## New Hampshire BET and BPT Corporate Test Case 4 - 2017

This test case is of a corporate Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within NH only. Furthermore, the taxpayer utilizes Net Operating Losses from two previous tax periods, which will require Form DP-132, Net Operating Loss (NOL) Deduction to be included. The amounts reported are carried over from the Federal Form 1120S (not included in test scenario). The tax due is \$3,652 prior to application of payments in the amount of \$2,900 resulting in a balance due of \$752.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, NH-1120, DP-120, DP-131-A, and DP-132

Taxpayer:

POR INC

123 MAIN ST

WOLFEBORO, NH 03894

SSN: TAXPAYER: 00-4111121

Filing Status/Entity Type: CORPORTATION

Other: Balance due \$752 after application of payments – electronic funds withdrawel available via ACH Debit.

### DO NOT STAPLE



# New Hampshire

Department of Revenue Administration

# 2017 BT-SUMMARY



### **BUSINESS TAX RETURN SUMMARY**

STEP	1 -	PRINT	OR	<b>TYPE</b>
------	-----	-------	----	-------------

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2017 or other taxable period beginning:

0 1 0 1 2 0 1 7

and ending:

1 2 3 1 2 0 1 7

Check box if there has been a name change since last filing. List former name.

Proprietorship Last Name

First Name

MI

Social Security Number

Spouse's Last Name (If property jointly owned)

If issued a DIN, DO NOT enter SSN or FEIN

First Name

MI

Social Security Number

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

**PQR INC** 

Taxpayer Identification Number

Principal Business Activity Code (Federal)

0 0 4 1 1 1 1 2 1

2 7 7 8 3 3

Number & Street Address

123 MAIN ST

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

**WOLFEBORO** 

NH

0 3 8 9 4

### STEP 2 - Return Type and Federal Information

If "yes" to the first two questions you must complete this BT-SUMMARY or your return will be considered incomplete and may be subject to penalties. Are you required to file a BET Return (Gross Business Receipts over \$208,000, or Enterprise Value Tax Base over \$104,000)?

**X** Yes

Are you required to file a BPT Return (Gross Business Income over \$50,000)?

**X** Yes

Do you file a Form 990/990T?

Yes X No

No

No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 12b on Schedule B of Federal Form 1065?

Yes X No

OR 2 - CORPORATION

3 - PARTNERSHIP

1 - PROPRIETORSHIP

AMENDED RETURN

2 - COMBINED GROUP

5 - NON-PROFIT

4 - FIDUCIARY

FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustment(s) for any federal income tax return, which adjustment(s) has not been previously reported to New Hampshire. **Do not use this form to report an IRS adjustment.** 

Enter Years Covered by IRS (MMYYYYMMYYYY).

Check Appropriate Box:



× Payment Required

Refund Request

Credit Next Year's Tax Liability

No Payment Required

Page 1 of 3



# 2017 BT-SUMMARY



### **BUSINESS TAX RETURN SUMMARY - continued**

# STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)

TEL 3 Complete the DET and To a street the	•	-							
TEP 4 - Calculate Your Balance Due or Overpay	/ment					Round to	the nearest	t whole dollar	
(a) Business Enterprise Tax Net of Statutory Credits 1(a)		2	2 0	0	0				
(b) Business Profits Tax Net of Statutory Credits 1(b)			1 6	5	2				
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))					1(c)			3 6 5	5 2
PAYMENTS									
(a) Tax paid with application for extension	2(a)		5	0	0				
(b) Total of taxable period's estimated tax payments	2(b)	2	2 4	0	0				
(c) Credit carryover from prior tax period	2(c)								
(d) Tax paid with original return (Amended returns only)	2(d)								
(e) Total of Lines 2(a) through 2(d)					2(e)			2 9	0 0
TAX DUE: (Line 1(c) minus Line 2(e))					3			7	5 2
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)								
(e) Total of Lines 4(a) through 4(d)					4(e)				
i (a) Subtotal of Amount Due (Line 3 plus Line 4(e))					5(a)			7	5 2
(b) Return Payment Made Electronically	5(b)								
(c) <b>BALANCE DUE</b> : Line 5(a) minus 5(b). Make your paymen make check payable to: <b>STATE OF NEW HAMPSHIRE</b>	it on-line at <u>ww</u>	vw.revenue.nh.gov/ or PAY THIS AMOUN	ΙΤ		5(c)			7	5 2
OVERPAYMENT: If balance due is less than zero, enter on	Line 6 6				0				
Apply overpayment amount on Line 6 to:  (a) Credit - Next Year's Tax Liability						7(a)			
(b) Refund			C	00	NOT PAY	7(b)			

