Tax due x number of days from the due date to date tax was paid x .000274).</p> <p style="text-align: center;"> $\frac{\text{Tax Due (line 3)}}{\text{Tax Due (line 3)}} \times \frac{\text{Number of days}}{\text{Number of days}} \times .000274 = \frac{\text{Interest due}}{\text{Interest due}} \text{ Enter on line 4 (a).}$ </p> <p>NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates for the current and prior years are as follows:</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>PERIOD</u></th> <th style="text-align: center;"><u>RATE</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1/1/99 - 12/31/99</td> <td style="text-align: center;">10%</td> </tr> <tr> <td style="text-align: center;">1/1/98 - 12/31/98</td> <td style="text-align: center;">11%</td> </tr> <tr> <td style="text-align: center;">Prior to 1/1/98</td> <td style="text-align: center;">15%</td> </tr> </tbody> </table>	<u>PERIOD</u>	<u>RATE</u>	1/1/99 - 12/31/99	10%	1/1/98 - 12/31/98	11%	Prior to 1/1/98	15%
<u>PERIOD</u>	<u>RATE</u>								
1/1/99 - 12/31/99	10%								
1/1/98 - 12/31/98	11%								
Prior to 1/1/98	15%								

BT-SUMMARY

Instructions

<p>STEP 4 (continued)</p>	<p>Line 4(b) 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 and the failure to pay is due to willful neglect or intentional disregard of the law but without intent to defraud. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.</p> <p>Line 4(c) A taxpayer failing to timely file a complete return will 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 has been filed.</p> <p>Line 4(d) If line 1 (a) or 1(b) is more than \$200 you may have been required to file estimated business profits tax and/or business enterprise tax payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimate 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 by calling (603) 271-2192.</p> <p>Line 4 Enter the total of lines 4(a) through 4(d).</p> <p>Line 5(a) Enter the tax due (Line 3) plus the sum of interest and penalties (Line 4).</p> <p>Line 5(b) Enter the amount of payment made by Electronic Funds Transfer for this return only. Any extension or estimate payments made by Electronic Funds Transfer should be included on lines 2(a) and 2(b) respectively.</p> <p>Line 5 Enter the amount of line 5(a) less line 5(b). This is the balance due.</p> <p>Make check or money order payable to: STATE OF NEW HAMPSHIRE. If less than \$1.00, do not pay, but still file the return. Please enclose, but do not staple or tape, your payment with this return.</p> <p>To ensure the check is credited to the proper account, please put your federal employer identification number or social security number on the check.</p> <p>Line 6 If the total tax (Line 1) plus interest and penalties (Line 4) is less than the payments [(Line 2) plus line 5(b)] then you have overpaid. Enter the amount overpaid.</p> <p>Line 7 The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit toward next year's tax liability. Enter the desired credit on line 7(a). The remainder, which will be refunded, should be entered on line 7(b). If line 7(a) is not completed, the entire overpayment will be refunded. Please allow 12 weeks for processing your refund.</p>
<p>STEP 5 Signature</p>	<p>The return must be dated and signed by the taxpayer or authorized agent.</p> <p>If you are filing a joint return, then both you and your spouse must sign and date the return.</p> <p>If the return was completed by a paid preparer, then the preparer must also sign and date the return. The preparer must also enter their federal employer identification or social security account number and their complete address.</p>

FORM

BET

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

For the CALENDAR year **1998** or other tax year beginning and ending
Mo Day Year Mo Day Year

**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS RECEIPTS WERE GREATER THAN \$100,000
OR
THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$50,000.**

STEP 1 Please Print or Type Name	CORPORATE, PARTNERSHIP, FIDUCIARY, OR NON-PROFIT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER _____
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If your business activities are conducted both within and without New Hampshire AND the business organization 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, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for lines

1, 2 and 3. If you need Form BET-80 and it is not included in your booklet, it may be obtained by calling (603) 271-2192.

STEP 2 Compute the Enterprise Value Tax Base.	1 Dividends Paid	1		
	2 Compensation and Wages Paid or Accrued	2		
	3 Interest Paid or Accrued	3		
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)		4	
STEP 3 Figure Your Tax	5 NH Business Enterprise Tax (Line 4 x .0025)		5	
	6 RSA 162-L. Community Development Finance Authority Credit (See instructions)		6	
	7 Business Enterprise Tax Net of Statutory Credit (Line 5 less line 6. IF NEGATIVE, ENTER 0.)		7	

