

STEPHEN P. ST. CYR & ASSOC.

17 Sky Oaks Drive, Biddeford, ME 04005
PHONE: (207) 282-5222 FAX: (207) 282-5225

Accounting & Finance
Budgeting & Forecasting
Financial Statement Preparation
Regulatory Affairs
Tax Preparation & Planning
Management Services

November 19, 2008

Marcia A. B. Thunberg
Staff Attorney/Hearing Examiner
Public Utilities Commission
21 S. Fruit Street, Suite 10
Concord, N. H. 03301-2429

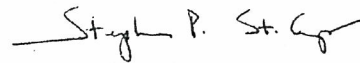
Re: DW 08-086
Attachments to certain responses to Staff data requests – set 1

Dear Ms. Thunberg:

Enclosed please find the original and six copies of attachments to Staff data requests 1-1, 1-6 and 1-7. Please note that all the responses to set 1 were emailed to Staff today.

If you have any questions or comments, please email me at stephenpstcyr@yahoo.com or call me at 207-282-5222.

Sincerely,



Stephen P. St. Cyr

Cc: Service List

ORIGINAL	
N.H.P.U.C. Case No.	DW 08-086
Exhibit No.	#3
Witness	St. Cyr / Laflamme
DO NOT REMOVE FROM FILE	

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-1

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Please provide financial statements, i.e, balance sheets and income statements, for the quarters ended 03/31/07, 06/30/07 and 9/30/07.

Response: See attached balance sheets and profit & loss statements for the quarters ended 03/31/07, 06/30/07 and 9/30/07. Also, please note that, at year end, the Company and its auditors review the financial results and record various adjustments.

7:52 AM
 11/13/08
 Accrual Basis

EASTMAN SEWER COMPANY
Balance Sheet
 As of March 31, 2007

	<u>Mar 31, 07</u>
ASSETS	
Current Assets	
Checking/Savings	
1010 · CASH, CHECKING OPERATING	54,577.91
1120 · CASH - CAPITAL RESERVE	68,816.53
Total Checking/Savings	<u>123,394.44</u>
Accounts Receivable	
1200 · ACCOUNTS RECEIVABLE	12,375.03
Total Accounts Receivable	<u>12,375.03</u>
Other Current Assets	
1149 · DEFERRED REGISTRY EXPENSE	-272.00
1210 · RESERVE FOR BAD DEBTS	-1,000.00
1220 · PREPAID PUC TAXES	84.00
1240 · PREPAID INSURANCE	2,783.64
1250 · PREPAID EXPENSES - OTHER	14,731.85
1260 · CASH (BOND) ESCROW	6,000.00
Total Other Current Assets	<u>22,327.49</u>
Total Current Assets	<u>158,096.96</u>
Fixed Assets	
1300 · MAINS	5,666.45
1320 · SERVICES	4,783.86
1380 · PURIFICATION SYSTEM	12,834.15
1400 · SPRAY IRRIGATION SYSTEM	10,720.34
1420 · GENERAL EQUIPMENT	60,843.59
1460 · OTHER TANGIBLE ASSETS	27,332.89
1470 · PUMPING EQUIPMENT	38,047.12
1480 · PUMPING PLANT - STRUCT. & IMPR.	13,355.97
1500 · SEWER PLANT	1,611,837.00
1510 · SEWER PLANT CAPITAL LEASE	700,674.00
1520 · CONTRIBUTIONS IN AID	-2,404,889.94
1530 · ACCUMULATED AMORTIZATION	1,860,258.53
1990 · RESERVE FOR DEPRECIATION	-1,899,915.75
Total Fixed Assets	<u>41,548.21</u>
TOTAL ASSETS	<u><u>199,645.17</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2120 · RESERVE FOR FEDERAL INCOME T...	-506.00
2140 · ACCRUED STATE TAXES - NH BPT	1,008.00
2160 · DEFERRED TAX LIABILITY	4,184.00
2170 · BOND DEPOSIT ESCRW.	6,000.00
Total Other Current Liabilities	<u>10,686.00</u>
Total Current Liabilities	<u>10,686.00</u>
Long Term Liabilities	
2410 · CAPITAL RESERVE LIABILITY	68,816.53
Total Long Term Liabilities	<u>68,816.53</u>
Total Liabilities	<u>79,502.53</u>

7:52 AM
11/13/08
Accrual Basis

EASTMAN SEWER COMPANY
Balance Sheet
As of March 31, 2007

	<u>Mar 31, 07</u>
Equity	
2800 · COMMON STOCK	8,000.00
2810 · ADDITIONAL PAID IN CAPITAL	66,261.53
3901 · *Retained Earnings	40,138.38
Net Income	<u>5,742.73</u>
Total Equity	<u>120,142.64</u>
TOTAL LIABILITIES & EQUITY	<u><u>199,645.17</u></u>

7:56 AM

11/13/08

Accrual Basis

EASTMAN SEWER COMPANY
Profit & Loss
January through March 2007

	Jan - Mar 07
Ordinary Income/Expense	
Income	
3000 · USAGE	30,431.14
3010 · FINANCE CHARGES	12.75
3100 · INTEREST, OPERATING ACCOUNT	629.80
3200 · INTEREST, CAPITAL RESERVE	525.25
3300 · CONTRIBUTION TO CAPITAL RESERVE	-3,027.25
Total Income	<u>28,571.69</u>
Gross Profit	28,571.69
Expense	
5020 · CONTRACT / OUTSIDE SERVICES	
5020.1 · TESTING	985.50
5020.2 · WATER SYSTEMS OPERATORS	6,651.00
5020.5 · GENERATOR MAINTENANCE	685.51
5020.6 · ECA LABOR	901.18
5020.7 · OTHER CONSULTING	51.71
Total 5020 · CONTRACT / OUTSIDE SERVICES	<u>9,274.90</u>
5022 · SERVICE AND MAINTENANCE	251.89
5040 · INSURANCE	
5040.1 · GENERAL	688.50
5040.2 · DIRECTORS & OFFICERS	1,284.84
Total 5040 · INSURANCE	<u>1,973.34</u>
5060 · OFFICE SUPPLIES & EXPENSE	25.50
5080 · UTILITIES	
5081 · ELECTRIC POWER	
5081.1 · PUMP A - ELECT	898.41
5081.2 · PUMP B - ELECT	186.39
5081.3 · AERATION -ELECT	2,560.11
5081.4 · PPOUNDS - ELECT	17.72
Total 5081 · ELECTRIC POWER	<u>3,662.63</u>
5083 · UTILITIES - WATER	180.75
Total 5080 · UTILITIES	<u>3,843.38</u>
5130 · REPAIRS	
5130.1 · EQUIPMENT REPAIRS	4,346.55
Total 5130 · REPAIRS	<u>4,346.55</u>
5170 · DUES & SUBSCRIPTIONS	100.00
5210 · PUC TAXES	84.00
5250 · POSTAGE	474.66
5260 · TELEPHONE	196.29
5300 · SUPPLIES - OPERATING	38.45
5320 · MANAGEMENT FEE	600.00
5325 · TAXES	
5335 · TAXES - UTILITY PROPERTY TAX	620.00
5325 · TAXES - Other	600.00
Total 5325 · TAXES	<u>1,220.00</u>
5360 · LEGAL FEES	400.00
Total Expense	<u>22,828.96</u>
Net Ordinary Income	<u>5,742.73</u>
Net Income	<u><u>5,742.73</u></u>

7:52 AM
 11/13/08
 Accrual Basis

EASTMAN SEWER COMPANY
Balance Sheet
 As of June 30, 2007

	Jun 30, 07
ASSETS	
Current Assets	
Checking/Savings	
1010 · CASH, CHECKING OPERATING	50,255.75
1120 · CASH - CAPITAL RESERVE	71,908.84
Total Checking/Savings	122,164.59
Accounts Receivable	
1200 · ACCOUNTS RECEIVABLE	13,244.02
Total Accounts Receivable	13,244.02
Other Current Assets	
1149 · DEFERRED REGISTRY EXPENSE	-238.00
1210 · RESERVE FOR BAD DEBTS	-1,000.00
1240 · PREPAID INSURANCE	3,564.30
1250 · PREPAID EXPENSES - OTHER	14,046.36
1260 · CASH (BOND) ESCROW	1,500.00
1499 · Undeposited Funds	989.33
Total Other Current Assets	18,861.99
Total Current Assets	154,270.60
Fixed Assets	
1300 · MAINS	5,666.45
1320 · SERVICES	4,783.86
1380 · PURIFICATION SYSTEM	12,834.15
1400 · SPRAY IRRIGATION SYSTEM	10,720.34
1420 · GENERAL EQUIPMENT	60,843.59
1460 · OTHER TANGIBLE ASSETS	27,332.89
1470 · PUMPING EQUIPMENT	38,047.12
1480 · PUMPING PLANT - STRUCT. & IMPR.	13,355.97
1500 · SEWER PLANT	1,611,837.00
1510 · SEWER PLANT CAPITAL LEASE	700,674.00
1520 · CONTRIBUTIONS IN AID	-2,404,889.94
1530 · ACCUMULATED AMORTIZATION	1,860,258.53
1990 · RESERVE FOR DEPRECIATION	-1,899,915.75
Total Fixed Assets	41,548.21
TOTAL ASSETS	195,818.81
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2120 · RESERVE FOR FEDERAL INCOME T...	-506.00
2140 · ACCRUED STATE TAXES - NH BPT	1,008.00
2160 · DEFERRED TAX LIABILITY	4,184.00
2170 · BOND DEPOSIT ESCRW.	1,500.00
Total Other Current Liabilities	6,186.00
Total Current Liabilities	6,186.00
Long Term Liabilities	
2410 · CAPITAL RESERVE LIABILITY	71,908.84
Total Long Term Liabilities	71,908.84
Total Liabilities	78,094.84

6

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11/13/08
Accrual Basis

EASTMAN SEWER COMPANY
Balance Sheet
As of June 30, 2007

	<u>Jun 30, 07</u>
Equity	
2800 · COMMON STOCK	8,000.00
2810 · ADDITIONAL PAID IN CAPITAL	66,261.53
3901 · *Retained Earnings	40,138.38
Net Income	<u>3,324.06</u>
Total Equity	<u>117,723.97</u>
TOTAL LIABILITIES & EQUITY	<u><u>195,818.81</u></u>

7:56 AM
 11/13/08
 Accrual Basis

EASTMAN SEWER COMPANY
Profit & Loss
 April through June 2007

	Apr - Jun 07
Ordinary Income/Expense	
Income	
3000 · USAGE	30,431.14
3010 · FINANCE CHARGES	37.41
3100 · INTEREST, OPERATING ACCOUNT	643.81
3200 · INTEREST, CAPITAL RESERVE	590.31
3300 · CONTRIBUTION TO CAPITAL RESERVE	-3,092.31
Total Income	28,610.36
Gross Profit	28,610.36
Expense	
5010 · ACCOUNTING FEES	3,672.00
5020 · CONTRACT / OUTSIDE SERVICES	
5020.1 · TESTING	1,596.00
5020.2 · WATER SYSTEMS OPERATORS	6,651.00
5020.5 · GENERATOR MAINTENANCE	1,309.11
5020.6 · ECA LABOR	913.09
5020.7 · OTHER CONSULTING	2,285.70
Total 5020 · CONTRACT / OUTSIDE SERVICES	12,754.90
5040 · INSURANCE	
5040.1 · GENERAL	688.50
5040.2 · DIRECTORS & OFFICERS	1,284.84
Total 5040 · INSURANCE	1,973.34
5060 · OFFICE SUPPLIES & EXPENSE	12.10
5080 · UTILITIES	
5081 · ELECTRIC POWER	
5081.1 · PUMP A - ELECT	1,378.74
5081.2 · PUMP B - ELECT	346.36
5081.3 · AERATION -ELECT	3,379.69
5081.4 · PPONDS - ELECT	26.58
Total 5081 · ELECTRIC POWER	5,131.37
5082 · UTILITIES - PROPANE	1,810.09
Total 5080 · UTILITIES	6,941.46
5210 · PUC TAXES	84.00
5250 · POSTAGE	240.84
5260 · TELEPHONE	196.56
5320 · MANAGEMENT FEE	600.00
5325 · TAXES	
5330 · TAXES - REAL ESTATE	1,033.83
5335 · TAXES - UTILITY PROPERTY TAX	620.00
Total 5325 · TAXES	1,653.83
5340 · RENTAL EXPENSE	2,200.00
Total Expense	30,329.03
Net Ordinary Income	-1,718.67
Other income/Expense	
Other Expense	
5200 · FEDERAL INCOME TAXES	400.00
5220 · STATE TAXES - NH BPT	300.00
Total Other Expense	700.00
Net Other Income	-700.00
Net Income	-2,418.67

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 11/13/08
 Accrual Basis

EASTMAN SEWER COMPANY
Balance Sheet
 As of September 30, 2007

	Sep 30, 07
ASSETS	
Current Assets	
Checking/Savings	
1010 · CASH, CHECKING OPERATING	50,906.20
1120 · CASH - CAPITAL RESERVE	75,021.09
Total Checking/Savings	125,927.29
Accounts Receivable	
1200 · ACCOUNTS RECEIVABLE	14,329.89
Total Accounts Receivable	14,329.89
Other Current Assets	
1149 · DEFERRED REGISTRY EXPENSE	-255.00
1210 · RESERVE FOR BAD DEBTS	-1,000.00
1220 · PREPAID PUC TAXES	249.00
1240 · PREPAID INSURANCE	1,590.96
1250 · PREPAID EXPENSES - OTHER	14,731.92
1260 · CASH (BOND) ESCROW	1,500.00
Total Other Current Assets	16,816.88
Total Current Assets	157,074.06
Fixed Assets	
1300 · MAINS	5,666.45
1320 · SERVICES	4,783.86
1380 · PURIFICATION SYSTEM	12,834.15
1400 · SPRAY IRRIGATION SYSTEM	10,720.34
1420 · GENERAL EQUIPMENT	60,843.59
1460 · OTHER TANGIBLE ASSETS	27,332.89
1470 · PUMPING EQUIPMENT	38,047.12
1480 · PUMPING PLANT - STRUCT. & IMPR.	13,355.97
1500 · SEWER PLANT	1,611,837.00
1510 · SEWER PLANT CAPITAL LEASE	700,674.00
1520 · CONTRIBUTIONS IN AID	-2,404,889.94
1530 · ACCUMULATED AMORTIZATION	1,860,258.53
1990 · RESERVE FOR DEPRECIATION	-1,899,915.75
Total Fixed Assets	41,548.21
TOTAL ASSETS	198,622.27
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2120 · RESERVE FOR FEDERAL INCOME T...	-506.00
2140 · ACCRUED STATE TAXES - NH BPT	1,008.00
2160 · DEFERRED TAX LIABILITY	4,184.00
2170 · BOND DEPOSIT ESCRW.	1,500.00
Total Other Current Liabilities	6,186.00
Total Current Liabilities	6,186.00
Long Term Liabilities	
2410 · CAPITAL RESERVE LIABILITY	75,021.09
Total Long Term Liabilities	75,021.09
Total Liabilities	81,207.09

