



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

For the CALENDAR year **2024** or
other taxable period beginning:

and ending:

MMDDYYYY

YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME IS GREATER THAN \$103,000.

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

Answer Yes or No

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

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

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



BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued

Business Organization Name

Taxpayer Identification #

For the CALENDAR year **2024** or
other taxable period beginning:

MMDDYYYY

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.