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

BUSINESS ENTERPRISE TAX RETURN

LINE-BY-LINE INSTRUCTIONS

STEP 1 Name and FEI Number	<p>At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1998.</p> <p>Please PRINT the enterprise's name and federal employer identification number in the spaces provided.</p>
Business Enterprise Tax Apportionment	<p>If your business enterprise activity is conducted both within and without New Hampshire and is subject to tax in another state, whether or not actually imposed by that state, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for lines 1, 2 and 3 of the Form BET. After completing Form BET-80, enter the amount from line 17 on line 1 of your Form BET. Enter the amount from line 24 on line 2 of Form BET. Enter the amount from line 29 on line 3 of Form BET. Proceed to line 4.</p>
STEP 2 Compute the Enterprise Value Tax Base.	<p>Line 1: DIVIDENDS PAID 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. Per RSA 77-E:1, VI, the term "Dividends" does NOT include the following:</p> <ul style="list-style-type: none"> - Distributions of money or property to beneficiaries of a trust qualified under section 401 of US IRC; - Cash or non-cash payments of life, sickness, accident, or other benefits to members or their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c) (9) of the US IRC; - Distributions of money or property to participants from any common trust fund as defined under section 584 of the US IRC; - Policyholder dividends as defined under section 808 of the US IRC, to the extent such dividends are not reduced pursuant to section 809 of the US IRC; - Payment of interest on deposits of depositors of a mutual bank or credit union; or - Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under section 641 or described in section 664 of the US IRC, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities, and those incidental to or in support of such personal investment activities. <p>Line 2: COMPENSATION AND WAGES PAID OR ACCRUED Enter the amount of compensation paid or accrued, 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 US IRC.</p> <p>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 US IRC to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III in the taxable period. If the proprietor is a partner in a partnership, the net earnings from self-employment does not include the partner's distributive share of the partnership earnings.</p> <p>Payments made expressly exempt from withholding under Section 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US IRC should not be included in line 2.</p> <p>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. 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 section 501(c) (9) of the US IRC to fulfill obligations to members.</p> <p>Line 4: ENTERPRISE VALUE TAX BASE Enter the sum of lines 1, 2 and 3.</p>
STEP 3 Figure Your Tax	<p>Line 5: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX Multiply line 4 by .0025.</p> <p>Line 6: CDFA CREDIT Enter the amount of any Community Development Finance Authority Credit claimed pursuant to RSA 162-L. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or \$200,000 for tax years ending prior to July 1, 1999 or \$1,000,000 for tax years ending after June 30, 1999. If you also claim this credit on your BPT or other tax form, the combined total shall not exceed \$200,000 for tax years ending prior to July 1, 1999 or \$1,000,000 for tax years ending after June 30, 1999.</p> <p>Line 7: BUSINESS ENTERPRISE TAX BALANCE DUE Enter the total amount of line 5 less line 6. IF NEGATIVE, ENTER 0.</p>

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

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 by a proprietor or a partner on the NHBPT return pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the NHBPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2401.14

Non-taxable Compensation

- Payment for independent contractors where no employer/employee relationship exists pursuant to Rev. 2401.11
- Payments in the form of or for the following services:
 - Members of the armed forces
 - Ministers
 - Paper boys and girls under the age of 18
 - Volunteers of Peace Corps
 - Group term life insurance on the life of an employee
 - Moving expenses
 - Non-cash or cash tips to an employee if not deductible by the employer
 - Educational assistance
 - Scholarships
 - Medical reimbursements
- Health Insurance
- Taxpayer’s distributive share of net earnings from a trade or business conducted by another business enterprise.
- Self-employment income retained for use in enterprise but not deducted under RSA 77-A:4, III

- INTEREST -

“Interest” means all amounts paid or accrued for the use or forbearance of money or property.

Interest Subject to Tax

- Interest paid or accrued not reduced by interest income or other fee income and without regard to any federal deductibility limitation or federal capitalization requirements.
- Property transferred by a business enterprise not classified as interest, but the substance of the transaction indicates that the payment was made in lieu of interest

Non-taxable Interest

- Amount paid, credited or set aside in connection with reserves by insurers.
- Amount paid by VEBA’s (Voluntary Employees’ Benefit Association).

- 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 include in those elements of the EVTB (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 which are considered an expense in determining net income from business activities (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.
- Pensions, profit-sharing, stock bonus plan.
- Cash or non-cash payments from VEBA’S (Voluntary Employees’ Beneficiary Association).
- Distribution of money or property from a common trust fund.
- 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.
- Patronage dividends.

For the CALENDAR year **1998** or other tax year beginning and ending
Mo Day Year Mo Day Year