7:53 AM
11/13/08
Accrual Basis

EASTMAN SEWER COMPANY
Balance Sheet
As of September 30, 2007

	<u>Sep 30, 07</u>
Equity	
2800 · COMMON STOCK	8,000.00
2810 · ADDITIONAL PAID IN CAPITAL	66,261.53
3901 · *Retained Earnings	40,138.38
Net Income	<u>3,015.27</u>
Total Equity	<u>117,415.18</u>
TOTAL LIABILITIES & EQUITY	<u><u>198,622.27</u></u>

7:57 AM
 11/13/08
 Accrual Basis

EASTMAN SEWER COMPANY
Profit & Loss
 July through September 2007

	Jul - Sep 07
Ordinary Income/Expense	
Income	
3000 · USAGE	30,543.14
3010 · FINANCE CHARGES	45.76
3100 · INTEREST, OPERATING ACCOUNT	601.67
3200 · INTEREST, CAPITAL RESERVE	610.25
3300 · CONTRIBUTION TO CAPITAL RESERVE	-3,112.25
Total Income	28,688.57
Gross Profit	28,688.57
Expense	
5010 · ACCOUNTING FEES	384.00
5020 · CONTRACT / OUTSIDE SERVICES	
5020.1 · TESTING	2,539.50
5020.2 · WATER SYSTEMS OPERATORS	6,651.00
5020.5 · GENERATOR MAINTENANCE	685.44
5020.6 · ECA LABOR	1,355.28
5020.7 · OTHER CONSULTING	1,276.59
Total 5020 · CONTRACT / OUTSIDE SERVICES	12,507.81
5022 · SERVICE AND MAINTENANCE	846.32
5040 · INSURANCE	
5040.1 · GENERAL	688.50
5040.2 · DIRECTORS & OFFICERS	1,284.84
Total 5040 · INSURANCE	1,973.34
5060 · OFFICE SUPPLIES & EXPENSE	209.99
5080 · UTILITIES	
5081 · ELECTRIC POWER	
5081.1 · PUMP A - ELECT	1,285.28
5081.2 · PUMP B - ELECT	280.57
5081.3 · AERATION -ELECT	2,776.70
5081.4 · PPOUNDS - ELECT	259.18
Total 5081 · ELECTRIC POWER	4,601.73
Total 5080 · UTILITIES	4,601.73
5130 · REPAIRS	
5130.1 · EQUIPMENT REPAIRS	371.52
Total 5130 · REPAIRS	371.52
5210 · PUC TAXES	39.00
5250 · POSTAGE	281.91
5260 · TELEPHONE	203.24
5300 · SUPPLIES - OPERATING	38.50
5320 · MANAGEMENT FEE	600.00
5325 · TAXES	
5335 · TAXES - UTILITY PROPERTY TAX	620.00
Total 5325 · TAXES	620.00
5380 · MISCELLANEOUS EXPENSE	5,620.00
Total Expense	28,297.36
Net Ordinary Income	391.21
Other Income/Expense	
Other Expense	
5200 · FEDERAL INCOME TAXES	400.00
5220 · STATE TAXES - NH BPT	300.00
Total Other Expense	700.00
Net Other Income	-700.00
Net Income	-308.79

**DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1**

Data Request Received: 11/12/08
Staff 1-2

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Please provide a detailed analysis of the items comprising the Prepayment account balances for the quarters ended 12/31/06, 03/31/07, 06/30/07, 09/30/07 and 12/31/07.

Response:

	<u>12/31/06</u>	<u>3/31/07</u>	<u>6/30/07</u>	<u>9/30/07</u>	<u>12/31/07</u>
PUC assess	168	84	0	249	166
Insurance	4,757	2,784	3,564	1,591	4,986
Reserve Study	0	0	0	0	3,134
FIT	506	506	506	506	2,306
NHBPT	<u>(1,008)</u>	<u>(1,008)</u>		<u>(1,008)</u>	
	<u>(1,008)</u>	<u>492</u>			
Total	<u>\$4,423</u>	<u>\$2,366</u>	<u>\$3,062</u>	<u>\$1,338</u>	<u>\$11,084</u>

Notes:

The 12/31/06 FIT and NHBPT balances were reflected in miscellaneous current and accrued liabilities.

The Reserve Study, FIT and NHBPT balances were adjusted at 12/31/07.

**DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1**

Data Request Received: 11/12/08
Staff 1-3

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Please provide a detailed analysis of the items comprising the Miscellaneous Deferred Debit account balances for the quarters ended 12/31/06, 03/31/07, 06/30/07, 09/30/07 and 12/31/07.

Response:

	<u>12/31/06</u>	<u>3/31/07</u>	<u>6/30/07</u>	<u>9/30/07</u>	<u>12/31/07</u>
EFP*	\$14,046	\$14,046	\$14,046	\$14,046	\$15,890

* Effluent Monitoring Program

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-4

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Please provide a detailed analysis of the contractor payments comprising the Contracted Services account balances for the years ended 12/31/06 and 12/31/07 along with a description of the services provided by each contractor listed.

Response:

	<u>12/31/06</u>	<u>12/31/07</u>
Contracted maintenance labor	\$4,052	\$4,016
Sewer system operation	23,136	29,170
Water testing	5,670	6,938
Building and equipment repairs	2,606	5,333
Consulting	1,582	5,333
Generator maintenance	4,510	3,366
Legal and accounting	3,817	4,456
Management fees	2,400	2,400
Service and maintenance	<u>15,115</u>	<u>13,583</u>
Total	<u>\$62,888</u>	<u>\$74,595</u>

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-5

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Please provide a detailed analysis of the items comprising the Miscellaneous Expense account balances for the years ended 12/31/06 and 12/31/07 along with a brief description of each expense item listed.

Response:

	<u>12/31/06</u>	<u>12/31/07</u>
Bank charges	\$ 109	\$ 0
Miscellaneous	5	5,382
Office supplies	711	479
Dues & subscriptions	100	0
Operating supplies	642	77
Postage	1,018	1,279
Telephone	<u>772</u>	<u>796</u>
Total	<u>\$3,357</u>	<u>\$8,013</u>

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-6

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Regarding Property Tax Expense:

- a) Please provide copies of the municipal tax bills received from the Town of Grantham for the years 2006, 2007 and 2008.
- b) Please provide copies of the Company's State Utility Property Tax returns for the years 2006, 2007 and 2008 (if available).

Response:

- a) See attached copies of the municipal tax bills received from the Town of Grantham for the years 2006, 2007 and 2008. Please note that the Company has an agreement with the Eastman Community Association to pay one half of the property tax bills.
- b) See attached copies of the Company's State Utility Property Tax returns for the years 2006 and 2007. Please note that the State Utility Property Tax return for 2008 is not yet available.

TOWN OF GRANTHAM
 OFFICE OF THE TAX COLLECTOR
 PO BOX 135, 300 ROUTE 10 SOUTH
 GRANTHAM, NH 03753

MON-THURS, 8:00AM - 5:00PM
 TUES & WED, 7:00PM - 9:00PM
 PHONE
 603 863-5608

Second Bill

REAL ESTATE TAX BILL

TAX YEAR	BILL NUMBER	BILLING DATE	INTEREST RATE	DUE DATE
2006	000009-001587	11/13/2006	12% if paid after	12/18/2006

MAP / PARCEL	LOCATION OF PROPERTY	AREA
222-281-000	L/B SEWER TREATMENT PLANT	67.00

OWNER OF RECORD		TAX CALCULATION	
EASTMAN COMMUNITY ASSOCIATION PO BOX 53 GRANTHAM, NH 03753		Municipal Tax Amount	762.67
		School Tax Amount	2,456.66
		County Tax Amount	726.00
		Total Tax	3,945.33
		Actual Tax Amount	3,945.33
		Paid to Date	-1,939.67
		<Amount To Pay>	2,005.66

TAX RATE	ASSESSED VALUATION
Municipal 2.08	Buildings 201,766
School 6.70	Land Value 164,900
County 1.98	
TOTAL 10.76	NET VALUE 366,666

INFORMATION TO TAXPAYERS

RSA 78:11-a Information required. The tax bill which is sent to every person taxed, as provided under RSA 78:11, shall show the rate for municipal, school and county taxes separately, the assessed valuation of all lands and building for which said person is being taxed, and the right to apply in writing to the selectmen or assessors for an abatement of the tax assessed as provided under RSA 78:16.

THE TAXPAYER MAY, BY MARCH 1 FOLLOWING THE DATE OF NOTICE OF THE TAX AND NOT AFTERWARDS, APPLY IN WRITING TO THE BOARD OF SELECTMAN FOR AN ABATEMENT OR DEFERRAL.

THE TAXPAYER MAY, BY APRIL 15 FOLLOWING THE DATE OF NOTICE OF THE TAX AND NOT AFTERWARDS, APPLY IN WRITING TO THE BOARD OF SELECTMAN FOR A TAX EXEMPTION OR CREDIT.

TAXPAYERS DESIRING ANY INFORMATION IN REGARD TO TAXATION OR CORRECTION OF ERRORS MUST ADDRESS ALL INQUIRES TO THE BOARD OF SELECTMEN (863-6021) AND NOT TO THE TAX COLLECTOR.

IF YOU ARE ELDERLY, DISABLED, BLIND, A VETERAN OR VETERAN'S SPOUSE, OR ARE UNABLE TO PAY TAXES DUE TO POVERTY OR OTHER GOOD CAUSE, YOU MAY BE ELIGIBLE FOR A TAX EXEMPTION, CREDIT, ABATEMENT OR DEFERRAL. APPLICATIONS FOR EXEMPTIONS AND/OR CREDITS MUST BE FILED ON OR BEFORE APRIL 15TH EACH YEAR.

PAYMENT POLICIES:

- PLEASE MAKE CHECKS PAYABLE TO: THE TOWN OF GRANTHAM
- PAYMENT OF THIS BILL DOES NOT PREVENT THE COLLECTION OF PREVIOUS UNPAID TAXES, NOR DOES AN ERROR IN THE NAME OF THE PERSON TAXED PREVENT COLLECTION.
- A \$25.00 FEE PLUS ALL ADDITIONAL DELINQUENCY PENALTIES AND COLLECTION COSTS WILL BE CHARGED FOR ANY CHECK RETURNED BY THE BANK FOR ANY REASON.
- IF THIS BILL IS PAID BY CHECK OR MONEY ORDER, IT IS NOT CONSIDERED PAID UNTIL THE CHECK OR MONEY ORDER IS CLEARED BY THE BANK.
- ENCLOSE STAMPED SELF ADDRESSED ENVELOPE FOR RETURN FOR RECEIPTED BILL, IF DESIRED.

PLEASE KEEP THIS ENTIRE UPPER PORTION OF BILL FOR YOUR RECORDS.

↑ DETACH HERE ↑ TO INSURE PROPER CREDIT, RETURN ENTIRE BOTTOM PORTION OF BILL. ↑ DETACH HERE ↑

TOWN OF GRANTHAM
 REAL ESTATE TAX BILL

MAP / PARCEL NO.	LOCATION OF PROPERTY	TAX YEAR	BILL NUMBER	DUE DATE
222-281-000	L/B SEWER TREATMENT PLANT	2006	000009-001587	12/18/2006

12.00% APR Interest Charged After
 07/05/2006 On 1st Bill 1939.67
 12/18/2006 On 2nd Bill 2005.66
 <Amount To Pay> 2,005.66

EASTMAN COMMUNITY ASSOCIATION
 PO BOX 53
 GRANTHAM, NH 03753

100283

Staff -1-6

Remit To		2006 SPRINGFIELD PROPERTY TAX - BILL 2 OF 2	
Town of Springfield 759 Main Street P.O. Box 22 Springfield, NH 03284 Temp - Return Service Requested		EASTMAN COMMUNITY ASSOCIATION	
Map	Lot	Sub	Net Value
000031	000540	000302	\$ 13,400
Parcel Location			Acres
BROOK RIDGE DRIVE			14.440
12% APR Charged After 12/20/2006		Invoice	Summary of Taxes
		2006P02005101	Total Tax: \$ 190.00
Billed To		Billing Date	- 1st Bill: \$ 90.00
EASTMAN COMMUNITY ASSOCIATION P O BOX 53 GRANTHAM, NH 03753		11/20/2006	- Abated/Paid: \$ 0.00
		Payment Due Date	- Vet. Credits: \$ 0.00
		12/20/2006	+ Penalties: \$ 10.00
		Amount Due	\$ 110.00
		Amount Enclosed	

Please return top copy with your payment.

Tax Collector Office Hours		2006 SPRINGFIELD PROPERTY TAX - BILL 2 OF 2	
Town of Springfield Monday-Wednesday 9-12, 1-4PM Thursday 9-12, 1-8PM; Closed Fridays (603) 763-4805 Tax Collector: Cynthia C. Anderson		EASTMAN COMMUNITY ASSOCIATION	
Map	Lot	Sub	Page Line
000031	000540	000302	0051-01
Parcel Location			Acres
BROOK RIDGE DRIVE			14.440

Tax Rates		Assessments		Invoice	Summary of Taxes
County:	\$ 2.09	Land:	13,400	2006P02005101	Total Tax: \$ 190.00
School:	\$ 6.59	Current Use Credit:	0	Billing Date	- 1st Bill: \$ 90.00
Town:	\$ 2.13	Buildings:	0	11/20/2006	- Abated/Paid: \$ 0.00
State Ed.:	\$ 2.01	Total:	13,400	Payment Due Date	- Vet. Credits: \$ 0.00
Eastman:	\$ 1.32			12/20/2006	+ Penalties: \$ 10.00
				Interest Rate	Amount Due
				12% APR After 12/20/2006	\$ 110.00

Total Tax Rate:	\$ 14.14	Net Value:	13,400
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Keep this copy for your records.