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







# 2017 BT-SUMMARY



### **BUSINESS TAX RETURN SUMMARY - continued**

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

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

T	Δ,	ΧI	Δ	YER	215	SI	G١	ΙΑ	TU.	IRF	R	IN	IF	OF	٩N	IA	TI	0	'n	J
	m	$\sim$				21	911			/ L \ L	ux			$\mathbf{v}$	71 V			$\mathbf{v}$		8

Signature (in ink)

MMDDYYYY

0 4 1 1 2 0 1 8

Signature (in ink)

MMDDYYYY

Print Signatory Name & Title

CEO

**Email Address** 

CEO@PQR.COM

Phone Number

6 0 3 5 6 9 8 3 3 3

Check this box if you are filing as a surviving spouse

### PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

**MMDDYYYY** 

0 4 1 1 2 0 1 8

Printed Name of Preparer

**TAX GUYS** 

**Email Address** 

GUY@TAXGUYS.COM

Phone Number

Preparer Identification Number

6 0 3 5 6 9 1 2 1 2

P 1 1 1 2 2 2 1 2

Preparer's Address

14 LEHNER ST

Address (continued)

State

Zip Code + 4 (or Canadian Postal Code)

WOLFEBORO

City / Town

NH

0 3 8 9 4

MAIL TO: NH DRA

PO BOX 637

CONCORD NH 03302-0637

Make Check Payable to:

STATE OF NEW HAMPSHIRE



**New Hampshire**Department of
Revenue Administration

2017 BET



# **BUSINESS ENTERPRISE TAX RETURN**

Taxpayer Name												
PQRINC												
Taxpayer Identification #	MMDDYY	ΥY			Μ	MDDY	ΎΥΥ					
^ ^ 4 1 1 1 1 7 1	LENDAR year <b>2017</b> ble period beginning:	1 2 0 1	7 a	nd en	ding:	1 2	3	1	2	0	1	7
You are required to file this return if the gross busi than <b>\$208,000</b> or the enterprise value tax base is	ness receipts were greater s greater than <b>\$104,000</b> .	Check he	re if re									
					Round t							_
Total Gross Business Receipts for this business organization	n					1	0	0	0	0	0	0
1. Dividends Paid			1									
2. Compensation and Wages Paid or Accrued			2				2	7	7	7	7	7
3. Interest Paid or Accrued			3									
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)		4					2	7	7	7	7	7
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multip	olied by .0072) before credits		5						2	0	0	0
6. Enter credits against BET. Use DP-160 to determine credit a	gainst BET		6									
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Repo	ort on BT-SUMMARY Line 1(a)	TAX DUE 7							2	0	0	0
	BET CREDIT WORKSH	EET										_
1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-112	0-WE, Line 10 all other forms.				1					4 5	6	2
<ol> <li>Sum the amounts from Lines 3 through 8, Column B plus o DP-160 part B, not to exceed the amount on Line 1. Include Line 19(a) NH-1120-WE or Line 11(a) all other forms. If othe result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all</li> </ol>	e the result on the BPT return, r credits are applied, include		2	9 1	0							
Use carry forward amounts in the following order for this taxable period	A Apply Credits Here	B Sum of Cre	dit to BF	т			Exce	C ess C	redi	ts		
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	2 0 0 0		2	0 0	0							
4. Carry over BET from fifth prior taxable period												
5. Carry over BET from fourth prior taxable period												
6. Carry over BET from third prior taxable period												
7. Carry over BET from second prior taxable period												
8. Carry over BET from first prior taxable period	9 1 0			9 1	0							0