NAME		FEI or SS NUMBER	
SECTION I – APPORTIONMENT FACTORS			
COMPENSATION AND WAGES FACTOR	1 NH 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.	3 ●	
INTEREST FACTOR	4 Average of NH Property	4	
	5 Average of Everywhere Property	5	
	6 INTEREST FACTOR (Line 4 divided by line 5) Enter this amount on line 26.	6 ●	
DIVIDEND FACTOR	7 NH Sales (see instructions)	7	
	8 Everywhere Sales (see instructions)	8	
	9 Sales Factor (Line 7 divided by line 8)	9 ●	
	10 Sub-total (Sum of lines 3, 6 and 9)	10 ●	
	11 DIVIDEND FACTOR (See instructions) Enter this amount on line 15.	11 ●	
SECTION II – BUSINESS ENTERPRISE TAX BASE APPORTIONMENT			
DIVIDEND APPORTIONMENT	12 Dividends Paid (see instructions)	12	
	13 Less Dividend Deduction (See instructions)	13	
	14 Subtotal (Line 12 less line 13)	14	
	15 Dividend Apportionment Factor (From line 11)	15 ●	
	16 Taxable Dividends (Line 14 multiplied by line 15, negative, show in brackets)	16	
	17 TOTAL TAXABLE DIVIDENDS (From line 16.) IF NEGATIVE, ENTER 0. Enter this amount on line 1, Form BET or Form BET-PROP.	17	
	COMPENSATION AND WAGES APPORTIONMENT	18 Everywhere Compensation and Wages Paid or Accrued	18
19 LESS: Retained Compensation (See instructions)		19	
20 Subtotal (Line 18 less line 19)		20	
21 Compensation Apportionment Factor (From line 3)		21 ●	
22 Taxable Compensation (Line 20 multiplied by line 21)		22	
23 LESS: Dividend Offset (See instructions)		23	
24 TOTAL TAXABLE COMPENSATION (Line 22 less line 23) Enter this amount on line 2, Form BET or Form BET-PROP.		24	
INTEREST APPORTIONMENT		25 Interest Paid or Accrued	25
	26 Interest Apportionment Factor (From Line 6)	26 ●	
	27 Taxable Interest (Line 25 multiplied by line 26)	27	
	28 LESS: Dividend Offset (See instructions)	28	
	29 TOTAL TAXABLE INTEREST (Line 27 less line 28) Enter this amount on line 3, Form BET or Form BET-PROP.	29	

BUSINESS ENTERPRISE TAX APPORTIONMENT GENERAL INSTRUCTIONS

WHO MUST APPORTION	A business enterprise must apportion its enterprise value tax base if: <ul style="list-style-type: none"> – its business activities are conducted both within and without New Hampshire, AND – the business organization 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 whether or not it is actually imposed by the other state.
SPECIFIC APPORTIONMENT QUESTIONS	Questions regarding apportionment under the NH Business Enterprise Tax should be directed to: New Hampshire Department of Revenue Administration, Audit Division, PO Box 457, Concord, New Hampshire 03302-0457. Telephone: (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

LINE-BY-LINE INSTRUCTIONS

SECTION I APPORTIONMENT FACTORS

COMPENSATION AND WAGES FACTOR

LINE 1 & 2	Enter on line 1 the "NH" 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 section 3401 of the US Internal Revenue Code. Payments made expressly exempt from withholding under Sections 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19), and (20) of the US Internal Revenue Code should not be included in line 1 or 2. For Proprietorships and Partnerships, refer to special instructions for compensation and wages under line 18.
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 "NH" 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 organization during the tax 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 organization's business activities. Property shall be included if it is actually used or is available for or capable of being used during the tax period in the regular course of the trade or business of the organization. Property or equipment under construction during the tax period, except inventoriable goods in process, shall be excluded 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 accordance with the valuation method used for federal income tax purposes. "Beginning of Period" means when the assets are available for use. 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.
LINE 6	Enter on line 6 the amount of line 4 divided by line 5. Express this amount as a decimal to six places.

LINE-BY-LINE INSTRUCTIONS (continued)

DIVIDEND FACTOR	
LINES 7 & 8	Enter on line 7 the "NH" sales. Enter on line 8 the "EVERYWHERE" sales. Sales includes: <ul style="list-style-type: none"> - 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 included 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 three. Express this amount as a decimal to six places. If there are only two factors with an everywhere denominator included on line 10, then divide by 2; if only one factor, divide by 1.
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. Per RSA 77-E:1, VI, the term "Dividends" does NOT include the following: <ul style="list-style-type: none"> - Distributions of money or property to beneficiaries of a trust qualified under section 401 of US Internal Revenue Code; - Cash or non-cash payments of life, sickness, accident or other benefits to members or their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c) (9) of the US Internal Revenue Code; - Distributions of money or property to participants from any common trust fund as defined under section 584 of the US Internal Revenue Code; - Policyholder dividends as defined under section 808 of the US Internal Revenue Code, to the extent such dividends are not reduced pursuant to section 809 of the US Internal Revenue Code; - Payment of interest on deposits of depositors of a mutual bank or credit union; or - Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under section 641 or described in section 664 of the US Internal Revenue Code, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities and those incidental to or in support of such personal investment activities.
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.
LINE 14	Enter the amount of line 12 less line 13.
LINE 15	Enter the DIVIDEND FACTOR from line 11.
LINE 16	Enter the product of line 14 multiplied by line 15. If negative, show in brackets e.g. (\$50).
LINE 17	If line 16 is negative , enter 0 on line 17. If line 16 is positive, enter the same 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.

