

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ALLOCATION SCHEDULE FOR  
 REASONABLE COMPENSATION DEDUCTION**

For the CALENDAR year **2010** or other taxable period beginning                and ending                 
Mo Day Year Mo Day Year

RSA 77-A:4, III(e) requires this schedule to be attached to the tax return of the business organization claiming a compensation deduction to report: 1) the total reasonable compensation deduction claimed by the business organization for the taxable period; and 2) the amount of such deduction allocated to each proprietor, partner, or member actually devoting time and effort in the operation of the business organization.

BUSINESS ORGANIZATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
NUMBER & STREET ADDRESS	DEPARTMENT IDENTIFICATION NUMBER (DIN)
ADDRESS (continued)	SOCIAL SECURITY NUMBER (SSN)
CITY/TOWN, STATE & ZIP CODE	

Total compensation claimed for this tax period: \$

ALLOCATION OF COMPENSATION DEDUCTION CLAIMED (attach additional sheets as necessary)			
Name of proprietor, partner or member	Social Security Number	Amount of Compensation Deduction Allocated	% of Total
1)		\$	
2)		\$	
3)		\$	
4)		\$	
5)		\$	
6)		\$	
7)		\$	
8)		\$	
9)		\$	
10)		\$	
11)		\$	
12)		\$	
<b>Total</b>		\$	

Must be the same as amount on NH-1040, Line 8, or NH-1065, Line 6(i).

If the compensation deduction taken by the business organization reduces the business organization's taxable business profits below zero for this tax period, the total compensation must be actually paid to the proprietor, partner or member by the business organization in that taxable period.

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is 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.)

**X**

_____ SIGNATURE (IN INK)	_____ DATE	_____ SIGNATURE OF PREPARER (IN INK) OTHER THAN TAXPAYER	_____ DATE
_____ PRINT NAME		_____ PRINT PREPARER NAME	
_____ TITLE		_____ PREPARER'S TAX IDENTIFICATION NUMBER	
_____ TELEPHONE NUMBER		_____ PREPARER'S STREET ADDRESS/PO BOX	
		_____ PREPARER'S CITY/TOWN, STATE and ZIP CODE+4	