# New Hampshire Department of Revenue Administration

2017 NH-1120



Busi	iness Organization Name	BUSINESS PROFI	TS TAX RETURN	V								
PQ	R INC											
Tax	payer Identification #		MMDDYYYY			MM	/DDYY	ΥΥ				
0	0 4 1 1 1 1 2 1	For the CALENDAR year <b>2017</b> or other taxable period beginning:	0 1 0 1 2 0	1 7	and e	nding: 1	2	3 1	2	0	1 7	1
		USE FORM DP-87 TO RE	PORT IRS ADJUST	<b>IMENTS</b>								
1	FEDERAL TAXABLE INCOME/	(LOSS)			Rou	und to the	neare	st dolla	r			
	Enter Amount Reported on: If 1120, Federal Form If 1120S, DP-120. Line	1120, Line 28 2 (attach DP-120 to tax return)	į					5	0	0	0	0
2	INCREASE or DECREASE TO C	GROSS BUSINESS PROFITS TO RI	ECONCILE TO IRC	PURSUA	NT TO	RSA 77	·A:1,	XX				
	pursuant to RSA 77-A:3-b, including c	en on Federal Form 4562 in excess of the a arryover amounts deducted in this taxabl	e period 2(a)									
2(b)	Add the amount of bonus depreciation period	on taken on the federal return for assets pl	aced in service this 2(b)					3	0	0	0	0
2(c)	Add the amount of Domestic Product taxable period (does not apply to 112	ion Activities deduction taken on the fede (0S)	eral return this									
	pursuant to RSA 77-A:1, XX and 77-A:3		2(d)									
2(e)	Deduct regular depreciation related to period or for prior taxable periods	o IRC §179 and bonus depreciation not allo	owed for this taxable 2(e)						6	0	0	0
	pursuant to RSA 77-A:1, XX	ne federal return that need to be eliminate	2(f)									
2(g)	Increase or Decrease for the net gain of different State basis from the tax basis	or loss on the sale of assets used in the bus s reported on the federal return	siness which have a 2(g)									
2(h)	Net 2(a) through 2(g)		2(h)					2	2 4	0	0	0
3	Subtotal Line 1 adjusted by Line 2(h)		3					7	4	0	0	0
4	Separate entity items of income or ex	pense (attach schedule)	4									
5	Gross Business Profits (combine Line	3 and Line 4)	5					7	4	0	0	0
6	ADDITIONS AND DEDUCTION	S (RSA 77-A:4)										
6(a)	Deduct interest on direct US Obligation	ons (RSA 77-A:4, II)		6(a)								
6(b)	Add income taxes or franchise taxes n (RSA 77-A:4, VII)	neasured by income (attach schedule of ta	axes by State)	6(b)					1	1 6	3	4
6(c)	Add federal non-recognized IRC §337	Gain (RSA 77-A:4, VIII)	6(c)									
6(d)	Deduct wage adjustment required by	IRC §280C (RSA 77-A:4, IX)		6(d)								
6(e)	Add expenses related to constitution	ally exempt income (RSA 77-A:4, X)		6(e)								
6(f)	Deduct foreign dividend gross-up (IRC	§78) (RSA 77-A:4, XI)		6(f)								
6(q)	Deduct research contribution (attach	computation) (RSA 77-A:4, XII)		6(g)								