COMPENSATION AND WAGES APPORTIONMENT, INCLUDING DEFERRED COMPENSATION	
LINE 18	<p>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. 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 US Internal Revenue Code.</p> <p>Payments made expressly exempt from withholding under Sections 3401 (a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US Internal Revenue Code should not be included in line 18.</p>
	<p>FOR PROPRIETORSHIPS AND PARTNERSHIPS: The compensation amount entered on line 18 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the US Internal Revenue Code to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III in the taxable period.</p>
LINE 19	Enter the amount of any net earnings from self-employment which are retained and used for the reasonable needs of the enterprise. See Rev 2403.01 for further clarification.
LINE 20	Enter the amount of line 18 less line 19.
LINE 21	Enter the COMPENSATION FACTOR from line 3.
LINE 22	Enter the product of line 20 multiplied by line 21.
LINE 23 and LINE 28	If line 16 is positive or 0, enter 0 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 cannot exceed the amount on line 16.
LINE 24	<p>Enter the amount of line 22 less line 23.</p> <p>ENTER THE AMOUNT FROM LINE 24 ON LINE 2 OF YOUR BUSINESS ENTERPRISE TAX RETURN, FORM BET OR FORM BET-PROP.</p>
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 section 501(c) (9) of the US Internal Revenue Code 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	<p>Enter the amount of line 27 less line 28.</p> <p>ENTER THE AMOUNT FROM LINE 29 ON LINE 3 OF YOUR BUSINESS ENTERPRISE TAX RETURN, FORM BET OR FORM BET-PROP.</p>

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATION BUSINESS PROFITS TAX RETURN

For the CALENDAR year 1998 or other tax year beginning Mo Day Year and ending Mo Day Year

Due Date for CALENDAR year filers is on or before March 15, 1999 or the 15th day of the 3rd month after the close of the fiscal period.

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

STEP 1 Please Print or Type NAME OF CORPORATION FEDERAL EMPLOYER IDENTIFICATION NUMBER

STEP 2 Questions A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? B Does the corporation file with the IRS as part of a federal consolidated return? C Is this corporation affiliated with any other business organization that files business tax returns with this department? D Does the corporation file as part of a unitary group in any other jurisdiction? E Is this a "combined" business profits tax return? If the answer to "E" is yes, do not complete this return. You must file a NH-1120-WE return. Please call (603) 271-2192 to request a copy of the 1998 Business Tax Booklet for Combined Corporations.

STEP 3 Figure Your Taxes 1 Gross Business Profits (a) Taxable income (loss) before net operating loss deduction and special deductions (See instructions and attach copy of federal return)..... 1(a) (b) Separate entity or passive loss limitation adjustments (See instructions)..... 1(b) (c) NH Gross Business Profits (Combine line 1(a) and line 1(b), If negative, show in brackets. See instructions for NOL carryforward provisions) 1(c) 2 Additions and Deductions. (a) Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state)..... 2(a) (b) NH Net Operating Loss Deduction (Attach Form DP-132) 2(b) (c) Interest on direct US Obligations 2(c) (d) Wage adjustment required by I.R.C. Section 280C 2(d) (e) Deductible dividends (See instructions) 2(e) (f) Income exempt under federal constitutional law, net of related expenses (See instructions) 2(f) (g) Distribution from joint venture or partnership subject to NH taxation (Attach schedule: Name, Federal I.D. No. and amount distributed)..... 2(g) (h) Foreign dividend gross-up (I.R.C. Section 78)..... 2(h) (i) Research contribution (See RSA 77-A:4 XII. Attach computation) 2(i) (j) Contributions made to a Qualified Investment Capital Company..... 2(j) (k) Add back return of capital from Qualified Investment Capital Company.. 2(k) (l) Combine lines 2(a) through 2(k). If negative, show in brackets 2(l) 3 Adjusted Gross Business Profits (Line 1(c) adjusted by line 2(l). If negative, show in brackets) 3 4 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.)..... 4 5 New Hampshire Taxable Business Profits (Line 3 x line 4. If negative, enter 0.)..... 5 6 New Hampshire Business Profits Tax (Line 5 x 7%) 6

STEP 4 Figure Your Credits 7 Credits allowed under RSA 77-A:5 as shown on Form DP-160 7 8 Subtotal (Line 6 less line 7) 8 9 Business Enterprise Tax Credit (See instructions) 9 10 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of line 8 or line 9) 10 11 NH Business Profits Tax Net of Statutory Credits (Line 8 less line 10. IF NEGATIVE, ENTER 0.)..... 11

ENTER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM. IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

