

New Hampshire BET and BPT Fiduciary Test Case 3 - 2017

This test case is of a fiduciary Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within and without NH. The amounts reported are carried over from the Federal Form 1041 (not included in test scenario). The tax due is \$115,310 prior to application of payments in the amount of \$120,000 resulting in an overpayment of \$4690.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET-80, NH-1041, ADDLINFO, DP-80, DP-131-A and DP-132

Taxpayer:

MARY IRREVOCABLE TRUST

35 PLEASANT ST

PETERBOROUGH, NH 03458

SSN: TAXPAYER: 81-7111111

Filing Status/Entity Type: FIDUCIARY

Other: Overpayment of \$4690 - \$4000 credit to next year's tax liability and a requested refund of \$690. No electronic funds transfer available.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2017 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

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.

Empty text box for former name

Proprietorship Last Name

Empty text box for Proprietorship Last Name

First Name

MI

Social Security Number

Empty text box for First Name

Empty text box for MI

Empty text box for Social Security Number

If issued a DIN, DO NOT enter SSN or FEIN

Spouse's Last Name (If property jointly owned)

Empty text box for Spouse's Last Name

First Name

MI

Social Security Number

Empty text box for First Name

Empty text box for MI

Empty text box for Social Security Number

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

MARY IRREVOCABLE TRUST

Taxpayer Identification Number

8 1 7 1 1 1 1 1 1

Principal Business Activity Code (Federal)

1 2 3 4 5 6

Number & Street Address

35 PLEASANT ST

Address (continued)

Empty text box for address continuation

City / Town

PETERBOROUGH

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 4 5 8

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 No

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

X Yes No

Do you file a Form 990/990T?

Yes X 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

X 4 - FIDUCIARY

FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustment(s) or 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)

Empty text box for years covered by IRS

Check Appropriate Box:

Payment Required

Refund Request

Credit Next Year's Tax Liability

No Payment Required



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)

STEP 4 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

1 (a) Business Enterprise Tax Net of Statutory Credits	1(a)	1 1 5 0 6 7	
(b) Business Profits Tax Net of Statutory Credits	1(b)		
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)		1 1 5 0 6 7
2 PAYMENTS			
(a) Tax paid with application for extension	2(a)	2 0 0 0 0	
(b) Total of taxable period's estimated tax payments	2(b)	2 0 0 0 0	
(c) Credit carryover from prior tax period	2(c)	8 0 0 0 0	
(d) Tax paid with original return (Amended returns only)	2(d)		
(e) Total of Lines 2(a) through 2(d)	2(e)		1 2 0 0 0 0
3 TAX DUE: (Line 1(c) minus Line 2(e))	3		- 4 9 3 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)		
(e) Total of Lines 4(a) through 4(d)	4(e)		
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)		- 4 9 3 3
(b) Return Payment Made Electronically	5(b)		
(c) BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.revenue.nh.gov/ or make check payable to: STATE OF NEW HAMPSHIRE	PAY THIS AMOUNT		0
6 OVERPAYMENT: If balance due is less than zero, enter on Line 6	6	4 9 3 3	
7 Apply overpayment amount on Line 6 to:			
(a) Credit - Next Year's Tax Liability	7(a)		4 0 0 0
(b) Refund	7(b)	DO NOT PAY	9 3 3

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



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.

TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink)

MMDDYYYY

0 9 2 6 2 0 1 8

Signature (in ink)

MMDDYYYY

Print Signatory Name & Title

MARY PHILLIP

Email Address

MARY@GMAIL.COM

Phone Number

6 0 3 2 3 0 5 0 5 1

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

0 9 2 6 2 0 1 8

Printed Name of Preparer

TEST PREPARER

Email Address

EMAIL@TAXES.COM

Phone Number

6 0 3 5 5 0 4 5 1 6

Preparer Identification Number

P 1 1 1 1 1 1 1 1

Preparer's Address

10 MAIN ST

Address (continued)

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 1

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE



BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

MMDDYYYY

and ending: 1 2 3 1 2 0 1 7

You are required to file this return if the gross business receipts were greater than **\$208,000** or the enterprise value tax base is greater than **\$104,000.**

Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization

		5 6 2 5 6 4 1 2
1. Dividends Paid	1	2 1 0 5 9 0
2. Compensation and Wages Paid or Accrued	2	1 5 4 4 6 5 4 0
3. Interest Paid or Accrued	3	3 2 4 4 0 3
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4	1 5 9 8 1 5 3 3
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0072) before credits	5	1 1 5 0 6 7
6. Enter credits against BET. Use DP-160 to determine credit against BET	6	
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a)	TAX DUE 7	1 1 5 0 6 7

BET CREDIT WORKSHEET

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms.		1	7 1 3 8 5
2. Sum the amounts from Lines 3 through 8, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.		7 1 3 8 5	
Use carry forward amounts in the following order for this taxable period	A	B	C
	Apply Credits Here	Sum of Credit to BPT	Excess Credits
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	1 1 5 0 6 7	7 1 3 8 5	4 3 6 8 2
4. Carry over BET from fifth prior taxable period	2 3 0 0	0	
5. Carry over BET from fourth prior taxable period	4 2 5 3 0	0	4 2 5 3 0
6. Carry over BET from third prior taxable period	1 6 2 5 0	0	1 6 2 5 0
7. Carry over BET from second prior taxable period	7 5 6 8		7 5 6 8
8. Carry over BET from first prior taxable period	5 2 3 5 7		5 2 3 5 7



BUSINESS ENTERPRISE TAX APPORTIONMENT

Business Organization Name

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

MMDYYYY

and ending: 1 2 3 1 2 0 1 7

SECTION I - APPORTIONMENT FACTORS
See General Instructions

Compensation and Wages Factor

Round to the nearest whole dollar

1	New Hampshire Compensation and Wages Paid or Accrued	1	15450732
2	Everywhere Compensation and Wages Paid or Accrued	2	18395556
3	COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places	3	00.839917

Interest Factor

4	Average of New Hampshire Property	4	19527805
5	Average of Everywhere Property	5	25373533
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26 below. Express to six decimal places	6	00.769613

Dividend Factor

7	New Hampshire Sales	7	46928543
8	Everywhere Sales	8	52798645
9	Sales Factor (Line 7 divided by Line 8). Express to six decimal places	9	00.888821
10	Subtotal (Sum of Lines 3, 6 and 9)	10	02.498351
11	DIVIDEND FACTOR Enter Line 10 divided by the number of factors in the subtotal. Enter this amount on Line 15 below. Express to six decimal places	11	00.832784



0BET801721862

BUSINESS ENTERPRISE TAX APPORTIONMENT - continued

Business Organization Name

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

MMDDYYYY

and ending: 1 2 3 1 2 0 1 7

SECTION II - BUSINESS ENTERPRISE TAX BASE APPORTIONMENT
See General Instructions

Dividend Apportionment

Round to the nearest whole dollar

12	Dividends Paid	12	2 4 5 0 0 0	
13	LESS: Dividend Deduction	13		
14	Subtotal (Line 12 minus Line 13)	14		2 4 5 0 0 0
15	Dividend Apportionment Factor (From Line 11 above)	15	0 0 . 8 3 2 7 8 4	
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	2 0 4 0 3 2	
17	TOTAL TAXABLE DIVIDENDS (From Line 16) IF NEGATIVE, ENTER ZERO. Enter this amount on Form BET, Line 1	17		2 0 4 0 3 2

Compensation and Wages Apportionment

18	Everywhere Compensation and Wages Paid or Accrued	18	1 8 3 9 5 5 6	
19	LESS: Retained Compensation	19		
20	Subtotal (Line 18 minus Line 19)	20		1 8 3 9 5 5 6
21	Compensation Apportionment Factor (From Line 3 above)	21	0 0 . 8 3 9 9 1 7	
22	Taxable Compensation (Line 20 multiplied by Line 21)	22		1 5 4 5 0 7 4
23	LESS: Dividend Offset	23		
24	TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2	24		1 5 4 5 0 7 4

Interest Apportionment

25	Interest Paid or Accrued	25	4 2 1 5 1 5	
26	Interest Apportionment Factor (From Line 6 above)	26	0 0 . 7 6 9 6 1 3	
27	Taxable Interest (Line 25 multiplied by Line 26)	27	3 2 4 4 0 3	
28	LESS: Dividend Offset	28		
29	TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3	29		3 2 4 4 0 3



BUSINESS PROFITS TAX RETURN

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

For the CALENDAR year **2017**
 or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 7

and ending:

MMDDYYYY

1 2 3 1 2 0 1 7

1 GROSS BUSINESS PROFITS

Round to the nearest whole dollar

1(a) Interest income reported on Federal Form 1041, Line 1	1(a)							1	7	5	6	9	8	2
1(b) Total Dividends reported on Federal Form 1041, Line 2(a)	1(b)							6	3	1	5	4		
1(c) Business income or (loss) reported on Federal Form 1041, Line 3	1(c)													
1(d) Net Capital gains or (loss) reported on Federal Form 1041, Line 4	1(d)							6	2	3	2	0		
1(e) Rents, and royalties reported on Federal Form 1041, Line 5	1(e)													
1(f) Farm Income or (loss) reported on Federal Form 1041, Line 6	1(f)							1	8	7	6	6	2	
1(g) Ordinary gain or (loss) reported on Federal Form 1041, Line 7	1(g)							5	2	5	0	0		
1(h) Other income reported on Federal Form 1041, Line 8	1(h)							6	1	0	3	0		
1(i) Other business expenses not reported above (attach schedule)	1(i)							4	2	0	0	0		
1(j) Business profits from business activity of an association or trust (Combine Lines 1(a) through 1(h) and from the result subtract Line 1(i))	1(j)							2	1	4	1	6	4	8

2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE TO IRC PURSUANT TO RSA 77-A:1, XX

2(a) Add amount of IRC §179 expense taken on federal return in excess of the amount permitted pursuant to RSA 77-A:3-b, including carryover amounts deducted in this taxable period	2(a)							2	7	6	2	4	0	
2(b) Add the amount of bonus depreciation taken on the federal return for assets placed in service this period	2(b)							7	5	9	0	0		
2(c) Add any other deductions taken on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX and 77-A:3-b, III	2(c)							7	8	9	0			
2(d) Deduct additional depreciation related to IRC §179 and bonus depreciation not allowed for this taxable period or for prior taxable periods	2(d)													
2(e) Deduct any other items included on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX	2(e)							7	5	6	4	5		
2(f) Increase or Decrease the net gain or loss on the sale of assets used in the business that have a different state basis from the tax basis reported on the federal return	2(f)							2	3	6	4	5	5	
2(g) Net Lines 2(a) through 2(f)	2(g)							5	2	0	8	4	0	
3 Subtotal Line 1(j) adjusted by Line 2(g)	3							2	6	6	2	4	8	8
4 Separate entity items of income or expense (attach schedule)	4													
5 Gross Business Profits (combine Line 3 and Line 4)	5							2	6	6	2	4	8	8



0010411721862

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

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name
MARY IRREVOCABLE TRUST

Taxpayer Identification #
8 1 7 1 1 1 1 1 1

For the CALENDAR year **2017**
or other taxable period beginning:

MMDDYYYY
0 1 0 1 2 0 1 7

and ending: MMDDYYYY
1 2 3 1 2 0 1 7

1041 continued

6 ADDITIONS AND DEDUCTIONS (RSA 77-A:4)

Round to the nearest whole dollar

6(a) Deduct interest and dividends subject to tax under RSA 77 (RSA 77-A:4, I) (no longer applies to trusts)	6(a)	1 5 7 0 3 0 0
6(b) Deduct interest on direct US Obligations (RSA 77-A:4, II)	6(b)	3 0 4 2 6 7 2
6(c) Add income taxes or franchise taxes measured by income (attach schedule of taxes by state) (RSA 77-A:4, VII)	6(c)	1 5 0 0 0 0 0
6(d) Deduct wage adjustment required by IRC §280C (RSA 77-A:4, IX)	6(d)	1 5 8 6 8 0
6(e) Add expenses related to constitutionally exempt income (RSA 77-A:4, X)	6(e)	1 0 5 0
6(f) Deduct research contribution (attach computation) (RSA 77-A:4, XII)	6(f)	
6(g) Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA-77-A:4, XIII)		
NOLD available	6(g) - A	7 9 2 4 5 0
Less NOLD used this tax period	6(g)	7 5 0 0 0 0
NOLD to be carried forward	6(g) - B	4 2 4 5 0
6(h) Adjustments to gross business profits required due to the increase in the basis of assets resulting from the sale or exchange of an interest in the business organization (RSA 77-A:4, XIV)		
Add the amount of the increase in the basis of assets federally, due to the sale or exchange of an interest in the business organization	6(h) - A	6 7 3 5 2 0
Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above <input checked="" type="checkbox"/> Yes Multiple Transactions (schedule attached) <input checked="" type="checkbox"/> Yes		
If not making an election, deduct the basis increase associated with the sale or exchange(s). If making an election, enter zero. If reporting multiple transactions, please attach a schedule reporting the details for each transaction.	6(h) - B	0
Add the amount of depreciation/amortization on the federal return attributable to an increase in the basis of assets not recognized for NH purposes	6(h) - C	7 3 2 2 0
Upon the sale of assets, adjust the net gain or loss attributable to an increase in the basis of assets that was not recognized for NH purposes	6(h) - D	1 2 4 7 8
Net Lines 6(h) - A through 6(h) - D	6(h)	7 5 9 2 1 8