2017 NH-1120



# **BUSINESS PROFITS TAX RETURN ADJUSTMENTS TO GROSS BUSINESS PROFITS**

Business Organization Name																								-1
PQR INC																								
Taxpayer Identification #					1MI	DDY	YYY									M	MDI	DYY	ΥY			_		
0 0 4 1 1 1 2 1 For the CALENDAR or other taxable period					0	1	0	1	2	0	1	7	an	d enc	ling	j: 1	1 2	2 3	3 ′	1 2	2 0	)	1 7	1
NH-1120 continued																								_
5(h) Deduct New Hampshire Net Operating Loss Deduction (NOLD) (a)	ttac	h For	rm [	DP-13	32)	(RS	<b>4 7</b> 7	'-A:4	, XIII	)				Ro	uno	d to	the	nea	rest	doll	ar			
NOLD available 6(h) - A									2	0	0	0	0											
Less NOLD used this tax period								(	5(h)											2	0	0	0	0
NOLD to be carried forward 6(h) - B													0											
6(i) Adjustments to gross business profits required due to the increase the sale or exchange of an interest in the business organization (RS	in t 5A 7	the b	asis 1, XI	of as	sse	ts re	sult	ing	from	1														
Add the amount of the increase in the basis of assets federally, to the sale or exchange of interest in the business organization	due		ś(i) -	Α																				
Check yes if an election is being made to recognize the basis increase f If not making an election, deduct the basis increase associated sale or exchange(s). If making an election, enter zero. If reporti transactions, please attach a schedule reporting the details for transaction.	wit! ng r	h the multi h	•											(:	sche	edul	e at	tach	ied)					
Add the amount of depreciation/amortization on the federal return att to an increase in the basis of assets not recognized for NH purposes	ribu	ıtable 6	e 5(i) -	С																				
Upon the sale of assets, adjust the net gain or loss attributable to an inc in the basis of assets that has not been recognized for NH purposes	rea	ise 6	(i) -	D											ļ									
Net Lines 6(i) - A through 6(i) - D											(	5(i)												
6(j) Add Qualified Investment Company (QIC) holders proportional sha	re c	of QIC	. pr	ofits	(RS	A 7	7-A:	:4, X	<b>V</b> )		6(j)													
6(k) Deduct assistance payments under 12 USC §1823 (RSA 77-A:4, XV	l)										6(k)													
6(I) Net Lines 6(a) through 6(k)									6(I)										100	1	8	3	6	6
7 Adjusted Gross Business Profits (Sum of Lines 5 and 6(l))									7											5	5	6	3	4
8 New Hampshire Apportionment (If applicable, complete Form DP percentage from Form DP-80, Line 5)	-80	BPT	Арр	ortio	onr	nen	Sc E	hed xem	ıle. pt u	Ente nde	r r P.l	86-	272		8	0	1		0	0	0	0	0	0
9 New Hampshire Taxable Business Profits (Line 7 multiplied by Line	8.	lf neg	gati	ve, e	nte	r ze	ro)				9									5	5	6	3	4
10 Compute tax (Line 9 multiplied by 8.2%)											10										4	5	6	2



2017 NH-1120



# **BUSINESS PROFITS TAX RETURN ADJUSTMENTS TO GROSS BUSINESS PROFITS**

Business Organization Name									
PQR INC									
Taxpayer Identification #		MMDDYYYY		MMDE	YYYY	′			
0 0 4 1 1 1 1 2 1	For the CALENDAR year <b>2017</b> or other taxable period beginning:	0 1 0 1 2 0 1 7	and ending:	1 2	3	1	2 (	) 1	7
NH-1120 continued									
			Round	to the	neare	st do	llar		
11 (a) BET Credit only - see Form BET Cre	dit Worksheet	11(a)		Ш			2	9	1
-OR- (b) Other credit including BET (attack	n Form DP-160)		11(b)						
12 New Hampshire Business Profits Tax N as applicable, cannot be less than zero	et of Statutory Credits (Line 10 minus Line	11(a) or 11(b),					1	6	5