BUSINESS PROFITS TAX RETURN

LINE-BY-LINE INSTRUCTIONS

STEP 1 Name & FEI Number	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1998. Please PRINT the corporation's name and federal employer identification number in the spaces provided.
STEP 2 Questions	<p>Line A: Check "yes" if the corporation files its tax return on an IRS approved 52/53 week tax year.</p> <p>Line B: Check "yes" if the corporation files with the IRS as part of a federal consolidated return.</p> <p>Line C: Check "yes" if the corporation is affiliated with any other business organization that files NH business tax returns.</p> <p>Line D: Check "yes" if the corporation files as part of a unitary group in any other jurisdiction.</p> <p>Line E: NH requires business organizations tht are conducting a unitary business within and without NH 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 NH Combined Business Tax return booklet with information, forms and instructions specifically for combined groups. Combined groups are required to use form NH-1120-WE which is included in that booklet. To obtain that booklet, please call (603) 271-2192.</p>
STEP 3 Figure Your Taxes	<p>Line 1: INCOME</p> <p>(a) 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 are required to complete form DP-120, Computation of "S" Corporation Gross Business Profits. Other corporations filing special federal corporate tax returns must include the income that is comparable to a regular 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 required.</p> <p>(b) Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the NH requirement of separate entity treatment for business organizations. Examples are a partner's share of the partnership activities reported on the federal corporate tax return (Rev 302.02) or the adjustments required under IRC Section 857(b) (2) for real estate investment trusts and IRC Section 857(b) (2) for regulated investment companies. Attach a supporting schedule detailing amount and type of adjustment(s). Enter any passive activity loss disallowed federally under IRC Section 469. Also enter any amount used to adjust the reported gain or loss on sale of assets which is attributable to an accumulated passive loss. If the total of this adjustment is a negative amount, then show in brackets, e.g. (\$50).</p> <p>(c) Enter the total of lines 1(a) and line 1(b). If this total is negative, this amount represents your net operating loss available for future deduction. NH no longer requires the filing of a Net Operating Loss Annual Report, Form RP-131. However, a future NOL deduction is still subject to the carryback and carryforward provisions and apportionment provision pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.03.</p> <p>Line 2: ADDITIONS AND DEDUCTIONS</p> <p>(a) Enter the total NH 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 NH Business Enterprise Tax liability in this amount.</p> <p>(b) Enter the amount of carryover loss available as shown on line 6 of Form DP-132. Form DP-132 must be attached to the return.</p> <p>(c) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States.</p> <p>(d) Enter the amount of the jobs credit (IRC Section 280C) deducted on this year's federal return.</p> <p>(e) In the case of a corporation which is the parent of an affiliated group (pursuant to IRC chapter 6), enter the amount of gross dividends paid to the parent by a subsidiary whose gross business profits have already been subject to taxation under RSA 77-A during the same period. Attach a schedule listing the name, Federal Employer Identification number and amount paid by the subsidiary.</p>

Instructions

**STEP 3
(continued)**

Line 2: (continued)

- (f) Enter the deduction for any portion of the business organization's gross business profits which is allowed to be excluded pursuant to federal constitutional law. This deduction must be net of any expense paid or incurred that relate to the excluded income portion. Attach a supporting schedule listing the name, FEI number and amount paid.
- (g) In the case of a corporation which is a participant in a joint venture or a partner in a partnership, enter the amount of distribution from the joint venture or partnership whose gross business profits have already been subject to taxation under RSA 77-A during the same or an overlapping fiscal period. Attach a schedule listing the name, FEI number and amount(s) paid by each joint venture or partnership.
- (h) Enter the amount of gross business profits that is attributable to foreign dividend gross-ups as determined in accordance with IRC Section 78.
- (i) In the case of a business organization which makes qualified research contributions as defined in RSA-77 A:1,X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less.
- (j) Enter a deduction equal to the contribution made to a Qualified Investment Capital Company the applicable taxable period.
- (k) 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.
- (l) Enter the total of lines 2(a) through 2(k) on line 2(l). Show negative amounts in brackets, e.g. (\$50).

Line 3: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of line 1(c) adjusted by line 2(l). Show negative amounts in brackets, e.g. (\$50).

Line 4: NEW HAMPSHIRE APPORTIONMENT

Corporations which have business activity both within and without this state AND which are subject to income taxes or a franchise tax measured by net income in another state, 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.**

Line 5: Enter the product of line 3 multiplied by line 4. If negative, enter 0.

Line 6: Enter the product of line 5 multiplied by 7%.

**STEP 4
Figure Your
Credits**

Line 7: 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 BET Credit on this line.**

Line 8: Enter the amount of line 6 less line 7.

Line 9: To calculate the BET credit to be applied against this years BPT, complete the following worksheet.

BET CREDIT WORKSHEET

	Tax year ended ____/____/____	Tax year ended ____/____/____	Tax year ended ____/____/____	Tax year ended ____/____/____	Tax year ended ____/____/____
A. BET Credit Carryforward Amount. *See note below.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Current year BET Liability LESS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Current year BPT Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Enter the amount of line B less line C. If NEGATIVE, ENTER 0.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. BET Credit available for a deduction this tax year. Sum of line A and line B.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. BET Credit deduction this year. The amount on line F should be entered on line 9 of NH-1120.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. BET Credit carryforward Amount. Line E less line F. Carry this amount forward and indicate on line A under subsequent year.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*NOTE: The line A amount is from line G of the previous year's BET CREDIT WORKSHEET. If this is the initial year of the BET (Tax Years ending on or after 7-1-93) indicate

0. 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 Credits" Carryover exists. Any unused portion of the current years credits may be carried forward and allowed against any Business Profits Tax due for the next 5 taxable periods.

Line 11: Enter the amount of line 8 less line 10. **IF NEGATIVE, ENTER 0.**

ENTER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.

