





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

| year 2016 beginning: | MMDDY | YYY | | | |
|--------------------------------|---|---|--|---|--|
| | MMDDYYYY D16 | | | | DYYYY |
| | | | | and ending: | |
| S PROFIT | 'S TA) \N \$5 | (RETURN 0,000. | IF GR | OSS BUSINES | S INCOME |
| HE TAXABLE f the return is | Principal Business Activity in New Hampshire | | | | |
| offices, ware | houses | etc. | | | |
| | | | | | |
| | | | | | |
| | | | | | Year first NH return file |
| | | | | | |
| | | | | | State of Incorporation |
| | | | | | |
| | | | | 1 | |
| S | tate | Country | | | |
| | | | | | |
| | | | | Answer Yes or No | |
| | | | | Files returns | Apportion sales, payrol and/or property in state |
| S | tate | | | where located? | where located? |
| | | | | | |
| | | | | | |
| | | | | | |
| S | tate | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| S | tate | | | | |
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| f | ATER THA return is the THE TAXABLE f the return is THE TAXABLE s offices, ware | ATER THAN \$5 return is the THE TAXABLE f the return is THE TAXABLE | ATER THAN \$50,000. return is the HE TAXABLE f the return is THE TAXABLE Soffices, warehouses, etc. State Country State State State State State State State State State | ATER THAN \$50,000. return is the HE TAXABLE f the return is THE TAXABLE soffices, warehouses, etc. State S | Principal Business Activity in New Hampshire Principal Business In State Pr |







BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued

| Business Organization Name | | | | |
|--|-------------------|----------------------------|--|--|
| Taxpayer Identification # For the CALENDAR year 2016 or other taxable period beginning: | MMDDYYYY and endi | MMDDYYYY | | |
| Is the business organization filing its tax return on an IRS approved 52/53 week tax year? Yes No the period beg | | | | |
| Is this business organization affiliated with any other business organization that file Identify affiliated business organization by name and FEIN | | Yes No FEIN | | |
| Does the business organization file as part of a unitary group in any other jurisdiction | on? | Yes No | | |
| Yes No | | YES, provide YEAR gistered | | |
| In which state is the business organization domiciled?: | | | | |
| Did the business organization have a change in income due to a final adjustment d Revenue Service, or another state's taxing authority since its most recent filing of a If yes, provide full details. Use additional sheet(s) if necessary. | | Yes No | | |
| | | | | |