55.00

TOWN OF GRANTHAM
 OFFICE OF THE TAX COLLECTOR
 PO BOX 135, 300 ROUTE 10 SOUTH
 GRANTHAM, NH 03753

HOURS
 MON-THURS, 8:00AM -5:00PM
 TUES & WED, 7:00PM-9:00PM
 PHONE
 603 863-5608

First Bill

REAL ESTATE TAX BILL

TAX YEAR	BILL NUMBER	BILLING DATE	INTEREST RATE	DUE DATE
2006	000009-001587	05/25/2006	12% if paid after	07/05/2006

MAP / PARCEL	LOCATION OF PROPERTY	AREA
222-281-000	L/B SEWER TREATMENT PLANT	67.00

OWNER OF RECORD	TAX CALCULATION
EASTMAN COMMUNITY ASSOCIATION PO BOX 53 GRANTHAM, NH 03753	1/2 Tax At 2005 Tax Rate

Municipal Tax Amount	817.67
School Tax Amount	2,247.66
County Tax Amount	814.00
Total Tax	3,879.33

TAX RATE	ASSESSED VALUATION	Estimated Tax Amt
2005 Tax Rate	Buildings 201,766	1,939.67
Municipal 2.23	Land Value 164,900	
School 6.13		
County 2.22		

TOTAL 10.58	NET VALUE 366,666	<Amount To Pay> 1,939.67
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INFORMATION TO TAXPAYERS

RSA 76:11-a Information required. The tax bill which is sent to every person taxed, as provided under RSA 76:11, shall show the rate for municipal, school and county taxes separately, the assessed valuation of all lands and building for which said person is being taxed, and the right to apply in writing to the selectmen or assessors for an abatement of the tax assessed as provided under RSA 76:16.

THE TAXPAYER MAY, BY MARCH 1 FOLLOWING THE DATE OF NOTICE OF THE TAX AND NOT AFTERWARDS, APPLY IN WRITING TO THE BOARD OF SELECTMAN FOR AN ABATEMENT OR DEFERRAL.

THE TAXPAYER MAY, BY APRIL 15 FOLLOWING THE DATE OF NOTICE OF THE TAX AND NOT AFTERWARDS, APPLY IN WRITING TO THE BOARD OF SELECTMAN FOR A TAX EXEMPTION OR CREDIT.

TAXPAYERS DESIRING ANY INFORMATION IN REGARD TO TAXATION OR CORRECTION OF ERRORS MUST ADDRESS ALL INQUIRES TO THE BOARD OF SELECTMEN (863-6021) AND NOT TO THE TAX COLLECTOR.

IF YOU ARE ELDERLY, DISABLED, BLIND, A VETERAN OR VETERAN'S SPOUSE, OR ARE UNABLE TO PAY TAXES DUE TO POVERTY OR OTHER GOOD CAUSE, YOU MAY BE ELIGIBLE FOR A TAX EXEMPTION, CREDIT, ABATEMENT OR DEFERRAL. APPLICATIONS FOR EXEMPTIONS AND/OR CREDITS MUST BE FILED ON OR BEFORE APRIL 15TH EACH YEAR.

PAYMENT POLICIES:

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↑ DETACH HERE ↑ TO INSURE PROPER CREDIT, RETURN ENTIRE BOTTOM PORTION OF BILL ↑ DETACH HERE ↑

TOWN OF GRANTHAM
 REAL ESTATE TAX BILL

MAP / PARCEL NO.	LOCATION OF PROPERTY	TAX YEAR	BILL NUMBER	DUE DATE
222-281-000	L/B SEWER TREATMENT PLANT	2006	000009-001587	07/05/2006

12.00% APR Interest Charged After
 07/05/2006 On This Bill

<Amount To Pay> 1,939.67

EASTMAN COMMUNITY ASSOCIATION
 PO BOX 53
 GRANTHAM, NH 03753

969.84

Remit To		2006 SPRINGFIELD PROPERTY TAX BILL FOR			
Town of Springfield 759 Main Street P.O. Box 22 Springfield, NH 03284 Temp - Return Service Requested		EASTMAN COMMUNITY ASSOCIATION			
		Map	Lot	Sub	Net Value
		000031	000540	000302	\$ 13,400
		Parcel Location			Acres
BROOK RIDGE DRIVE			14.440		
12% APR Charged After 07/05/2006		Invoice	Summary of Taxes		
		2006P01005104	First Bill:	\$ 90.00	
Billed To:		Billing Date			
EASTMAN COMMUNITY ASSOCIATION P O BOX 53 GRANTHAM, NH 03753		06/05/2006		- Abated/Paid: \$ 0.00	
		Payment Due Date		- Vet. Credits: \$ 0.00	
		07/05/2006		+ Penalties: \$ 0.00	
		Amount Due		\$ 90.00	
		Amount Enclosed			

Please return top copy with your payment.

Tax Collector Office Hours		2006 SPRINGFIELD PROPERTY TAX BILL FOR			
Town of Springfield Monday-Wednesday 9-12, 1-4PM Thursday 9-12, 1-8PM; Closed Fridays (603) 763-4805 Tax Collector: Cynthia C. Anderson		EASTMAN COMMUNITY ASSOCIATION			
		Map	Lot	Sub	Pg Line
		000031	000540	000302	0051-04
		Parcel Location			Acres
		BROOK RIDGE DRIVE			14.440
Pay Rates		Assessments	Invoice	Summary of Taxes	
County: \$ 1.01	Land: 13,400		2006P01005104	First Bill:	\$ 90.00
School: \$ 3.09	Current Use Credit: 0		Billing Date		
Town: \$ 1.13	Buildings: 0		06/05/2006	- Abated/Paid: \$ 0.00	
State Ed.: \$ 0.99	Total: 13,400		Payment Due Date	- Vet. Credits: \$ 0.00	
NL-Springfield: \$ 0.53			07/05/2006	+ Penalties: \$ 0.00	
			Interest Rate	Amount Due	\$ 90.00
			12% APR After 07/05/2006		
Total Tax Rate: \$ 6.75 ⁺		Net Value: 13,400			
Keep this copy for your records.		+ 1st Bill Rate=1/2 Last Year's Final Rate			

\$ 45.00

TOWN OF GRANTHAM
 OFFICE OF THE TAX COLLECTOR
 300 ROUTE 10 SOUTH, PO BOX 135
 GRANTHAM, NH 03753

HOURS
 MON-THURS, 8:00AM -5:00PM
 TUES & WED, 7:00PM-9:00PM
PHONE
 603 863-5608

First Bill

REAL ESTATE TAX BILL

TAX YEAR	BILL NUMBER	BILLING DATE	INTEREST RATE	DUE DATE
2007	000009-001387	05/29/2007	12% If paid after	07/05/2007

MAP/PARCEL	LOCATION OF PROPERTY	AREA
222-281-000	L/B SEWER TREATMENT PLANT	67.00

OWNER OF RECORD	TAX CALCULATION
EASIMAN COMMUNITY ASSOCIATION PO BOX 53 GRANTHAM, NH 03753	1/2 Tax At 2006 Tax Rate
	Municipal Tax Amount 762.67
	School Tax Amount 2,456.66
	County Tax Amount 726.00
	Total Tax 3,945.33

TAX RATE	ASSESSED VALUATION	Estimated Tax Amt
2006 Tax Rate	Buildings 201,766	1,972.67
Municipal 2.08	Land Value 164,900	
School 6.70		
County 1.98		
TOTAL 10.76	NET VALUE 366,666	<Amount To Pay> 1,972.67

INFORMATION TO TAXPAYERS

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THE TAXPAYER MAY, BY APRIL 15 FOLLOWING THE DATE OF NOTICE OF THE TAX AND NOT AFTERWARDS, APPLY IN WRITING TO THE BOARD OF SELECTMAN FOR A TAX EXEMPTION OR CREDIT.

TAXPAYERS DESIRING ANY INFORMATION IN REGARD TO TAXATION OR CORRECTION OF ERRORS MUST ADDRESS ALL INQUIRES TO THE BOARD OF SELECTMEN (863-6021) AND NOT TO THE TAX COLLECTOR.

IF YOU ARE ELDERLY, DISABLED, BLIND, A VETERAN OR VETERAN'S SPOUSE, OR ARE UNABLE TO PAY TAXES DUE TO POVERTY OR OTHER GOOD CAUSE, YOU MAY BE ELIGIBLE FOR A TAX EXEMPTION, CREDIT, ABATEMENT OR DEFERRAL. APPLICATIONS FOR EXEMPTIONS AND/OR CREDITS MUST BE FILED ON OR BEFORE APRIL 15TH EACH YEAR.

PAYMENT POLICIES:

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PLEASE RETURN THIS ENTIRE BILL ALONG WITH A STAMPED, SELF ADDRESSED ENVELOPE IF A RECEIPT IS DESIRED.

986.34

Remit To		2007 SPRINGFIELD PROPERTY TAX - BILL 1 OF 2			
Town of Springfield 759 Main Street P.O. Box 22 Springfield, NH 03284 Temp - Return Service Requested		EASTMAN COMMUNITY ASSOCIATION			
		Map	Lot	Sub	Net Value
		000031	000540	000302	\$ 13,400
		Parcel Location			Acres
12% APR Charged After 07/12/2007		BROOK RIDGE DRIVE		14.440	
Billed To EASTMAN COMMUNITY ASSOCIATION P O BOX 53 GRANTHAM, NH 03753		Invoice		Summary of Taxes	
		2007P01005007		First Bill: \$ 95.00	
		Billing Date		- Abated/Paid: \$ 0.00	
		06/04/2007		- Vet. Credits: \$ 0.00	
		Payment Due Date		+ Penalties: \$ 0.00	
		07/12/2007		Amount Due: \$ 95.00	
		Amount Enclosed:			

Please return top copy with your payment.

47.50

TOWN OF GRANTHAM
 OFFICE OF THE TAX COLLECTOR
 300 ROUTE 10 SOUTH, PO BOX 135
 GRANTHAM, NH 03753

HOURS
 MON-THURS, 8:00AM - 5:00PM
 TUES & WED, 7:00PM-9:00PM
 PHONE
 603 863-5608

Second Bill

REAL ESTATE TAX BILL

TAX YEAR	BILL NUMBER	BILLING DATE	INTEREST RATE	DUE DATE
2007	000009-001587	10/25/2007	12% if paid after	12/03/2007

MAP/PARCEL	LOCATION OF PROPERTY	AREA
222-281-000	L/B SEWER TREATMENT PLANT	67.00

OWNER OF RECORD	TAX CALCULATION
EASTMAN COMMUNITY ASSOCIATION PO BOX 53 GRANTHAM, NH 03753	Municipal Tax Amount 1,026.66 School Tax Amount 2,559.33 County Tax Amount 759.00 Total Tax 4,344.99

TAX RATE	ASSESSED VALUATION	Actual Tax Amount	Paid to Date
Municipal 2.80	Buildings 201,766	4,344.99	-1,972.67
School 6.98	Land Value 164,900		
County 2.07			

TOTAL 11.85	NET VALUE 366,666	<Amount To Pay> 2,372.32
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INFORMATION TO TAXPAYERS

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↑ DETACH HERE ↑ TO INSURE PROPER CREDIT, RETURN ENTIRE BOTTOM PORTION OF BILL ↓ DETACH HERE ↓

TOWN OF GRANTHAM
 REAL ESTATE TAX BILL

MAP/PARCEL NO	LOCATION OF PROPERTY	TAX YEAR	BILL NUMBER	DUE DATE
222-281-000	L/B SEWER TREATMENT PLANT	2007	000009-001587	12/03/2007

12.00% APR Interest Charged After			
07/05/2007 On 1st Bill	1972.67	<Amount To Pay>	2,372.32
12/03/2007 On 2nd Bill	2372.32		

EASTMAN COMMUNITY ASSOCIATION
 PO BOX 53
 GRANTHAM, NH 03753

1186.16
 ECA / ese

Remit To		2007 SPRINGFIELD PROPERTY TAX - BILL 2 OF 2			
Town of Springfield 759 Main Street P.O. Box 22 Springfield, NH 03284 Temp - Return Service Requested		EASTMAN COMMUNITY ASSOCIATION			
		Map	Lot	Sub	Net Value
		000031	000540	000302	\$ 13,400
		Parcel Location			Acres
BROOK RIDGE DRIVE			14.440		
12% APR Charged After 12/12/2007		Invoice	Summary of Taxes		
		2007P02005007	Total Tax: \$ 218.00		
Billed To		Billing Date	- 1st Bill: \$ 95.00		
EASTMAN COMMUNITY ASSOCIATION P O BOX 53 GRANTHAM, NH 03753		11/05/2007	- Abated/Paid: \$ 0.00		
		Payment Due Date	- Vet. Credits: \$ 0.00		
		12/12/2007	+ Penalties: \$ 10.00		
		Amount Due	\$ 133.00		
		Amount Enclosed			

Please return top copy with your payment.