Schedule A

For the CALENDAR year 1998 or other tax year beginning Mo Day Year and ending Mo Day Year

NAME FEDERAL EMPLOYER IDENTIFICATION/SOCIAL SECURITY NUMBER

1 SALES/RECEIPTS FACTOR: 1(a) \$ (Denominator) 1(b) \$ (Numerator) 1(c) Divide 1(b) by 1(a) = (Express as a decimal to 6 places)

2 PAYROLL FACTOR: 2(a) \$ (Denominator) 2(b) \$ (Numerator) 2(c) Divide 2(b) by 2(a) = (Express as a decimal to 6 places)

3 PROPERTY FACTOR: Table with columns for (a) Everywhere (Denominator) and (b) New Hampshire (Numerator), rows for Inventory, Buildings, Furniture & Fixtures, Leasehold Improvements, Land, Other Tangible Assets, Sub Totals, Average of Sub Totals, Rented Property, Total Property Everywhere, Total NH Property.

4 TOTAL OF LINES 1(c), 2(c) and 3(c)
5 NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places. If there are only one or two factors with an "Everywhere" denominator, see instructions.

ADDITIONAL INFORMATION

Principal business activity in New Hampshire:

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

Year first NH return filed: 19 ___ Year registered with NH Secretary of State: 19 ___ State of incorporation (2-letter ID): ___
City, State and Country where records are located CITY/TOWN STATE COUNTRY

Business locations outside New Hampshire. (Attach a list if more space is required)

Table with 5 columns: Location City and State, Indicate whether factory, sales office, warehouse, construction site, etc., Registered to do business in state where located?, Files returns in state where located?, Apportion sales, payroll and/or property in state where located?

GENERAL INSTRUCTIONS

WHO MUST APPORTION: A business organization must apportion its income if:

- Its business activities are conducted both within and without 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 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.

EFFECTIVE DATE OF WEIGHTED SALES FACTOR: The weighted Sales/Receipts Factor, as computed on line 1(c), is only applicable to taxable periods ending ON OR AFTER JULY 1, 1994. **If your taxable period ends before July 1, 1994, then do not use this form.** Please call (603) 271-2192 for the correct form.

SPECIFIC QUESTIONS REGARDING APPORTIONMENT: Questions regarding apportionment of income under the New Hampshire Business Profits Tax should be directed to: New Hampshire Department of Revenue Administration, Audit Division, PO Box 457, Concord, New Hampshire 03302-0457, (603) 271-3400.

For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

LINE-BY-LINE INSTRUCTIONS

For each line 1, 2, and 3 show in (a) the dollar amount attributable to the water's edge combined group's "EVERYWHERE" (the denominator) and show in (b) the dollar amount attributable to "NEW HAMPSHIRE" (the numerator).

LINE 1 — SALES/RECEIPTS FACTOR: The sales/receipts factor includes:

- sales, less returns and allowances,
- interest, rents and royalties,
- dividends which are not eligible for the dividend deduction under RSA 77-A:4, IV or the factor relief provision of RSA 77-A:3, II(b),
- capital gain net income,
- net gains or losses, and
- other income unless the item is properly included as a reduction of an expense or allowance.

Business organizations included in a combined group must eliminate all intercompany transactions with other members of the unitary group for both the numerator and the denominator of the sales/receipts factor.

Enter Everywhere sales in 1(a). Enter NH sales in 1(b). Divide 1(b) by 1(a). Multiply the result by 2. Enter the product in 1(c).

LINE 2 — PAYROLL FACTOR: The payroll factor is the total compensation consisting of wages, salaries, commissions and other forms of remuneration paid during the tax period to employees for personal services. Employee benefits should not be included in the payroll factor.

Business organizations included in a combined group must eliminate all intercompany payments for the use of another group member's employees. Only the compensation actually paid to the employee shall be includible.

Enter Everywhere payroll in 2(a). Enter NH payroll in 2(b). Divide 2(b) by 2(a) and enter the result 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 or capable of being used during the tax period in the regular course of the trade or business of the organization. Property or equipment under construction during the tax 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 rate.

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.

Business organizations included in a combined group shall determine the property includible in the property factor after having eliminated all intercompany activity. Intercompany profits included in inventory, realty, equipment and other similar items shall be eliminated from the valuation of property included in the factor.

Enter Everywhere property in 3(a). Enter NH property in 3(b). Divide 3(b) by 3(a) and enter the result 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

For the CALENDAR year **1998** or other tax year beginning

Mo	Day	Year

 and ending

Mo	Day	Year

NAME	FEI OR SS NUMBER
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WHEN TO USE THIS FORM	Use this form to detail the Net Operating Loss Carryforward amount included in the current tax year net operating loss deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the NH tax return in the year the NOL deduction is claimed.
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	(A) Ending date of tax year in which NOL occurred	(B) NOL amount available for five year carryforward period Cannot exceed \$250,000 per year and must be adjusted for Transition Credit.	(C) Amount of NOL carryforward which has been used in tax years prior to this tax year	(D) Amount of NOL to be used as a deduction in this tax year	(E) Amount of NOL to carryforward to future years
	Mo Day Yr				
1					
2					
3					
4					
5					

6 Amount of NOL carryforward deducted this tax year.
(Sum of column D, lines 1-5)6

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This is the amount to be reported on the applicable Business Profits Tax return. This amount cannot exceed the NH Adjusted Gross Business Profits before the Net Operating Loss Deduction.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E).