BUSINESS PROFITS TAX RETURN
ADJUSTMENTS TO GROSS BUSINESS PROFITS

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

6(i)	Add Qualified Investment Company (QIC) holders' proportional share of QIC profits (RSA 77-A:4, XV)	6(i)								1	6	3	1	1	9	2		
6(j)	Deduct assistance payments under 12 USC § 1823 (RSA 77-A:4, XVI)	6(j)																
6(k)	Net Lines 6(a) through 6(j)	6(k)							-	1	6	3	0	1	9	2		
7	Adjusted Gross Business Profits (Sum of Lines 5 and 6(k))	7								1	0	3	2	2	9	6		
8	New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 5)	8								0	0	.	8	4	3	3	1	6
9	New Hampshire Taxable Business Profits (Line 7 multiplied by Line 8. If negative, enter zero.)	9								8	7	0	5	5	2			
10	Compute tax (Line 9 multiplied by 8.2%)	10								7	1	3	8	5				
11(a)	BET Credit only - see BET Credit Worksheet	11(a)								7	1	3	8	5				
-OR-																		
11(b)	Other credits including BET (attach Form DP-160)	11(b)																
12	New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 11(a) or 11(b), as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)	12																0



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

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

For the CALENDAR year **2017**
or other taxable period beginning:

MMDYYYYY

0 1 0 1 2 0 1 7

and ending:

MMDYYYYY

1 2 3 1 2 0 1 7

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

TEST

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

Check box and attach a list if more space is required

10 MANOR RD CONCORD NH 03301

25 CENTRAL ST SUNAPEE NH 03782

2 0 1 0

Year first NH return filed

NH

State of Incorporation

City, State and Country where records are located

City / Town

CONCORD

State

NH

Country

US

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

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1 1

For the CALENDAR year **2017**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 7

and ending:

MMDDYYYY

1 2 3 1 2 0 1 7

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

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.



BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT

Business Organization Name

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

and ending:

MMDDYYYY

1 2 3 1 2 0 1 7

	1(a) Everywhere (Denominator)	1(b) New Hampshire (Numerator)	1(c) Sales/Receipts Factor
1 SALES/RECEIPTS FACTOR	52789645	46928543	
1(c) Divide 1(b) by 1(a) and multiply by 2		(Express as a decimal to 6 places)	0 1 . 7 7 7 9 4 5
	2(a) Everywhere (Denominator)	2(b) New Hampshire (Numerator)	2(c) Payroll Factor
2 PAYROLL FACTOR	16895556	13950732	
2(c) Divide 2(b) by 2(a)		(Express as a decimal to 6 places)	0 0 . 8 2 5 7 0 4

	3(a) Everywhere (Denominator)		3(b) New Hampshire (Numerator)	
	Beginning of Period	End of Period	Beginning of Period	End of Period
3 PROPERTY FACTOR				
Inventory	13578263	14789000	Inventory	9768210
Buildings	8752057	8752057	Buildings	6958211
Furniture & Fixtures	876543	876543	Furniture & Fixtures	685799
Leasehold Improvements	275575	275575	Leasehold Improvements	197346
Land	78200	78200	Land	69200
Other Tangible Assets	7526	7526	Other Tangible Assets	7526
Subtotal	23568164	24778901	Subtotal	17686292
Average of Subtotals		24173533	Average of Subtotals	19127805
Rented Property (annual rate x 8)		1200000	Rented Property (annual rate x 8)	400000
Total EVERYWHERE Property		25373533	Total NEW HAMPSHIRE Property	19527805
3(c) Divide 3(b) total by 3(a) total		(Express as a decimal to 6 places)		0 0 . 7 6 9 6 1 3

