



**This form should be completed if filing a NH-1120-WE or if New Hampshire apportionment is less than 100%**

**BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION**

Business Organization Name

Taxpayer Identification #

MMDDYYYY

MMDDYYYY

For the CALENDAR year **2018**  
or other taxable period beginning:

and ending:

**YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME IS GREATER THAN \$50,000.**

If the business organization is a partnership the due date of the return is the FIFTEENTH DAY OF THE THIRD MONTH FOLLOWING THE END OF THE TAXABLE PERIOD. If the business organization is not a partnership the due date of the return is the FIFTEENTH DAY OF THE FOURTH MONTH FOLLOWING THE END OF THE TAXABLE PERIOD.

Principal Business Activity in New Hampshire

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc.

Check box and attach a list if more space is required

  
  
  



Year first NH return filed

State of Incorporation

City, State and Country where records are located

City / Town

State

Country

Business locations outside of New Hampshire

Check box and attach a list if more space is required

City / Town

State

Registered to do  
business in state  
where located?

Files returns  
in state  
where located?

Apportion sales, payroll  
and/or property in state  
where located?

Type of Business

City / Town

State

Type of Business

City / Town

State

Type of Business



**BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued**

Business Organization Name

Taxpayer Identification #

MMDDYYYY

For the CALENDAR year **2018**  
or other taxable period beginning:

and ending:

MMDDYYYY

Is the business organization filing its tax return  
on an IRS approved 52/53 week tax year?

Yes  No

If yes, provide the date  
the period begins

MMDDYYYY

and  
ends

MMDDYYYY

Is this business organization affiliated with any other business organization that files business tax returns with this Department?

Yes  No

Identify affiliated business organization by name and FEIN

Check box and attach a list if more space is required

FEIN



Does the business organization file as part of a unitary group in any other jurisdiction?

Yes  No

Is the business organization  
registered with the NH Secretary of State?

Yes  No

If YES, provide  
Business ID

If YES, provide YEAR  
registered

In which state is the business organization domiciled?:

State

Did the business organization have a change in income due to a final adjustment determined by a court, the Internal Revenue Service, or another state's taxing authority since its most recent filing of a NH BPT return (prior to this return)?

Yes  No

If yes, provide full details. Use additional sheet(s) if necessary.