2017 DP-120



# **COMPUTATION OF S CORPORATION GROSS BUSINESS PROFITS**

Business Organization Name										-
PQRINC										
Taxpayer Identification # MMDDYYYY			MM	DDY	YYY					
0 0 4 1 1 1 1 2 1 For the CALENDAR year <b>2017</b> or other taxable period beginning: 0 1 0 1 2 0		and ending		2		_	2 (	-	1 7	_
WERE ANY DISTRIBUTIONS MADE TO NEW HAMPSHIRE SHAREHOLDERS / MEMBERS?  If yes, then file Form after the end of the one of	calendar	year to repor	rt act	er on cual c	or be	efoi out	re M ions	lay s to	1st	
1 INCOME AND DEDUCTIONS FROM FEDERAL FORM 1120S, SCHEDULE K		Round to		COR e nea		who	ole (	llob	ar	
1(a) Enter the amount of ordinary business income (loss) reported on Federal Form 1120S, Schedule K, Line 1	1(a)					6	0	0	0	0
1(b) Enter the amount of net rental real estate income (loss) reported on Federal Form 1120S, Schedule K, Line 2	1(b)					1	0	0	0	0
1(c) Enter the amount of other net rental income (loss) reported on Federal Form 1120S, Schedule K, Line 3(c)	1(c)									
1(d) Enter the amount of interest income reported on Federal Form 1120S, Schedule K, Line 4	1(d)									
1(e) Enter the amount of dividend income reported on Federal Form 1120S, Schedule K, Line 5(a)	1(e)									
1(f) Enter the amount of royalty income reported on Federal Form 1120S, Schedule K, Line 6	1(f)									
1(g) Enter the amount of net short term capital gains, but not below zero, reported on Federal Form 1120S, Schedule K, Line 7	1(g)									
If net short term loss, enter loss here										
1(h) Enter the amount of net long term capital gains, but not below zero, reported on Federal Form 1120S, Schedule K, Line 8(a). (Net short term capital loss (from Line 1(g) above) netted against net long term gain)	1(h)									
1(i) Enter the amount of net §1231 gain (loss) reported on Federal Form 1120S, Schedule K, Line 9	1 (i)								L	
1(j) Enter the amount of other income (loss) reported on Federal Form 1120S, Schedule K, Line 10	1 (j)								L	
1(k) Enter the amount of any other item of income (loss) not reported on Federal Form 1120S, Schedule K, that should be included in gross business profits	1(k)								1	
1(I) Enter the amount of Section 179 deduction reported on Federal Form 1120S, Schedule K, Line 11	1(l)					2	0	0	0	0
1(m) Enter the amount of charitable contributions reported on Federal Form 1120S, Schedule K, Line 12(a). Form 1120S must follow C-CORP limitations	1(m)									
1(n) Enter the amount of investment interest expense reported on Federal Form 1120S, Schedule K, Line 12(b)	1(n)									
1(o) Enter the amount of IRC §59(e)(2) expenditures reported on Federal Form 1120S, Schedule K, Line 12(c)	1(0)									
1(p) Enter the amount of other deductions reported on Federal Form 1120S, Schedule K, Line 12(d)	1(p)									
1(q) Enter the amount of foreign taxes paid or accrued as reported on Federal Form 1120S, Schedule K, Line 14(l)	1(q)								L	
Combine Lines 1(a) through 1(k) and from the result subtract the sum of Lines 1(l) through 1(q). Report on NH-1120-WE, Schedule I-A, Line 2 or NH-1120 Line 1						5	0	0	0	0



2017 DP-131-A



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

(SEE RSA 77-A:4, XIII)

### LINE 1

Enter this tax period's NOL as defined in the United States Income Tax Regulations relative to IRC § 172 in effect pursuant to RSA 77-A:4, XIII. If a gain or zero, **DO NOT** use this worksheet. (Business organizations not qualifying for treatment as a Subchapter "C" Corporation under the IRC should calculate their NOL as if the business organization were a Subchapter "C" Corporation). The line references for each tax year are listed below for your reference. Use the line reference that correspond with the tax year for which this form is being used.

#### LINE 2

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

### LINE 3

Enter the amount of Line 1 multiplied by Line 2.

#### LINE 4

For taxable periods ending from July 1, 2005 to December 31, 2012, \$1,000,000 is the maximum amount that may be carried forward each year.

For taxable periods ending on or after January 1, 2013 forward, \$10,000,000 is the maximum amount that may be carried forward each year.

#### LINE

Enter the lesser of Line 3 or Line 4. This is your New Hampshire NOL available from the current tax period for carryforward. Enter this amount on Form DP-132, Column R

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

Business Organization	Name														
PQR INC												10			
Taxpayer Identificatio	n #		MMDDYYYY					MM	1DD'	YYYY	1				
0 0 4 1 1	For the C	ALENDAR year <b>2017</b> able period beginning:	0 1 0 1 2	0 1	4	and end	ling:	1	2	3	1	2	0	1	4
The amount of the o	urrent period NOL (See entity type line	references below)		1							1	0	0	0	C
Proprietorship: Fiduciary: Partnership: Corporation:	July 1, 2005 - Tax Year 2010 Line 6 of NH-1040 Line 6 of NH-1041 Line 5 of NH-1065 Line 1(c) of NH-1120	Line 3 adjusted Line 3 adjusted	by Line 4 of NH-1040 by Line 4 of NH-1041 by Line 4 of NH-1065 by Line 4 of NH-1120			Tax Ye Line 5 Line 5 Line 5 Line 5	of N of N of N of N	H-10 H-10 H-10 H-1	040 041 065 120	sent	Ē				
Combined:	Line 1(c) of NH-1120-WE	Line 11(c) of NF	-1120-WE			Line 1	1(c)	of N	H-11	20-	WE				
Combined:	Line 1(c) of NH-1120-WE rtionment percentage from Form DP-8			2		Line 1	1(c) ( 0	of N 1	H-11			0	0	0	(
Combined: Current period appo				3				of N	H-11			0		0	
Combined: Current period appo Apportionment limit	rtionment percentage from Form DP-8							of N 1	H-111		0		À		