4 TOTAL OF LINES 1(c), 2(c) and 3(c)	4	0 3 . 3 7 3 2 6 2
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.	5	0 0 . 8 4 3 3 1 6



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 5

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

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 4

MMDDYYYY

and ending: 1 2 3 1 2 0 1 4

1 The amount of the current period NOL (See entity type line references below)

1

3 9 7 7 5 5

	<u>July 1, 2005 - Tax Year 2010</u>	<u>Tax Year 2011</u>
Proprietorship:	Line 6 of NH-1040	Line 3 adjusted by Line 4 of NH-1040
Fiduciary:	Line 6 of NH-1041	Line 3 adjusted by Line 4 of NH-1041
Partnership:	Line 5 of NH-1065	Line 3 adjusted by Line 4 of NH-1065
Corporation:	Line 1(c) of NH-1120	Line 3 adjusted by Line 4 of NH-1120
Combined:	Line 1(c) of NH-1120-WE	Line 11(c) of NH-1120-WE

Tax Year 2012 - Present
Line 5 of NH-1040
Line 5 of NH-1041
Line 5 of NH-1065
Line 5 of NH-1120
Line 11(c) of NH-1120-WE

2 Current period apportionment percentage from Form DP-80, expressed to six decimal places

2

0 0 0 . 8 4 3 3 1 6

3 Apportionment limitations (Line 1 multiplied by Line 2)

3

3 3 5 4 3 3

4 Statutory limitations (See instructions above)

4

1 0 0 0 0 0 0 0

5 New Hampshire NOL available for carryforward (the lesser amount of Line 3 or Line 4)

5

3 3 5 4 3 3



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 5

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

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 5

MMDDYYYY

and ending: 1 2 3 1 2 0 1 5

1 The amount of the current period NOL (See entity type line references below)

1

5 8 7 2 8 0

	<u>July 1, 2005 - Tax Year 2010</u>	<u>Tax Year 2011</u>
Proprietorship:	Line 6 of NH-1040	Line 3 adjusted by Line 4 of NH-1040
Fiduciary:	Line 6 of NH-1041	Line 3 adjusted by Line 4 of NH-1041
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Corporation:	Line 1(c) of NH-1120	Line 3 adjusted by Line 4 of NH-1120
Combined:	Line 1(c) of NH-1120-WE	Line 11(c) of NH-1120-WE

Tax Year 2012 - Present
Line 5 of NH-1040
Line 5 of NH-1041
Line 5 of NH-1065
Line 5 of NH-1120
Line 11(c) of NH-1120-WE

2 Current period apportionment percentage from Form DP-80, expressed to six decimal places

2

0 0 0 . 8 4 3 3 1 6

3 Apportionment limitations (Line 1 multiplied by Line 2)

3

4 9 5 2 6 3

4 Statutory limitations (See instructions above)

4

1 0 0 0 0 0 0 0

5 New Hampshire NOL available for carryforward (the lesser amount of Line 3 or Line 4)

5

4 9 5 2 6 3



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 5

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

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 6

MMDDYYYY

and ending: 1 2 3 1 2 0 1 6

1	The amount of the current period NOL (See entity type line references below)	1	1 9 1 8 0 7																								
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NET OPERATING LOSS (NOL) DEDUCTION

Business Organization Name

MARY IRREVOCABLE TRUST

Taxpayer Identification #

8 1 7 1 1 1 1 1 1

MMDYYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

MMDYYYYY

and ending: 1 2 3 1 2 0 1 7

	Column A Ending date of taxable period in which NOL occurred.	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	3 3 5 4 3 3	2 0 0 0 0 0	1 3 5 4 3 3	0
2	1 2 3 1 2 0 1 5	4 9 5 2 6 3		4 9 5 2 6 3	0
3	1 2 3 1 2 0 1 6	1 6 1 7 5 4		1 1 9 3 0 4	4 2 4 5 0
4					
5					
6					
7					
8					
9					
10					
11		9 9 2 4 5 0	2 0 0 0 0 0	7 5 0 0 0 0	4 2 4 5 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.