Tax Collector Office Hours		2007 SPRINGFIELD PROPERTY TAX - BILL 2 OF 2	
Town of Springfield Monday-Wednesday 9-12, 1-4PM Thursday 9-12, 1-8PM; Closed Fridays (603) 763-4805 Tax Collector: Cynthia C. Anderson		EASTMAN COMMUNITY ASSOCIATION	
Map	Lot	Sub	Pg. Line
000031	000540	000302	0050-07
Parcel Location			Acres
BROOK RIDGE DRIVE			14.440

Tax Rates		Assessments		Invoice		Summary Of Taxes	
County:	\$ 2.08	Taxable Land:	13,400	2007P02005007	Total Tax:	\$ 218.00	
School:	\$ 7.87	Buildings:	0	Billing Date	- 1st Bill:	\$ 95.00	
Town:	\$ 2.74	Total:	13,400	11/05/2007	- Abated/Paid:	\$ 0.00	
State Ed.:	\$ 2.23			Payment Due Date	- Vet. Credits:	\$ 0.00	
Eastman:	\$ 1.31			12/12/2007	+ Penalties:	\$ 10.00	
				Interest Rate	Amount Due:	\$ 133.00	
				12% APR After 12/12/2007			

Total Tax Rate:	\$ 16.23	Net Value:	13,400
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Keep this copy for your records.

66-50

Remit To		2008 SPRINGFIELD PROPERTY TAX - BILL 1 OF 2			
Town of Springfield 759 Main Street P.O. Box 22 Springfield, NH 03284 Temp - Return Service Requested		EASTMAN COMMUNITY ASSOCIATION			
		Map	Lot	Sub	Net Value
		000031	000540	000302	\$ 13,400
		Parcel Location			Acres
BROOK RIDGE DRIVE			14.440		
12% APR charged after 07/15/2008		Invoice		Summary of Taxes	
		2008P01005003	First Bill:		\$ 109.00
Billed To		Billing Date			
EASTMAN COMMUNITY ASSOCIATION P O BOX 53 GRANTHAM, NH 03753		06/10/2008		- Abated/Paid:	\$ 0.00
		Payment Due Date		- Vet. Credits:	\$ 0.00
		07/15/2008		+ Penalties:	\$ 0.00
		Amount Due		\$ 109.00	
		Amount Enclosed			

Please return top copy with your payment.

Tax Collector Office Hours		2008 SPRINGFIELD PROPERTY TAX - BILL 1 OF 2			
Town of Springfield Monday-Wednesday 9-12, 1-4PM Thursday 9-12, 1-8PM; Closed Fridays (603) 763-4805 Tax Collector: Cynthia C. Anderson		EASTMAN COMMUNITY ASSOCIATION			
		Map	Lot	Sub	Pg. Line
		000031	000540	000302	0050-03
		Parcel Location			Acres
		BROOK RIDGE DRIVE			14.440

Tax Rates		Assessments		Invoice		Summary of Taxes	
County:	\$ 1.04	Taxable Land:	13,400	2008P01005003	First Bill:		\$ 109.00
School:	\$ 3.94	Buildings:	0	Billing Date			
Town:	\$ 1.37	Total:	13,400	06/10/2008	- Abated/Paid:	\$ 0.00	
State Ed.:	\$ 1.12			Payment Due Date	- Vet. Credits:	\$ 0.00	
Eastman:	\$ 0.66			07/15/2008	+ Penalties:	\$ 0.00	
				Interest Rate	Amount Due:	\$ 109.00	
				12% APR After 07/15/2008			

Total Tax Rate	\$ 8.13 ⁺	Net Value:	13,400
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Keep this copy for your records. + 1st Bill Rate=1/2 Last Year's Final Rate

54.50

TOWN OF GRANTHAM
 OFFICE OF THE TAX COLLECTOR
 300 ROUTE 10 SOUTH, PO BOX 135
 GRANTHAM, NH 03753

HOURS
 MON-THURS, 8:00AM -5:00PM
 TUES & WED, 7:00PM-9:00PM
 PHONE
 603.863.5600

Second Bill

REAL ESTATE TAX BILL

2008 00009-001587 11/06/2008 12% if paid after 12/15/2008

222-281-000 L/B SEWER TREATMENT PLANT 67.00

EASTMAN COMMUNITY ASSOCIATION
 PO BOX 53
 GRANTHAM, NH 03753

Municipal Tax Amount 1,217.33
 School Tax Amount 2,768.33
 County Tax Amount 913.00
 Total Tax 4,898.66

TAX RATE	ASSESSED VALUATION
Municipal 3.32	Buildings 201,766
School 7.55	Land value 164,900
County 2.49	

Actual Tax Amount 4,898.66
 Paid to Date -2,172.50

13.36 NEW VALUE 366,666 <Amount To Pay> 2,726.16

INFORMATION TO TAXPAYERS

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PAYMENT POLICIES

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TOWN OF GRANTHAM
 REAL ESTATE TAX BILL

222-281-000 L/B SEWER TREATMENT PLANT 2008 00009-001587 12/15/2008

12.00% APR Interest Charged After
 07/07/2008 On 1st Bill 2172.50
 12/15/2008 On 2nd Bill 2726.16
 <Amount To Pay> 2,726.16

EASTMAN COMMUNITY ASSOCIATION
 PO BOX 53
 GRANTHAM, NH 03753

1363.08

Remit To		2008 SPRINGFIELD PROPERTY TAX -- BILL 2 OF 2			
Town of Springfield 759 Main Street P.O. Box 22 Springfield, NH 03284 Temp - Return Service Requested		EASTMAN COMMUNITY ASSOCIATION			
		Map	Lot	Sub	Net Value
		000031	000540	000302	\$ 13,400
		Parcel Location			Acres
12% APR Charged After 12/08/2008		BROOK RIDGE DRIVE		14.440	
		Invoice	Summary of Taxes		
Billed To		2008P02005002	Total Tax:	\$ 237.00	
EASTMAN COMMUNITY ASSOCIATION P O BOX 53 GRANTHAM, NH 03753		Billing Date	- 1st Bill:	\$ 109.00	
		10/30/2008	- Abated/Paid:	\$ 0.00	
		Payment Due Date	- Vet. Credits:	\$ 0.00	
		12/08/2008	+ Penalties:	\$ 0.00	
		Amount Due:	\$ 128.00		
		Amount Enclosed:			

Please return top copy with your payment.

Tax Collector Office Hours		2008 SPRINGFIELD PROPERTY TAX -- BILL 2 OF 2	
Town of Springfield Monday-Wednesday 9-12, 1-4PM Thursday 9-12. 1-8PM; Closed Fridays (603) 763-4805 Tax Collector: Cynthia C. Anderson		EASTMAN COMMUNITY ASSOCIATION	
Map	Lot	Sub	Pg-Line
000031	000540	000302	0050-02
Parcel Location			Acres
BROOK RIDGE DRIVE			14.440

Tax Rates		Assessments		Invoice	Summary Of Taxes	
County:	\$ 2.57	Taxable Land:	13,400	2008P02005002	Total Tax:	\$ 237.00
School:	\$ 8.81	Buildings:	0	Billing Date	- 1st Bill:	\$ 109.00
Town:	\$ 3.14	Total:	13,400	10/30/2008	- Abated/Paid:	\$ 0.00
State Ed.:	\$ 2.07			Payment Due Date	- Vet. Credits:	\$ 0.00
Eastman:	\$ 1.12			12/08/2008	+ Penalties:	\$ 0.00
				Interest Rate	Amount Due:	\$ 128.00
				12% APR After 12/08/2008		

Total Tax Rate:	\$ 17.71	Net Value:	13,400
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Keep this copy for your records.

104.00

UTILITY PROPERTY TAX RETURN

For the Tax Year 2006

Due on or before 30 days from date of Notice of Value and Tax Bill.

FOR DRA USE ONLY

STEP 1 Please Type or Print	NAME OF TAXPAYER <i>Pastman Sewer Company</i>	FEDERAL EMPLOYER IDENTIFICATION NUMBER <i>02-0315874</i>
	NUMBER & STREET ADDRESS <i>PO Box 470</i>	
	ADDRESS (Continued)	
	CITY/TOWN, STATE & ZIP CODE <i>grantham NH 03753</i>	

STEP 2
Return Type
Check Return Type
Annual Return Amended Return Final Return

STEP 3 Figure Your Tax, Credits, Interest and Penalties	1 Assessed valuation of your utility property as of April 1	<i>1 375297</i>	
	2 Rate of taxation per \$1000 of utility property valuation.....	<i>2 6.6</i>	
	3 Annual Utility Property Tax (multiply Line 1 times Line 2, divided by 1000)		<i>3 2477.00</i>
	4 Payments:		
	(a) Payments from estimated taxes	<i>4(a) 640.00</i>	
	(b) Credits or other payments (attach explanation) <i>lower pay</i>	<i>4(b) 1780.00</i>	
	(c) Payments made with original return(amended returns only)	<i>4(c)</i>	
	Enter the sum of Lines 4(a) and 4(c)		<i>4 2420.00</i>
	5 Tax due (Line 3 minus Line 4)		<i>5 57.00</i>
	6 Additions to tax:		
(a) Interest	<i>6(a)</i>		
(b) Failure to Pay	<i>6(b)</i>		
(c) Failure to File	<i>6(c)</i>		
(d) Underpayment of Estimated Tax	<i>6(d)</i>		
Enter the sum of Lines 6(a) through 6(d)		<i>6</i>	
STEP 4 Figure Your Net Balance Due or Overpayment	7 Balance due (Line 5 plus Line 6) Make check payable to: State of New Hampshire (if less than \$1.00 do not pay, but still file the return)		<i>7 57.00</i>
	8 Overpayment (Line 4 minus, Line 3 plus Line 6, if applicable)	<i>8</i>	
	9 Apply Overpayment to: Credit the 2007 year tax liability		<i>9</i>

STEP 5
Signatures
Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this return is based on all information of which the preparer has knowledge.

FOR DRA USE ONLY	SIGNATURE (IN INK) OF TAXPAYER <i>John Burns</i>	DATE <i>12-22-06</i>	SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER	DATE
------------------	-----------------------------------------------------	-------------------------	---------------------------------------------------------	------

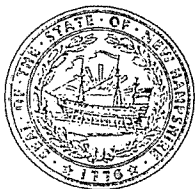
TITLE
Accounts Payable / Payroll

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637

PREPARER'S TAX IDENTIFICATION NUMBER

PREPARER'S ADDRESS

CITY/TOWN, STATE & ZIP CODE



State of New Hampshire
Department of Revenue Administration

57 Regional Drive, PO Box 487, Concord, NH 03302-0487
Telephone (603) 271-2687
www.revenue.nh.gov



G. Philip Blatsos
Commissioner

DECEMBER 15, 2006

PROPERTY APPRAISAL DIVISION
Guy L. Petell
Director

ATTN: BRIAN HARDING
EASTMAN SEWER COMPANY
DBA/AKA: N/A
PO BOX
GRANTHAM

NH 03753-

TAX ID# 02-0315874

NOTICE OF VALUE AND TAX BILL
UTILITY PROPERTY
RSA 83-F

The enclosed 2006 Utility Property Tax Return Form DP-255 must be completed and submitted to DRA within 30 days from the date of this notice with payment. Please complete and submit this required return in accordance with the enclosed instructions.

Assessed Valuation	Tax Rate per \$1,000 Valuation	Total Utility Property Tax Due
\$375,297	\$6.60	\$2,476.96

If an appeal is desired, effective April 1, 2005, RSA 83-F:8 (Appeals) was revised as follows:

"Utility property taxpayers aggrieved by the determination by the commissioner of the value of utility property pursuant to RSA 83-F:3 and the assessment of the tax imposed under this chapter may appeal such valuations and assessments according to the procedure and subject to the time limits provided for other taxes administered by the department under RSA 21-J."

According to RSA 21-J:28-b, I, the taxpayer is to direct the appeal to the Department of Revenue Administration Hearings Bureau, "within 60 days after notice of the assessment or demand for payment."

RSA 21-J:28b, IV, states that "within 30 days of the notice of decision (by the DRA) the taxpayer may appeal such decision by written application to the Board of Tax and Land Appeals or Superior Court."

Estimated Utility Property Tax Quarterly Payment Forms DP-255-ES and instructions for 2007 are also enclosed for your future convenience.

Please note your Tax Identification number on all payments and correspondence.

Sincerely,

Scott E. Dickman
Utility Appraiser
Enclosures

TDD Access: Relay NH 1-800-735-2964

Individuals who need auxiliary aids for effective communication in programs and services of the Department of Revenue Administration are invited to make their needs and preferences known to the Department.

Stall 1-6

FORM DP-255 611

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION UTILITY PROPERTY TAX RETURN For the Tax Year 2007

Due on or before 30 days from date of Notice of Value and Tax Bill.

FOR DRAUSE ONLY

STEP 1 Please Type or Print

NAME OF TAXPAYER: Eastman Sewer Company

NUMBER & STREET ADDRESS: PO Box 470

CITY/TOWN, STATE & ZIP CODE: Grantham NH 03753

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 02-0315874

DEPARTMENT IDENTIFICATION NUMBER: _____

STEP 2 Return Type

Check Return Type

Amended Return Final Return

STEP 3 Figure Your Tax, Credits, Interest and Penalties	1 Assessed valuation of your utility property as of April 1	1	404,118	
	2 Rate of taxation per \$1000 of utility property valuation	2	6.6	
	3 Annual Utility Property Tax (multiply Line 1 times Line 2, divided by 1000)	3		2667.
	4 Payments:			
	(a) Payments from estimated taxes	4(a)	2480.00	
	(b) Credits or other payments	4(b)		
	(c) Payments made with original return (amended returns only)	4(c)		
	Enter the sum of Lines 4(a) and 4(c)	4	2480.00	
	5 Tax due (Line 3 minus Line 4)	5		187.00
	6 Additions to tax:			
(a) Interest	6(a)			
(b) Failure to Pay	6(b)			
(c) Failure to File	6(c)			
(d) Underpayment of Estimated Tax	6(d)			
(e) Financial Statement Penalty	6(e)			
Enter the sum of Lines 6(a) through 6(d)	6			
STEP 4 Figure Your Net Balance Due or Overpayment	7 Balance due (Line 5 plus Line 6) Make check payable to: State of New Hampshire (if less than \$1.00 do not pay, but still file the return)	7		187.00
8 Overpayment (Line 4 minus, Line 3 plus Line 6, if applicable)	8			
9 Apply Overpayment to: Credit the 2008 year tax liability	9			

STEP 5 Signatures Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. (If prepared by a person other than the taxpayer, this return is based on all information of which the preparer has knowledge.)