IMPORTANT:

A NH Net Operating Loss may be carried forward for five years following the loss year provided, however, that no loss amounts incurred prior to January 1, 1989 shall be used to calculate the NOL deduction.

Rev 303.03(c) – Carryback Of Loss Required. For purposes of calculating the amount of any net operating loss deduction allowed under RSA 77-A:4, XIII, section 172 of the Internal Revenue Code in effect on December 31, 1996 shall be followed, except that,

- (1) Any loss amount shall first be carried back to those tax years required by the Internal Revenue Code without application of the election in section 172(b) (3) and applied to any income in the carryback tax years, before any remaining loss is carried forward as a net operating loss deduction.
- (2) The carryback of losses as provided in (1) above shall result in neither an allowable net operating loss deduction in the carryback years nor a refund of previously paid taxes. Amended returns filed for such purposes shall be prohibited.
- (3) The business organization's failure to carry back net operating losses and apply them to the income of prior profitable years shall result in the loss being presumed to be fully absorbed in the carryback year(s).

The Net Operating Loss carryforward shall be apportioned pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.03(d).

SCHEDULE OF BUSINESS PROFITS TAX CREDITS

RSA 77-A:5

For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

NAME	FEI OR SS NUMBER

1 Taxes paid pursuant to RSA 83-C Franchise Tax on Public Utilities	1		
2 Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies	2		
3 Bank Franchise Tax Credit (See instructions)	3		
4 Community Development Finance Authority Credit	4		
5 Total Credits allowable pursuant to RSA 77-A:5 (Enter the sum of lines 1, 2, 3, and 4)	5		
6 Total NH Business Profits Tax	6		
7 Total amount of allowable credits (Enter the lesser of line 5 or line 6)	7		

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

INSTRUCTIONS

WHEN TO USE THIS SCHEDULE: Use Form DP-160 Schedule CR to report credits taken pursuant to RSA 77-A:5.

Line 1 Enter the total amount of taxes paid during this tax year pursuant to RSA 83-C, Franchise Tax on Public Utilities.

Line 2 Enter the total amount of taxes paid pursuant to RSA 400-A, Taxation of Insurance Companies.

Line 3 The Bank Franchise Tax Credit is available for the bank taxes that were paid for the tax year ending March 31, 1993 by any business organization which had a taxable period for purposes of the Business Profits Tax ending between July 1, 1993 and December 31, 1993. However, the aggregate amount of credits allowed cannot exceed the total Business Profits Tax due for the applicable period between July 1, 1993 and December 31, 1993. Up to 25% of the bank franchise taxes paid for the tax year ending March 31, 1993 will be allowed as a credit for each taxable period ending between July 1 and December 31, in the years 1995 through 1998.

Line 4 Community Development Finance Authority Credit, per RSA 162-L and RSA 77-A:5, V. For tax periods ending on or before 6/30/99 contributions must have been made or pledged prior to 7/1/94.

- 4(a) Community Development Authority credit for this year:\$ _____
- 4(b) Community Development Credit from prior year:.....\$ _____
- Total of 4(a) plus 4(b), not to exceed:
- \$200,000 for tax periods ending on or before 6/30/99.\$ _____
- \$1,000,000 for tax periods ending on or after 7/1/99.\$ _____ } Enter on line 4.

If any portion of the CDFA credit is claimed on line 4 of the BET return, or claimed as a credit against the NH Insurance Premium Tax, then the combined total of the CDFA credit shall not exceed \$200,000 for tax periods ending on or before 6/30/99, or \$1,000,000 for tax periods ending on or after 7/1/99.

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

Line 6 Enter the amount of NH Business Profits Tax as computed on Form NH-1120, Form NH-1065, Form NH-1040 or Form NH-1041

Line 7 Enter the lesser amount of line 5 or line 6. 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 NH Business Profits Tax return.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX – SMALL BUSINESS CORPORATIONS
COMPUTATION OF “S” CORPORATION GROSS BUSINESS PROFITS

For the CALENDER year **1998** or other tax year beginning and ending
Mo Day Year Mo Day Year

NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
------	--

WERE ANY DISTRIBUTIONS MADE TO NEW HAMPSHIRE SHAREHOLDERS? Yes _____ No _____
If yes, then you are required to file form DP-9 under separate cover by May 1, 1999 to report actual distributions to New Hampshire shareholders.

1 Income and Deductions from Federal Form 1120S. SHOW ALL LOSSES IN BRACKETS, e.g. (\$50)

- (a) Ordinary income (loss) from trade or business activities
(Federal Form 1120S, Page 1, line 21) 1(a)
- (b) Net income (loss) from rental real estate activities
(Federal Form 1120S, Schedule K, line 2) 1(b)
- (c) Net income (loss) from other rental activities
(Federal Form 1120S, Schedule K, line 3c) 1(c)
- (d) Portfolio income (loss) such as but not limited to
interest, dividend or royalty income
(Federal Form 1120S, Schedule K, lines 4a, b, c & f) 1(d)
- (e) Capital gain on the sale of assets
(Federal Form 1120S, Schedule K, lines 4d & e2) 1(e)
- (f) Net gain (loss) under section 1231
(Federal Form 1120S, Schedule K, line 5b) 1(f)
- (g) Other income (loss) from “S” corporation activities
(Federal Form 1120S, Schedule K, line 6) 1(g)
- (h) Other “S” Corporation expenses shown on Federal Form 1120S,
Schedule K, lines 7, 8, 9 &10
(Refer to Rev 302.01 for limitations)..... 1(h)
- (i) Total “S” corporation Income and deductions
[Combine lines 1(a) through 1(h)] 1(i)