2017 DP-131-A



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

(SEE RSA 77-A:4, XIII)

### LINE 1

Enter this tax period's NOL as defined in the United States Income Tax Regulations relative to IRC § 172 in effect pursuant to RSA 77-A:4, XIII. If a gain or zero, **DO NOT** use this worksheet. (Business organizations not qualifying for treatment as a Subchapter "C" Corporation under the IRC should calculate their NOL as if the business organization were a Subchapter "C" Corporation). The line references for each tax year are listed below for your reference. Use the line reference that correspond with the tax year for which this form is being used.

#### LINE 2

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

### LINE 3

Enter the amount of Line 1 multiplied by Line 2.

#### LINE 4

For taxable periods ending from July 1, 2005 to December 31, 2012, \$1,000,000 is the maximum amount that may be carried forward each year.

For taxable periods ending on or after January 1, 2013 forward, \$10,000,000 is the maximum amount that may be carried forward each year.

#### LINE

Enter the lesser of Line 3 or Line 4. This is your New Hampshire NOL available from the current tax period for carryforward. Enter this amount on Form DP-132, Column B.

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

Business Organization	) Name															
PQR INC																
Taxpayer Identificatio	n #		MMDDYYYY					1	MM	DDY	YYY	,				
0 0 4 1 1	For the C	ALENDAR year <b>2017</b> Able period beginning:	0 1 0	1 2 0	1	5	and end	ing:	1	2	3	1	2	0	1	5
1 The amount of the c	current period NOL (See entity type line	references below)			ï							1	0	0	0	0
Proprietorship: Fiduciary: Partnership: Corporation:	July 1, 2005 - Tax Year 2010 Line 6 of NH-1040 Line 6 of NH-1041 Line 5 of NH-1065 Line 1(c) of NH-1120	Tax Year 2011 Line 3 adjusted	by Line 4 of NH by Line 4 of NH	l-1041 l-1065			Tax Ye Line 5 Line 5 Line 5 Line 5	of NI of NI of NI	H-10 H-10 H-10	040 041 065	sent					
	• •	Line 11(c) of NH		11120			Line 1	1(c) c	of N		20-\	ΝE				
Combined:	Line 1(c) of NH-1120-WE rtionment percentage from Form DP-80	Line 11(c) of NF	1-1120-WE	1120	2			1(c) c	of N	H-11			0	0	0	0
Combined: Current period appo	Line 1(c) of NH-1120-WE	Line 11(c) of NH	1-1120-WE	11120	2		Line 1	Ė	of N	H-11			0	0		
Combined: Current period appo Apportionment limit	Line 1(c) of NH-1120-WE rtionment percentage from Form DP-80	Line 11(c) of NH	1-1120-WE	11120			Line 1	Ė	1 1	H-11	0	0	0	0		0



2017 DP-132



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

Business Organization N	ame																		
PQR INC																			
Taxpayer Identification #			MMI	DDY	YYYY	,						MM	IDDY	/YYY	,				
0 0 4 1 1 1	1 2 1	For the CALENDAR year <b>2017</b> or other taxable period beginning:	0	1	0	1	2	0	1	7	and ending:	1	2	3	1	2	0	1	7

	E		ing peri	olur date od ir L occ	of n w	taxa hich		!	Column B  New Hampshire NOL available for carryforward from DP-131-A	Column C  Amount of NOL carry forward which has been used in taxable periods prior to this taxable period	Column D  Amount of NOL to be used as a deduction in this taxable period	Column E Amount of NOL to carryforward to future taxable period
1	1	2	3	1	2	0	1	4	10000		10000	0
2	1	2	3	1	2	0	1	5	10000		10000	0
3									W			
4												
5												
6												
7												
8												
9												
10												
11									20000		20000	0

Line 11 - Total Columns B, C, D, & E (Sum Lines 1 - 10 in each respective column).

The amount of NOL carryforward deducted this taxable period is Column D, Lines 11.

This is the amount to be reported on the applicable Business Profits Tax return.

**NOTE:** Column B less Column C should equal the sum of Column D plus Column E. This amount cannot reduce New Hampshire Adjusted Gross Business Profits below zero.