FOR DRAUSE ONLY

SIGNATURE (IN INK) OF TAXPAYER: Gayle Burns DATE: 12/26/07

PRINT SIGNATORY NAME & TITLE: Accts Payable Dept

TAXPAYER'S TELEPHONE NUMBER: 603-863-4240

NHDRA
MAIL DOCUMENT PROCESSING DIVISION
TO: PO BOX 637
CONCORD NH 03302-0637

SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER _____ DATE _____

PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER _____

PREPARER'S ADDRESS _____

CITY/TOWN, STATE & ZIP CODE _____



State of New Hampshire
Department of Revenue Administration

57 Regional Drive, PO Box 487, Concord, NH 03302-0487
Telephone (603) 271-2687
www.revenue.nh.gov



G. Philip Blatsos
Commissioner

DECEMBER 15, 2007

PROPERTY APPRAISAL DIVISION
Guy L. Petell
Director

ATTN BRIAN HARDING
EASTMAN SEWER COMPANY
DBA/AKA N/A
PO BOX 53
GRANTHAM

NH 03753-

TAX ID# 02-0315874

NOTICE OF VALUE AND TAX BILL
UTILITY PROPERTY
RSA 83-F

The enclosed 2007 Utility Property Tax Return Form DP-255 must be completed and submitted to DRA within 30 days from the date of this notice with payment. Please complete and submit this required return in accordance with the enclosed instructions.

Assessed Valuation	Tax Rate per \$1,000 Valuation	Total Utility Property Tax Due
\$404,118	\$6.60	\$2,667.18

If an appeal is desired, effective April 1, 2005, RSA 83-F:8 (Appeals) was revised as follows:

"Utility property taxpayers aggrieved by the determination by the commissioner of the value of utility property pursuant to RSA 83-F:3 and the assessment of the tax imposed under this chapter may appeal such valuations and assessments according to the procedure and subject to the time limits provided for other taxes administered by the department under RSA 21-J."

According to RSA 21-J:28-b, I, the taxpayer is to direct the appeal to the Department of Revenue Administration Hearings Bureau, "within 60 days after notice of the assessment or demand for payment."

RSA 21-J:28b, IV, states that "within 30 days of the notice of decision (by the DRA) the taxpayer may appeal such decision by written application to the Board of Tax and Land Appeals or Superior Court."

Estimated Utility Property Tax Quarterly Payment Forms DP-255-ES and instructions for 2008 are also enclosed for your future convenience.

Please note your Tax Identification number on all payments and correspondence.

Sincerely,

Scott E. Dickman

Utility Appraiser

Enclosures

TDD Access: Relay NH 1-800-735-2964

Individuals who need auxiliary aids for effective communication in programs and services of the Department of Revenue Administration are invited to make their needs and preferences known to the Department.

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-7

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Regarding Income Tax Expense:

- a) Please provide copies of the Company's Federal and State Income/Business Tax Returns for the years 2006 and 2007.
- b) Does the Company have a net operating loss carryforward or carryback balance for federal or state income/business tax purposes? If yes, please indicate these amounts as of 12/31/07.

Response:

- a) See attached copies of the Company's Federal and State Income/Business Tax Returns for the years 2006 and 2007.
- b) The Company does not have a net operating loss carryforward or carryback balance for federal or state income/business tax purposes.

1120

Form 1120
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return
For calendar year 2007 or tax year beginning ending

OMB No. 1545-0123 2007

A Check if:	<input type="checkbox"/>	Employer identification number	02-0315874
<input type="checkbox"/>	<input type="checkbox"/>	Date incorporated	8/19/1969
<input type="checkbox"/>	<input type="checkbox"/>	Total assets (see instructions)	665,607
<input type="checkbox"/>	<input type="checkbox"/>	Name	EASTMAN SEWER COMPANY, INC.
<input type="checkbox"/>	<input type="checkbox"/>	City or town, state, and ZIP code	GRANTHAM NH 03753
<input type="checkbox"/>	<input type="checkbox"/>	Address change	
<input type="checkbox"/>	<input type="checkbox"/>	Final return	
<input type="checkbox"/>	<input type="checkbox"/>	Initial return	
<input type="checkbox"/>	<input type="checkbox"/>	Check if:	
<input type="checkbox"/>	<input type="checkbox"/>	Use IRS label, print or type	
<input type="checkbox"/>	<input type="checkbox"/>	Number, street, and room or suite no.	PO BOX 470

1a	Gross receipts or sales	111,941	
2	Cost of goods sold (Schedule A, line 8)		
3	Gross profit. Subtract line 2 from line 1a	111,941	
4	Dividends (Schedule C, line 19)		
5	Interest		
6	Gross rents	4,876	
7	Gross royalties		
8	Capital gain net income (attach Schedule D (Form 1120))		
9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
10	Other income (see instructions-attach schedule)	469	
11	Total income. Add lines 3 through 10	117,286	
12	Compensation of officers (Schedule E, line 4)		
13	Salaries and wages (less employment credits)		
14	Repairs and maintenance	8,700	
15	Bad debts		
16	Rents	2,200	
17	Taxes and licenses	5,243	
18	Interest		
19	Charitable contributions		
20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)	3,988	
21	Depletion		
22	Advertising		
23	Pension, profit-sharing, etc., plans		
24	Employee benefit programs		
25	Domestic production activities deduction (attach Form 8903)		
26	Other deductions (attach schedule)	103,567	
27	Total deductions. Add lines 12 through 26	123,698	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	-6,412	
29	Less: a Net operating loss deduction (see instructions)		
	b Special deductions (Schedule C, line 20)		
30	Taxable income. Subtract line 29c from line 28 (see instructions)	-6,412	
31	Total tax (Schedule J, line 10)	0	
32a	2007 estimated tax payments	1,200	
b	2007 refund applied for on Form 4466		
c	2007 refund applied for on Form 7004		
d	Tax deposited with Form 7004		
e	Credits: (1) Form 2439		
f	(2) Form 4138		
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
34	Amount owed. If line 32g is smaller than the total of lines 31 and 33, enter amount owed		
35	Overpayment. If line 32g is larger than the total of lines 31 and 33, enter amount overpaid	2,103	
36	Enter amount from line 35 you want: Credited to 2008 estimated tax	2,103	Refunded

32a	2007 estimated tax payments	1,200	
b	2007 refund applied for on Form 4466		
c	2007 refund applied for on Form 7004		
d	Tax deposited with Form 7004		
e	Credits: (1) Form 2439		
f	(2) Form 4138		
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
34	Amount owed. If line 32g is smaller than the total of lines 31 and 33, enter amount owed		
35	Overpayment. If line 32g is larger than the total of lines 31 and 33, enter amount overpaid	2,103	
36	Enter amount from line 35 you want: Credited to 2008 estimated tax	2,103	Refunded

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Signature of officer	
Preparer's signature	SEELYE & SCHULZ PA, CPA
Date	8/22/08
Check if self-employed	<input type="checkbox"/>
Preparer's SSN or PTIN	030-38-0876
EIN	02-0413305
Phone no.	603-886-1900
Address, and ZIP code	451 AMHERST ST STE 204 NASHUA, NH 03063-1200

34

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)	80	
3	Dividends on debt-financed stock of domestic and foreign corporations	see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs	70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs	80	
8	Dividends from wholly owned foreign subsidiaries	100	
9	Total. Add lines 1 through 8. See instructions for limitation		
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
11	Dividends from affiliated group members	100	
12	Dividends from certain FSCs	100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12		
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)		
15	Foreign dividend gross-up		
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3		
17	Other dividends		
18	Deduction for dividends paid on certain preferred stock of public utilities		
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶		
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶		

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2	Total compensation of officers				
3	Compensation of officers claimed on Schedule A and elsewhere on return				
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12				

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))				
2	Income tax. Check if a qualified personal service corporation (see instructions)			2	0
3	Alternative minimum tax (attach Form 4626)			3	
4	Add lines 2 and 3			4	0
5a	Foreign tax credit (attach Form 1118)			5a	
b	Credits from Forms 5735 and 8834			5b	
c	General business credit. Check applicable box(es): <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844 <input type="checkbox"/> Form 8846 <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 5884			5c	0
d	Credit for prior year minimum tax (attach Form 8827)			5d	
e	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912			5e	
6	Total credits. Add lines 5a through 5e			6	
7	Subtract line 6 from line 4			7	
8	Personal holding company tax (attach Schedule PH (Form 1120))			8	
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)			9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31			10	0

Schedule K Other Information (see instructions)

	Yes	No		Yes	No	
1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶			7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If "Yes," enter: (a) Percentage owned ▶ and (b) Owner's country ▶	
2	See the instructions and enter the: a Business activity code no. ▶ 221300 b Business activity ▶ OPERATE/MAINTAIN c Product or service ▶ SEWER PLANT			8	The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶	
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deduction of such corporation for the tax year ending with or within your tax year.		X	9	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X	10	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0	
5	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) STMT 3 If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ 100.000		X	11	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1	
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		X	12	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input checked="" type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.	
				13	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$	
				13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$	

Schedule L Balance Sheets per Books

Assets (a) Beginning of tax year (b) End of tax year (c) (d)

1 Cash 12,767 116,312 15,478 110,772

2a Trade notes and accounts receivable 1,000 11,767 1,000 14,478

b Less allowance for bad debts 1,000 11,767 1,000 14,478

3 Inventories 1,000 11,767 1,000 14,478

4 U.S. government obligations 1,000 11,767 1,000 14,478

5 Tax-exempt securities (see instructions) 1,000 11,767 1,000 14,478

6 Other current assets (att. sch.) STMT 4 1,000 11,767 1,000 14,478

7 Loans to shareholders 1,000 11,767 1,000 14,478

8 Mortgage and real estate loans 1,000 11,767 1,000 14,478

9 Other investments (attach sch.) 1,000 11,767 1,000 14,478

10a Buildings and other depreciable assets 2,486,095 1,899,916 2,486,095 1,899,916

b Less accumulated depreciation 586,179 1,975,695 586,179 1,975,695

11a Depreciable assets 1,899,916 1,899,916 1,899,916 1,899,916

b Less accumulated depletion 1,899,916 1,899,916 1,899,916 1,899,916

17 (and net of any amortization) 1,899,916 1,899,916 1,899,916 1,899,916

18a Intangible assets (amortizable only) 1,899,916 1,899,916 1,899,916 1,899,916

b Less accumulated amortization 1,899,916 1,899,916 1,899,916 1,899,916

14 Other assets (attach sch.) STMT 5 1,899,916 1,899,916 1,899,916 1,899,916

15 Total assets 14,046 733,229 14,046 733,229

Liabilities and Shareholders' Equity

16 Accounts payable 3,451 3,451 3,451 3,451

17 Mortgages, notes, bonds payable in less than 1 year 3,451 3,451 3,451 3,451

18 Other current liabilities (att. sch.) STMT 6 66,563 66,563 66,563 66,563

19 Loans from shareholders 66,563 66,563 66,563 66,563

20 Mortgages, notes, bonds payable in 1 year or more 66,563 66,563 66,563 66,563

21 Other liabilities (attach schedule) STMT 7 548,815 548,815 548,815 548,815

22 Capital stock: a Preferred stock 8,000 8,000 8,000 8,000

b Common stock 8,000 8,000 8,000 8,000

23 Additional paid-in capital 66,262 66,262 66,262 66,262

24 Retained earnings-Appropriated (att. sch.) 66,262 66,262 66,262 66,262

25 Retained earnings-Unappropriated 32,716 32,716 32,716 32,716

26 Adjustments to SH equity (att. sch.) 32,716 32,716 32,716 32,716

27 Less cost of treasury stock 665,607 665,607 665,607 665,607

28 Total liabilities and shareholders' equity 665,607 665,607 665,607 665,607

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1 Net income (loss) per books -7,422 -7,422 -7,422 -7,422

2 Federal income tax per books -1,080 -1,080 -1,080 -1,080

3 Excess of capital losses over capital gains -1,080 -1,080 -1,080 -1,080

4 Income subject to tax not recorded on books this year (itemize):

5 Expenses recorded on books this year not deducted on this return (itemize):

a Depreciation 302 302 302 302

b Charitable contributions 302 302 302 302

c Travel and entertainment 302 302 302 302

6 Add lines 1 through 5 -5,652 -5,652 -5,652 -5,652

7 Income recorded on books this year not included on this return (itemize):

8 Deductions on this return not charged against book income this year (itemize):

a Depreciation 760 760 760 760

b Charitable contributions 760 760 760 760

c Travel and entertainment 760 760 760 760

9 Add lines 7 and 8 -6,412 -6,412 -6,412 -6,412

10 Income (page 1, line 28)-line 6 less line 9 32,716 32,716 32,716 32,716

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year 40,138 40,138 40,138 40,138

2 Net income (loss) per books -7,422 -7,422 -7,422 -7,422

3 Other increases (itemize):

a Cash 32,716 32,716 32,716 32,716

b Stock 32,716 32,716 32,716 32,716

c Property 32,716 32,716 32,716 32,716

6 Other decreases (itemize):

7 Add lines 5 and 6 32,716 32,716 32,716 32,716

8 Balance at end of year (line 4 less line 7) 32,716 32,716 32,716 32,716

Application for Automatic 6-Month Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

▶ File a separate application for each return.

Name EASTMAN SEWER COMPANY INC.	
Identifying number 02-0315874	

File by the due date for the return for which an extension is requested. See instructions.	
Number, street, and room or suite no. (if P.O. box, see instructions).	PO BOX 470
City, town, state, and ZIP code (if a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	GRANTHAM NH 03753

Note. See instructions before completing this form.

1 Enter the form code for the return that this application is for (see below) **12**

3 If the foreign corporation does not have an office or place of business in the United States, check here
 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

4a The application is for calendar year 20 **07**, or tax year beginning _____ and ending _____
 b Short tax year. If this tax year is less than 12 months, check the reason:
 Initial return Final return Change in accounting period Consolidated return to be filed

5 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
 If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

6 Tentative total tax **0**

7 Total payments and credits (see instructions) **903**

8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) **0**

Application Code	Form Code	Is For:
01	Form 1120-ND	Form 1120-ND (section 4961 taxes)
02	Form 1120-ND	Form 1120-ND (section 4961 taxes)
04	Form 1120-POL	Form 1120-POL
06	Form 1120-REIT	Form 1120-REIT
07	Form 1120-RIC	Form 1120-RIC
08	Form 1120-S	Form 1120-S
08	Form 1120-SF	Form 1120-SF
10	Form 9820-A	Form 9820-A
11	Form 9812	Form 9812
12	Form 9813	Form 9813
14	Form 8725	Form 8725
34	Form 9804	Form 9804
15	Form 8831	Form 8831
16	Form 8878	Form 8878
17	Form 8924	Form 8924
18	Form 1120-L	Form 1120-L

For Paperwork Reduction Act Notice, see instructions.