2 Other deductions not included in “S” Corporation return allowable to “C” Corporations under Internal Revenue Code. (Attach supporting schedule)..... 2

3 “S” Corporation Gross Business Profits or Loss
[Combine line 1(i) and line 2.] Enter here and on page 1, line 1 of Form NH-1120..... 3

INTENT: It is the primary intent of the Department to equate the federally distinguished subchapter “S” corporations with the regular corporations. No part of this form shall be construed as to allow a greater deduction from income or inclusion to income than would be allowable for regular corporations. (Rev 302.01)

FOR ADDITIONAL INFORMATION: Please see Rev 302.01 or contact the Audit Division at (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

WHO MUST FILE: Corporations which qualify for and file as Subchapter “S” corporations for federal income tax purposes pursuant to Internal Revenue Code as amended are treated the same as corporations which file as regular corporations for federal income tax purposes. All business organizations organized as Subchapter “S” corporations for federal income tax purposes must file Form DP-120.

WHEN TO FILE: Form DP-120 must be filed with Form NH-1120.

FORM

DP-9

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

**SMALL BUSINESS CORPORATIONS ("S" Corp)
INFORMATION REPORT FOR CALENDAR YEAR 1998
DUE ON OR BEFORE MAY 1, 1999**

**DO NOT
ATTACH TO
RETURN**

NAME OF "S" CORPORATION
STREET ADDRESS
CITY, STATE, ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER
--

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

Shareholder Name and Address (New Hampshire Residents ONLY)	Shareholder Social Security Number	Amount of Distribution
	— —	\$
	— —	\$
	— —	\$
	— —	\$

If additional space is required, attach another sheet.

WHO MUST FILE: This report must be completed by every "S" corporation which has made actual distributions to its New Hampshire shareholders during the calendar 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 accumulated profits (as defined in RSA 77 and Rev. 901). Do not report the shareholder's proportionate share of the "S" corporation's income or loss as shown on their Federal Schedule K-1.

WHEN TO FILE: This report is due on or before May 1 for the preceding CALENDAR year.

NEED HELP? Call the Audit Division at (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

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

OFFICE USE ONLY

SIGNATURE OF OFFICER

SIGNATURE OF PAID PREPARER OTHER THAN TAXPAYER

TITLE

DATE

PREPARER'S IDENTIFICATION NUMBER

DATE

**THIS FORM MUST
BE MAILED
UNDER SEPARATE
COVER TO:**

NH Dept Revenue Administration
Audit Division
PO Box 457
Concord NH 03302-0457

PREPARER'S ADDRESS

CITY/TOWN STATE AND ZIP CODE

**ESTIMATED CORPORATION BUSINESS TAX
QUARTERLY PAYMENT VOUCHERS**

1 Who Must Pay Estimated Tax

Every corporation 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 exceeds \$200 for either tax. (See paragraph 6 for exceptions).

2 Where to Mail Payments

Mail estimated tax payment to:

NH Dept Revenue Administration
Document Processing Division
P.O. Box 637
Concord NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 1999
2nd quarterly payment due June 15, 1999
3rd quarterly payment due September 15, 1999
4th quarterly payment due December 15, 1999

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th, and 12th month following the close of your fiscal year.

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

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO: STATE OF NEW HAMPSHIRE.

5 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.

6 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). Please use form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, please call the forms line at (603) 271-2192.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 637, Concord, N.H. 03302-0637. Telephone (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

BUSINESS TAX – CORPORATION

1999 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment		
b Gross Business Profits Tax After Apportionment		
2 TAX		
a Line 1(a) x .0025		
b Line 1(b) x 7%		
3 CREDITS		
a RSA 162-L, CDFA		
b RSA 77-A:5 (Please be sure to include the BET Credit)		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)]		
5 Overpayment from last year		
6 Balance of Business Taxes Due (line 4 less line 5)		

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment		Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
	BET (1/4 of appropriate line 6)	BPT		
1	\$	\$	\$	April 15, 1999
2	\$	\$	\$	June 15, 1999
3	\$	\$	\$	Sept. 15, 1999
4	\$	\$	\$	Dec. 15, 1999

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX-1999**

For the CALENDAR year **1999** or other tax year beginning and ending
Mo Day Year Mo Day Year

OFFICE USE ONLY	Please Print or Type	NAME OF CORPORATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
		NUMBER AND STREET ADDRESS		
		CITY OR TOWN, STATE AND ZIP COD	Business Enterprise Tax 1 <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	
			Business Profits Tax 2 <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	
			Amount of This Payment 3 <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	
		MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637	<i>Make check payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate</i>	

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