Form 7004 (Rev. 12-2007)

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No. 1545-0172

2007

Attachment Sequence No. 67

Name(s) shown on return EASTMAN SEWER COMPANY INC.

Identifying number 02-0315874

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description of property, Cost (business use only), Elected cost, Dollar limitation for tax year.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 5 columns: Line number, Description of property, Total elected cost of section 179 property, Tentative deduction, Carryover of disallowed deduction.

Part III MACRS Depreciation (Do not include listed property.)

Table with 5 columns: Line number, Description of property, MACRS deductions for assets placed in service in tax years beginning before 2007.

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 10 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 5 columns: Class life, 12-year, 40-year, S/L, S/L.

Part IV Summary (see instructions)

Table with 3 columns: Line number, Description, Amount.

For Paperwork Reduction Act Notices, see separate instructions.

Form 4562 (2007)

THERE ARE NO AMOUNTS FOR PAGE 2

40

Charitable Contributions		Prior Year		Current Year		Next Year	
Preceding Tax Year	Excess Contributions	Utilized Or Reclassified to NOL	Carryover	Reclassified to NOL	Carryovers Utilized	Carryover	Carryover
12/31/02							
12/31/03							
12/31/04							
12/31/05							
12/31/06							
Charitable Contribution Carryover To Current Year		0					
Current Year		0					
Charitable Contribution Carryover Available To Next Year		0					

NOL Carryover Available To Next Year		Current Year		Next Year	
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/Carryover	Carryover
15th					
12/31/92					
14th					
12/31/93					
13th					
12/31/94					
12th					
12/31/95					
11th					
12/31/96					
10th					
12/31/97					
9th					
12/31/98					
8th					
12/31/99					
7th					
12/31/00					
6th					
12/31/01	24,477				
5th					
12/31/02	24,816				
4th					
12/31/03	9,273				
3rd					
12/31/04	-2,958	2,958			
2nd					
12/31/05	5,144	-2,958			
1st					
12/31/06	11,701	0			
NOL Carryover Available To Current Year		0			
Current Year		-6,412		6,412	
NOL Carryover Available To Next Year				6,412	

Name: EASTMAN SEWER COMPANY INC.

Employer Identification Number: 02-0315874

Form 1120

NOL and Contribution Carryover Worksheet - Regular Tax

For calendar year 2007 or tax year beginning , ending

2007

4

NOL and Contribution Carryover Worksheet - AMT Form **1120**
 For calendar year 2007 or tax year beginning _____, ending _____
 Name **EASTMAN SEWER COMPANY INC.**
 Employer Identification Number **02-0315874**

Prior Year	Current Year	Next Year
15th	12/31/92	
14th	12/31/93	
13th	12/31/94	
12th	12/31/95	
11th	12/31/96	
10th	12/31/97	
9th	12/31/98	
8th	12/31/99	
7th	12/31/00	
6th	12/31/01	24,321
5th	12/31/02	25,930
4th	12/31/03	11,654
3rd	12/31/04	-1,219
2nd	12/31/05	4,904
1st	12/31/06	9,878
NOL Carryover Available To Current Year		0
Current Year	0	-7,470
NOL Carryover Available To Next Year		7,470

Prior Year	Current Year	Next Year
5th	12/31/02	
4th	12/31/03	
3rd	12/31/04	
2nd	12/31/05	
1st	12/31/06	
Charitable Contribution Carryover To Current Year		0
Current Year	0	
Charitable Contribution Carryover Available To Next Year		0

Prior Year	Current Year	Next Year
Utilized Or Reclassified to NOL	Carryover	Reclassified to NOL (Reg. Sec. 1.170A-11(c)(2))
Excess Contributions	Carryover	Utilized
Tax Year	Carryover	Carryover
12/31/02		
12/31/03		
12/31/04		
12/31/05		
12/31/06		
Charitable Contribution Carryover To Current Year		0
Current Year	0	
Charitable Contribution Carryover Available To Next Year		0

Federal Statements

Statement 1 - Form 1120, Page 1, Line 10 - Other Income

Description	Amount
FINANCE CHARGES	\$ 119
APPLICATION FEES	350
TOTAL	\$ 469

Statement 2 - Form 1120, Page 1, Line 26 - Other Deductions

Description	Amount
ACCOUNTING FEES	\$ 4,056
STING	6,938
WATER SYSTEMS OPERATIONS	29,170
ECA LABOR	4,016
OTHER-CONSULTING	5,333
SERVICE AND MAINTENANCE	13,583
INSURANCE GENERAL	2,525
INS DIRECTORS & OFFICERS	5,139
OFFICE SUPPLIES & EXPENSE	479
ELECTRIC, PUMP A	5,249
ELECTRIC, PUMP B	1,198
ELECTRIC, AERATION	12,896
ELECTRIC, PONDS	343
UTILITIES, PROPANE	2,027
UTILITIES, WATER	181
DUES & SUBSCRIPTIONS	100
POSTAGE	1,279
TELEPHONE	796
SUPPLIES-OPERATING	77
MANAGEMENT FEE	2,400
LEGAL FEES	400
MISCELLANEOUS EXPENSE	5,382
TOTAL	\$ 103,567

EASSE EASTMAN SEWER COMPANY INC.
02-0315874
FYE: 12/31/2007

8/22/2008 9:24 AM

Federal Statements

Statement 3 - Form 1120, Pg 3, Sch K, Question 5 - Did Entity Own 50% or More of Corp Stock?

<u>EIN/SSN</u>	<u>Name of Entity</u>	<u>Percent Owned</u>
23-7153126	EASTMAN COMMUNITY ASSOCIATION	100.000
TOTAL		<u>100.000</u>

Federal Statements

FYE: 12/31/2007

02-0315874

EASSE EASTMAN SEWER COMPANY INC.

Statement 4 - Form 1120, Page 4, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
PREPAID INSURANCE	\$ 4,757	\$ 4,986
PREPAID PUC TAXES	168	166
OTHER PREPAID EXPENSE		3,117
REFUNDABLE NH TAX		492
REFUNDABLE FEDERAL INCOME TAX		2,306
TOTAL	\$ 4,925	\$ 11,067

Statement 5 - Form 1120, Page 4, Schedule L, Line 14 - Other Assets

Description	Beginning of Year	End of Year
ASSET UNDER CONSTRUCTION	\$ 14,046	\$ 15,890
BOND DEPOSIT ESCROW		3,000
TOTAL	\$ 14,046	\$ 18,890

Statement 6 - Form 1120, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
CAPITAL RESERVE LIABILITY	\$ 65,789	\$ 78,345
DEFERRED REGISTRY EXPENSE	272	
ACCRUED INCOME TAXES	502	
TOTAL	\$ 66,563	\$ 78,345

Statement 7 - Form 1120, Page 4, Schedule L, Line 21 - Other Liabilities

Description	Beginning of Year	End of Year
NET CONTRIBUTION IN AID	\$ 544,631	\$ 473,142
DEFERRED TAX LIABILITY	4,184	2,344
AND DEPOSIT ESCROW		3,000
TOTAL	\$ 548,815	\$ 478,486

Statement 8 - Form 1120, Page 4, Schedule M-1, Line 4 - Taxable Income Not on Books

Description	Amount
INTEREST ON RESERVE FUNDS	\$ 2,548
TOTAL	\$ 2,548

45

6

Statement 9 - Form 1120, Page 4, Schedule M-1, Line 7 - Income on Books Not on Return

Description	Amount
DEFERRED STATE TAX CREDIT	\$ 760
TOTAL	\$ 760

Federal Statements

EASSE EASTMAN SEWER COMPANY INC.

02-0315874

FYE: 12/31/2007

8/22/2008 9:24 AM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BT-SUMMARY FORM

2007

For the CALENDAR year 2007 or other taxable period beginning

Mo Day Year and ending Mo Day Year

FOR DRA USE ONLY

SEQUENCE # 1

STEP 1

Print or
Type

Check box if there has been a change since last filing

PROPRIETORSHIP - LAST NAME FIRST NAME & INITIAL SOCIAL SECURITY NUMBER

PROPRIETORSHIP - SPOUSE'S LAST NAME FIRST NAME & INITIAL SPOUSE'S SOCIAL SECURITY NUMBER

CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT OR SMLLC NAME

EASTMAN SEWER COMPANY INC.
NUMBER & STREET ADDRESS
PO BOX 470
ADDRESS (continued)

if required to use DIN, DO NOT enter SSN or FEIN

CITY/TOWN, STATE & ZIP CODE
NH 03753
PRINCIPAL BUSINESS ACTIVITY CODE (Federal)
221300

Are you required to file a BT Return (Receipts Over \$150,000)? YES NO If yes, you must attach a completed return to this BT-Summary.

Are you required to file a BPT Return (Business Income Over \$50,000)? YES NO If yes, you must attach a completed return to this BT-Summary.

[1] CORPORATION OR-
 [2] COMBINED GROUP
 [3] PARTNERSHIP
 [4] FIDUCIARY
 [5] NON-PROFIT
 [6] PROPRIETORSHIP
 [7] AMENDED RETURN
 [8] FINAL RETURN

DO NOT USE THIS FORM TO REPORT AN IRS ADJUSTMENT. See Step 2 instructions.

Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to New Hampshire. Enter years covered by IRS

PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY

STEP 3

1 (a) Business Enterprise Tax Net of Statutory Credits 0

1 (b) Business Profits Tax Net of Statutory Credits 0

2 PAYMENTS:

(a) Tax paid with application for extension 2 (a) 900

(b) Total of this year's estimated tax payments 2 (b) 900

(c) Credit carryover from prior tax period 2 (c) 412

(d) Paid with original return (Amended returns only) 2 (d) 412

3 TAX DUE: (Line 1 minus Line 2) 3 0

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)

5 (a) Subtotal of Amount Due (Line 3 plus Line 4) 5 (a)

5 (b) Return Payment Made Electronically 5 (b)

5 BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.revenue.nh.gov, in person or by check payable to: STATE OF NEW HAMPSHIRE. Enclose, but do not staple or tape, your payment with this return.

6 OVERPAYMENT: Line 1 plus Line 4 minus Lines 2 and 5(b)) 6 1,312

7 Apply overpayment amount on Line 6 to:
(a) Credit - Next Year's tax liability
(b) Refund - Allow 12 weeks for processing

DO NOT PAY ←

7 (a) 1,312

7 (b)

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

Under penalties of perjury, I declare that I have examined this 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.

FOR DRA USE ONLY

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.

SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER 8/22/08

EDWARD SCHULZ
030-38-0876

DATE

PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER

SEELYE & SCHULZ PA, CPA
451 AMHERST ST STE 204

DATE

SIGNATURE (IN INK) OF PREPARER (PROPRIETORSHIP ONLY)

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

PREPARER'S ADDRESS

NASHUA
NH 03063-1200

CITY/TOWN, STATE & ZIP CODE

BT-SUMMARY Rev 09/2007

46

Rev. 09/2007
Schedule R
Corp

This schedule must be attached to your Corporate Business Profits Tax Return and you must check the box on the front of the return indicating Bonus Depreciation.

1	Federal Income (Loss) from business activities from return filed with IRS	1	-6,412
2	Adjustments required to federal income:		
(a)	IRC Section 179 expense taken on federal return for assets placed in service during the current taxable period	2(a)	
(b)	Bonus depreciation on assets acquired and placed in service after September 10, 2001, and before January 1, 2005 (January 1, 2005 for certain assets) (Federal Form 4562)	2(b)	
(c)	Current period depreciation reported on federal return for assets for which additional bonus depreciation was reported in any taxable period and/or for which	2(c)	399
(d)	Other amounts reported on federal return that need to be adjusted due to revisions to the IRC in effect on December 31, 2000.	2(d)	
(e)	Total additions (Sum of Line 2(a) through Line 2(d))	2(e)	399
3	Deductions required from federal income: (The deductions allowed in this section are the deductions that would be allowed on assets placed in service in 2001 through 2007 using the IRC in effect pursuant to RSA 77-A.)		
(a)	IRC Section 179 expense allowed on assets placed in service during the current taxable period	3(a)	0
(b)	Current taxable period depreciation allowable for assets for which the bonus depreciation for any taxable period reported on the federal return	3(b)	793
(c)	Other deductions required due to revisions to the IRC in effect on December 31, 2000	3(c)	
(d)	Total deductions (Sum of Line 3(a) through Line 3(c))	3(d)	793
4	Adjustments required on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2005 for certain assets) or on which additional IRC Section 179 expense was taken. (The federal calculation of any gain or loss on the sale of these assets must be adjusted to reflect the different New Hampshire basis for the assets.)		
(a)	Federal gain (loss) on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2005 for certain assets) or on which the additional IRC Section 179 expense was taken	4(a)	
(b)	Gross sales price for assets acquired and placed in service after September 10, 2001, and before January 1, 2005 (January 1, 2005 for certain assets) or on which the additional IRC Section 179 expense was taken, and sold in the current taxable period	4(b)	
(c)	New Hampshire basis of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2005 for certain assets) or on which additional IRC Section 179 expense was taken, and sold in the current taxable period	4(c)	
(d)	New Hampshire gain (New Hampshire loss) on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2005 for certain assets) on which additional IRC Section 179 expense was taken. [Line 4(b) minus Line 4(c)]	4(d)	
(e)	Total adjustments for sale of assets [Line 4(d) minus 4(a)]	4(e)	
5	Adjusted Taxable Income Line 1 plus Line 2(e) minus Line 3(d) plus Line 4(e) (Enter this amount on Line 1(a) of your New Hampshire Corporate Business Profits Tax return)	5	-6,806

This Schedule R shall be used to reconcile the New Hampshire Gross Business Profits before Net Operating Loss and Special Deductions line of the federal corporate income tax return filed with the Internal Revenue Service to the federal income calculated using the Internal Revenue Code (IRC) in effect on December 31, 2000. The revised calculation of federal income shall be used for the New Hampshire Gross Business Profits on Line 1(a) of the NH-1120.

NAME EASTMAN SEWER COMPANY INC.
FEDERAL EMPLOYER IDENTIFICATION NUMBER 02-0315874

For the CALENDAR year 2007 or other taxable period beginning and ending

FORM
CORP
Schedule R

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATE BUSINESS PROFITS TAX RECONCILIATION OF
NEW HAMPSHIRE GROSS BUSINESS PROFITS SCHEDULE R

SEQUENCE #4B

47

SEQUENCE # 4A

For the CALENDAR year 2007 or other taxable period beginning and ending

Mo Day Year and ending Mo Day Year

Due Date for CALENDAR year filers is on or before March 17, 2008 or the 15th day of the 3rd month after the close of the taxable period.

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000

NAME OF CORPORATION

EASTMAN SEWER COMPANY INC.

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER

02-0315874

STEP 2

A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? Yes No X

Questions

If yes, provide the period beginning and ending Mo Day Year and ending Mo Day Year date. B Does the corporation file with the IRS as part of a federal consolidated return? Yes No X

STEP 1

Print or Type EASTMAN SEWER COMPANY INC. request the business tax booklet for Combined Groups.

STEP 3

1 Gross Business Profits Taxable income (loss) before net operating loss deduction and special deductions. If IRC Reconciliation is taken enter the amount from Line 5 of the Corporate Schedule R. (Attach copy of federal return) 1(a) -6,806

STEP 4

7 Credits allowed under RSA 77-A:5 (Attach Form DP-160) 7 Subtotal (Line 6 minus Line 7) 8 New Hampshire Business Enterprise Tax Credit 9 New Hampshire Business Enterprise Tax Credit 10 New Hampshire Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 8 or Line 9) 11 New Hampshire Business Profits Tax Net of Statutory Credits (Line 8 minus Line 10) 0

Figure Your Taxes

(a) Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state) 2(a) (b) Separate entity or passive loss limitation adjustments 1(b) (c) New Hampshire Gross Business Profits (Combine Line 1(a) and Line 1(b))

Figure Your Credits

3 Adjusted Gross Business Profits (Line 1(c) adjusted by Line 2(i), if negative, show in parentheses) 2(i) 4 New Hampshire Apportionment (Attach Form DP-80) 4 5 New Hampshire Taxable Business Profits (Line 3 x Line 4, if negative, enter zero.) 5 6 New Hampshire Business Profits Tax (Line 5 x 8.5%) 6

ENTER THE AMOUNT FROM LINE 11 ON LINE 11(b) OF THE BT-SUMMARY. THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

DP-132 Rev 09/2007

Administrative Rule Rev 303 of the New Hampshire Business Profits Tax includes guidance on how to compute the NOL. The RSA's and administrative rules regarding NOL provisions (RSA 77-A:4, XIII and Rev 303.03) may be obtained from our web site at www.revenue.nh.gov or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies may be made for a fee. Forms may be ordered for free by calling our forms line at (603) 271-2192. If you do not have access to the internet, or if you have specific questions concerning NOL provisions, please contact Central Taxpayer Services, telephone (603) 271-2191. Individuals who need auxiliary aids and preferences known, individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

Column (E)	Enter the excess amount(s) available for future deduction.
Column (D)	Enter only those amounts that will be claimed as a deduction this taxable period.
Column (C)	Enter the NOL amount that was claimed as a deduction in the prior taxable period(s).
Column (B)	Enter the amount of the NOL which is available for carryforward purposes. For tax periods ending before July 1, 2005, the carryforward amount is computed by first carrying the loss back three years and then offsetting the loss by any profits during those three tax periods. (However, the carryback cannot result in an amended return or a refund in those carryback years). If a loss remains after carryback and offset, then the remaining loss must be apportioned using the apportionment percentage of the loss period. The apportioned loss cannot exceed the following limits based on the tax period the loss was incurred: From July 1, 2003 to June 30, 2004, \$50,000 is the maximum amount that may be carried forward. From July 1, 2004 to June 30, 2005, \$750,000 is the maximum amount that may be carried forward. Prior to July 1, 2003, the maximum amount that may be carried forward is \$250,000. For tax periods ending on or after July 1, 2005, no carryback is required or allowed. In addition, the maximum amount that may be carried forward was increased to \$1,000,000.
Carry Forward	A net operating loss may be carried forward for the following number of years: Tax Year Ending On or Before 5 years Carryforward Losses Incurred 1/1/89 - 6/30/97 Tax Year Ending On or After 10 years Carryforward Losses Incurred 7/1/02 On or After 7/1/97
Column (A)	Enter the month, day, and year of each taxable period from which the NOL is being carried forward.
NAME AND SSN	Enter name and SSN, FEIN, or DIN in the space provided. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.
USE THIS FORM	NOL deduction is claimed. No loss amounts incurred before 7/1/97, shall contribute to the net operating loss deduction.
WHEN TO USE THIS FORM	Use this form to detail the NOL carryforward amounts which comprise the current tax period NOL deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the New Hampshire tax return in the taxable period the NOL deduction is claimed.

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 exceed the New Hampshire Adjusted Gross Business Profits before the NOL deduction.

11	10	9	8	7	6	5	4	3	2	1
Amount of NOL carryforward deducted this taxable period										
Sum of Column D, Lines 1-10										
Column (A)	Column (B)	Column (C)	Column (D)	Column (E)						
Ending date of taxable period in which NOL occurred.	New Hampshire net operating loss available for carryforward from Net Operating Loss Worksheets.	Amount of NOL has been used in carryforward which taxable periods prior to this taxable period.	Amount of NOL to be used as a deduction in this taxable period.	Amount of NOL to carryforward to future taxable period.						
Mo Day Yr										

NAME	RASTMAN SEWER COMPANY INC.
FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER	02-0315874

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____ Mo Day Year

SEQUENCE # 7

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NET OPERATING LOSS (NOL) DEDUCTION

FORM DP-132

47

Form **1120**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return
For calendar year 2006 or tax year beginning _____, ending _____
▶ See separate instructions.

OMB No. 1545-0123

2006

A Check if: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch. M-3) <input type="checkbox"/>		Use IRS label. Otherwise, print or type.	Name Number, street, and room or suite no. City or town, state, and ZIP code If a P.O. box, see instructions.		B Employer identification number 02-0315874	
			EASTMAN SEWER COMPANY INC. PO BOX 470 GRANTHAM NH 03753		C Date incorporated 8/19/1969	
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change <input type="checkbox"/>					D Total assets (see instructions) \$ 733,229	

Income	1a	Gross receipts or sales	111,119	b	Less returns and allowances		c	Bal ▶	1c	111,119
	2	Cost of goods sold (Schedule A, line 8)							2	
	3	Gross profit. Subtract line 2 from line 1c							3	111,119
	4	Dividends (Schedule C, line 19)							4	
	5	Interest							5	4,789
	6	Gross rents							6	
	7	Gross royalties							7	
	8	Capital gain net income (attach Schedule D (Form 1120))							8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)							9	
	10	Other income (see instructions-attach schedule)		SEE STMT 1					10	2,410
	11	Total income. Add lines 3 through 10							11	118,318

Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)		12	
	13	Salaries and wages (less employment credits)		13	
	14	Repairs and maintenance		14	7,116
	15	Bad debts		15	
	16	Rents		16	2,200
	17	Taxes and licenses		17	5,975
	18	Interest		18	
	19	Charitable contributions		19	
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)		20	4,487
	21	Depletion		21	
	22	Advertising		22	
	23	Pension, profit-sharing, etc., plans		23	
	24	Employee benefit programs		24	
	25	Domestic production activities deduction (attach Form 8903)		25	
26	Other deductions (attach schedule)		26	86,839	
27	Total deductions. Add lines 12 through 26		27	106,617	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	11,701	
29	Less: a Net operating loss deduction (see instructions)	29a		29c	
	b Special deductions (Schedule C, line 20)	29b			

Tax and Payments	30	Taxable income. Subtract line 29c from line 28 (see instructions)		30	11,701	
	31	Total tax (Schedule J, line 10)		31	1,755	
	32a	2005 overpayment credited to 2006	32a	2,058		
	b	2006 estimated tax payments	32b			
	c	2006 refund applied for on Form 4466	32c			
	d	Bal ▶	32d	2,058		
	e	Tax deposited with Form 7004	32e	600		
	f	Credits: (1) Form 2439 (2) Form 4136	32f			
	g	Credit for federal telephone excise tax paid (attach Form 8913)	32g		32h	2,658
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached			33	
34	Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34		
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35	903	
36	Enter amount of line 35 you want: Credited to 2007 estimated tax ▶ 903 Refunded ▶			36		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Signature of officer _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 8/08/07 Check if self-employed Preparer's SSN or PTIN: 030-38-0876

Firm's name (or yours if self-employed): SEELYE & SCHULZ PA, CPA EIN: 02-0413305

address, and ZIP code: NASHUA, NH 03063-1200 Phone no.: 603-886-1900

Schedule A Cost of Goods Sold (see instructions)

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

(i) Cost

(ii) Lower of cost or market

(iii) Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities ▶			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	%
		%	%	%	%
		%	%	%	%
		%	%	%	%
2 Total compensation of officers					
3 Compensation of officers claimed on Schedule A and elsewhere on return					
4 Subtract line 3 from line 2. Enter the result here and on page 1, line 12					

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
2	Income tax. Check if a qualified personal service corporation (see instructions)		1,755
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		1,755
5a	Foreign tax credit (attach Form 1118)	5a	
b	Qualified electric vehicle credit (attach Form 8834)	5b	
c	General business credit. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844	5c	0
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	0
7	Subtract line 6 from line 4	7	1,755
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)	9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31	10	1,755

Schedule K Other Information (see instructions)

		Yes	No			Yes	No
1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶			7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If "Yes," enter: (a) Percentage owned ▶ and (b) Owner's country ▶		X
2	See the instructions and enter the: a Business activity code no. ▶ 221300 b Business activity ▶ OPERATE/MAINTAIN c Product or service ▶ SEWER PLANT			c	The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.		X	8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corp. ▶		X	9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0		
5	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) STMT 3 If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ 100.000	X		10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1		
6	During this tax year, did the corp. pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		X	11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.		
				12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$		
				13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$		X

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		119,928		116,312
2a	Trade notes and accounts receivable	13,876		12,767	
b	Less allowance for bad debts	2,500	11,376	1,000	11,767
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (att. sch.) STMT 4		9,385		4,925
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach sch.)				
10a	Buildings and other depreciable assets	2,475,208		2,486,095	
b	Less accumulated depreciation	1,835,748	639,460	1,899,916	586,179
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach sch.) STMT 5				14,046
15	Total assets		780,149		733,229
Liabilities and Shareholders' Equity					
16	Accounts payable		1,819		3,451
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. sch.) STMT 6		75,611		66,563
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule) STMT 7		597,787		548,815
22	Capital stock: a Preferred stock			8,000	8,000
	b Common stock	8,000	8,000		
23	Additional paid-in capital		66,262		66,262
24	Retained earnings-Appropriated (att. sch.)				
25	Retained earnings-Unappropriated		30,670		40,138
26	Adjustments to SH equity (att. sch.)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		780,149		733,229

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1	Net income (loss) per books	9,468	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	1,750		Tax-exempt interest \$	
3	Excess of capital losses over capital gains			STMT 10	1,500
4	Income subject to tax not recorded on books this year (itemize):				
	STMT 8	2,160	8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):			a Depreciation \$	178
a	Depreciation \$			b Charitable contributions \$	
b	Charitable contributions \$				
c	Travel and entertainment \$				178
	STMT 9	1	9	Add lines 7 and 8	1,678
6	Add lines 1 through 5	13,379	10	Income (page 1, line 28)-line 6 less line 9	11,701

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	30,670	5	Distributions: a Cash	
2	Net income (loss) per books	9,468		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	40,138	8	Balance at end of year (line 4 less line 7)	40,138

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2006
 Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **EASTMAN SEWER COMPANY INC.** Identifying number **02-0315874**

Business or activity to which this form relates
REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	4,487
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	4,487
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

54

Form **7004**
 (Rev. December 2006)
 Department of the Treasury
 Internal Revenue Service

**Application for Automatic 6-Month Extension of Time To File
 Certain Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

▶ File a separate application for each return.

Type or Print

Name EASTMAN SEWER COMPANY INC.	Identifying number 02-0315874
Number, street, and room or suite no. (If P.O. box, see instructions.) PO BOX 470	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). GRANTHAM NH 03753	

Note. See instructions before completing this form.

- 1 Enter the form code for the return that this application is for (see below) 12
- 2 If the foreign corporation does not have an office or place of business in the United States, check here ▶
- 3 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶
- 4a The application is for calendar year 20 06, or tax year beginning and ending
- b Short tax year. If this tax year is less than 12 months, check the reason:
 Initial return Final return Change in accounting period Consolidated return to be filed
- 5 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶
 If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.
- 6 Tentative total tax

6	2,658
7	2,058
8	600
- 7 Total payments and credits (see instructions)
- 8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-H	17
Form 706-GS(T)	02	Form 1120-L	18
Form 990-C (2005 fiscal year filers only)	03	Form 1120-ND	19
Form 1041 (estate)	04	Form 1120-ND (section 4951 taxes)	20
Form 1041 (trust)	05	Form 1120-PC	21
Form 1041-N	06	Form 1120-POL	22
Form 1041-QFT	07	Form 1120-REIT	23
Form 1042	08	Form 1120-RIC	24
Form 1065	09	Form 1120-S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120 (sub-T) (2005 fiscal year filers only)	13	Form 8613	29
Form 1120-A	14	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33

For Paperwork Reduction Act Notice, see instructions.

Form 7004 (Rev. 12-2006)

02-0315874

Federal Statements

FYE: 12/31/2006

Statement 1 - Form 1120, Page 1, Line 10 - Other Income

<u>Description</u>	<u>Amount</u>
FINANCE CHARGES	\$ 210
APPLICATION FEES	700
BAD DEBT RECOVERIES	1,500
TOTAL	<u>\$ 2,410</u>

Statement 2 - Form 1120, Page 1, Line 26 - Other Deductions

<u>Description</u>	<u>Amount</u>
ACCOUNTING FEES	\$ 3,817
TESTING	5,670
SUBCONTRACTED WATER SYSTEMS MONITORING	23,136
SUBCONTRACT LABOR	4,052
OTHER-CONSULTING	1,582
SERVICE AND MAINTENANCE	15,115
INSURANCE GENERAL	3,098
INS DIRECTORS & OFFICERS	5,139
OFFICE SUPPLIES & EXPENSE	712
ELECTRIC, PUMP A	6,123
ELECTRIC, PUMP B	1,159
ELECTRIC, AERATION	11,351
ELECTRIC, PONDS	273
UTILITIES, PROPANE	389
UTILITIES, WATER	180
BANK SERVICE CHARGES	109
POSTAGE	1,019
TELEPHONE	773
SUPPLIES-OPERATING	642
MANAGEMENT FEE	2,400
DUES AND SUBSCRIPTIONS	100
TOTAL	<u>\$ 86,839</u>

Federal Statements

Statement 3 - Form 1120, Pg 3, Sch K, Question 5 - Did Entity Own 50% or More of Corp Stock?

<u>EIN/SSN</u>	<u>Name of Entity</u>	<u>Percent Owned</u>
23-7153126	EASTMAN COMMUNITY ASSOCIATION	100.000
TOTAL		<u>100.000</u>

Federal Statements

Statement 4 - Form 1120, Page 4, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
PREPAID INSURANCE	\$ 5,101	\$ 4,757
PREPAID PUC TAXES	156	168
REFUNDABLE INCOME TAXES	4,128	
TOTAL	\$ <u>9,385</u>	\$ <u>4,925</u>

Statement 5 - Form 1120, Page 4, Schedule L, Line 14 - Other Assets

Description	Beginning of Year	End of Year
ASSET UNDER CONSTRUCTION	\$	\$ 14,046
TOTAL	\$ <u>0</u>	\$ <u>14,046</u>

Statement 6 - Form 1120, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
CAPITAL RESERVE LIABILITY	\$ 75,259	\$ 65,789
DEFERRED REGISTRY EXPENSE	352	272
ACCRUED INCOME TAXES		502
TOTAL	\$ <u>75,611</u>	\$ <u>66,563</u>

Statement 7 - Form 1120, Page 4, Schedule L, Line 21 - Other Liabilities

Description	Beginning of Year	End of Year
NET CONTRIBUTION IN AID	\$ 593,603	\$ 544,631
DEFERRED TAX LIABILITY	4,184	4,184
TOTAL	\$ <u>597,787</u>	\$ <u>548,815</u>

Statement 8 - Form 1120, Page 4, Schedule M-1, Line 4 - Taxable Income Not on Books

Description	Amount
INTEREST ON RESERVE FUNDS	\$ 2,160
TOTAL	\$ <u>2,160</u>

Statement 9 - Form 1120, Page 4, Schedule M-1, Line 5 - Expenses on Books Not on Return

Description	Amount
ROUNDING ADJUSTMENT	\$ 1
TOTAL	\$ <u>1</u>

Federal Statements

Statement 10 - Form 1120, Page 4, Schedule M-1, Line 7 - Income on Books Not on Return

<u>Description</u>	<u>Amount</u>
REDUCTION IN RESERVE FOR BAD DEBTS	\$ 1,500
TOTAL	<u>\$ 1,500</u>

FORM
BT-SUMMARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

For the CALENDAR year **2006** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

SEQUENCE # 1

STEP 1 Please Print or Type	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT OR SMLLC NAME EASTMAN SEWER COMPANY INC.		FEDERAL EMPLOYER IDENTIFICATION NUMBER 02-0315874
	NUMBER & STREET ADDRESS PO BOX 470		DEPARTMENT IDENTIFICATION NUMBER (DIN)
	ADDRESS (continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE GRANTHAM NH 03753		PRINCIPAL BUSINESS ACTIVITY CODE (Federal) 221300

COPY

STEP 2
Return Type and Federal Information

You must answer the following two questions, or your return will be considered incomplete, and may be subject to penalties.

Are You Required To File A BET Return (Receipts Over \$150,000)? YES NO If yes, you must attach a completed return to this BT-Summary.

Are You Required To File A BPT Return (Business Income Over \$50,000)? YES NO

[2] CORPORATION -OR- [3] PARTNERSHIP [1] PROPRIETORSHIP AMENDED RETURN
 [2] COMBINED GROUP [5] NON-PROFIT [4] FIDUCIARY FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to New Hampshire. Enter years covered by IRS
DO NOT USE THIS FORM TO REPORT AN IRS ADJUSTMENT. See Step 2 instructions.

STEP 3 PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY

STEP 4 Figure Your Balance Due or Overpayment	1 (a) Business Enterprise Tax Net of Statutory Credits	1 (a)	0	
	(b) Business Profits Tax Net of Statutory Credits	1 (b)	1,047	1,047
	2 PAYMENTS:			
	(a) Tax paid with application for extension	2 (a)	600	
	(b) Total of this year's estimated tax payments	2 (b)		
	(c) Credit carryover from prior tax period	2 (c)	859	
	(d) Paid with original return (Amended returns only)	2 (d)		
	3 TAX DUE: (Line 1 minus Line 2)			1,459
	4 ADDITIONS TO TAX:			(412)
	(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)		
	5 (a) Subtotal of Amount Due (Line 3 plus Line 4)	5 (a)		
	5 (b) Return Payment Made Electronically			5 (b)
5 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. Enclose, but do not staple or tape, your payment with this return.		PAY THIS AMOUNT →	5	
6 OVERPAYMENT: [Line 1 plus Line 4 minus Lines 2 and 5(b)]	6	412		
7 Apply overpayment amount on Line 6 to:		DO NOT PAY →	7 (a)	
(a) Credit - Next Year's tax liability			412	
(b) Refund - Allow 12 weeks for processing			7 (b)	

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

STEP 5 Under penalties of perjury, I declare that I have examined this 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.

FOR DRA USE ONLY

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.

8/08/07

SIGNATURE (IN INK) DATE SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER DATE
 _____ DATE _____ DATE
02-0413305

TITLE PREPARER'S TAX IDENTIFICATION NUMBER
 _____ SEELYE & SCHULZ PA, CPA
 451 AMHERST ST STE 204

SP. SIG. (IN INK) (PROPRIETORSHIP ONLY) DATE PREPARER'S ADDRESS
 _____ NH DEPT OF REVENUE ADMINISTRATION
 MAIL DOCUMENT PROCESSING DIVISION NASHUA NH 03063-1200
 TO: PO BOX 637
 CONCORD NH 03302-0637 CITY/TOWN, STATE & ZIP CODE

BT-SUMMARY
Rev. 10/1/06

CS

FORM
BT-EXT

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**PAYMENT FORM AND APPLICATION FOR 7 MONTH EXTENSION
OF TIME TO FILE BUSINESS TAX RETURN**

TO MAKE YOUR PAYMENT ON-LINE ACCESS E-FILE AT
www.revenue.nh.gov

FOR DRA USE ONLY

INSTRUCTIONS

AUTOMATIC EXTENSION	If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, by the due date of the tax you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date. Please note that an extension of time to file your returns is not an extension of time to pay the tax.
E-FILE	Make 100% of your tax payment on-line and you will not have to file this form. Access our web site at www.revenue.nh.gov .
WHO MUST FILE	If you need to make an additional payment in order to have paid 100% of the tax determined to be due, you may e-file your payment or you may submit this form with payment or make an electronic payment by the original due date in order to be granted an extension of time to file your return. Do not file if the total due is zero.
WHEN TO FILE	This form must be postmarked on or before the original due date of the return. Electronic payments must be made before midnight of the due date of the return.
WHERE TO FILE	New Hampshire Department of Revenue Administration, Document Processing Division, 45 Chenell Drive, PO Box 637, Concord, NH 03302-0637.
REASONS FOR DENIAL	Applications for extension will be denied for reasons such as, but not limited to, the application was postmarked the due after date or the payment for 100% of the balance due shown on Line 5 below did not accompany this application or was not received electronically by the due date of the return.
NEED HELP	Call Central Taxpayer Services at (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

PLEASE PRINT OR TYPE 100% OF TAX PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT OR SMLLC NAME		FEDERAL EMPLOYER ID NUMBER
	EASTMAN SEWER COMPANY INC.		02-0315874
	NUMBER & STREET ADDRESS PO BOX 470		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (Continued)		If required to use DIN, DO NOT enter SSN or FEIN
CITY/TOWN, STATE & ZIP CODE GRANTHAM NH 03753		PRINCIPAL BUSINESS ACTIVITY CODE (Federal) 221300	

For the CALENDAR year **2006** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

ENTITY TYPE Check one of the following:

- [1] Proprietorship [2] Corporation/Combined Group [3] Partnership [4] Fiduciary [5] Non-Profit Organization

TAX PAYMENT SCHEDULE. DO NOT FILE THIS FORM IF LINE 5 IS ZERO.

1	Enter 100% of the Business Enterprise Tax determined to be due	1	
2	Enter 100% of the Business Profits Tax (net of BET credit) determined to be due	2	
3	Subtotal (Line 1 plus Line 2)	3	1,459
4	LESS: Credit carried over from prior year and Total Advance Payments	4	859
5	BALANCE DUE: (If negative or zero, do not file this application)	5	600

MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE. ENCLOSE, BUT DO NOT STAPLE OR TAPE, YOUR PAYMENT TO THIS EXTENSION.

FOR DRA USE ONLY

NH DEPT OF REVENUE ADMINISTRATION
MAIL DOCUMENT PROCESSING DIVISION
TO: PO BOX 637
CONCORD NH 03302-0637

CS



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS,
 PARTNERSHIPS, FIDUCIARIES AND NON-PROFIT ORGANIZATIONS**

SEQUENCE # 2

YOU ARE REQUIRED TO FILE THIS RETURN IF THE GROSS RECEIPTS WERE GREATER THAN \$150,000 OR THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$75,000.

For the CALENDAR year **2006** or other taxable period beginning Mo Day Year and ending Mo Day Year

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY.

STEP 1 Please Print or Type Name	CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT NAME EASTMAN SEWER COMPANY INC.	FEDERAL EMPLOYER IDENTIFICATION NUMBER 02-0315874
	SINGLE MEMBER LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER

If your business activities are conducted both inside and outside New Hampshire AND the business enterprise is subject to a business privilege tax, a net income tax, a franchise tax measured by net income of a capital stock or other similar taxes, whether or not it is actually imposed by another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for Lines 1, 2 and 3. If you need Form BET-80 and it is not included in your booklet, it may be obtained from our web site at www.revenue.nh.gov or by calling (603) 271-2192.

STEP 2 Compute the Taxable Enterprise Value Tax Base	1 Dividends Paid	1	0		
	2 Compensation and Wages Paid or Accrued	2	0		
	3 Interest Paid or Accrued	3	0		
	4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3)			4	
STEP 3 Figure Your Tax	5 New Hampshire Business Enterprise Tax (Line 4 multiplied by .0075)			5	
	6 STATUTORY CREDITS (a) RSA 162-L:10. CDFA-Investment Tax Credit	6(a)			
	Community Reinvestment and Opportunity Credit (b) RSA 162-N, CROP Credit	6(b)		6	
	7 Business Enterprise Tax Net of Statutory Credits (Line 5 minus Line 6. IF NEGATIVE, ENTER ZERO) ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY.			7	0

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**CORPORATE BUSINESS PROFITS TAX RECONCILIATION OF
 NEW HAMPSHIRE GROSS BUSINESS PROFITS SCHEDULE R**

SEQUENCE #4A

FORM
CORP
 Schedule R

For the CALENDAR year 2006 or other taxable period beginning _____ and ending _____

Name EASTMAN SEWER COMPANY INC.	FEIN 02-0315874
-------------------------------------------	---------------------------

This Schedule R shall be used to reconcile the Taxable Income before Net Operating Loss and Special Deductions line of the federal corporate income tax return filed with the Internal Revenue Service to the federal income calculated using the Internal Revenue Code (IRC) in effect on December 31, 2000. The revised calculation of federal income shall be used for the New Hampshire's Gross Business Profits Taxable Income on Line 1(a) of the NH-1120.

1	Federal Income (Loss) from business activities from return filed with IRS	1	11,701
2	Additions required to federal income:		
(a)	IRC Section 179 expense taken on federal return for assets placed in service during the current taxable period	2(a)	
(b)	Bonus depreciation on assets acquired and placed in service after September 10, 2001, and before January 1, 2005 (January 1, 2006 for certain assets) (Federal Form 4562)	2(b)	
(c)	Current period depreciation reported on federal return for assets for which additional IRC Section 179 deductions were reported in any taxable period and/or for which bonus depreciation was reported in any taxable period	2(c)	5,717
(d)	Other amounts reported on federal return that need to be adjusted due to revisions to the IRC in effect on December 31, 2000.	2(d)	
(e)	Total additions [Sum of Line 2(a) through Line 2(d)]	2(e)	5,717
3	Deductions required from federal income: (The deductions allowed in this section are the deductions that would be allowed on assets placed in service in 2001 through 2006 using the IRC in effect pursuant to RSA 77-A.)		
(a)	IRC Section 179 expense allowed on assets placed in service during the current taxable period	3(a)	0
(b)	Current taxable period depreciation allowable for assets for which the bonus depreciation deductions reported for any taxable period and/or additional IRC Section 179 deductions for any taxable period reported on the federal return	3(b)	6,202
(c)	Other deductions required due to revisions to the IRC in effect on December 31, 2000	3(c)	
(d)	Total deductions [Sum of Line 3(a) through Line 3(c)]	3(d)	6,202
4	Adjustments required on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2006 for certain assets) or on which additional IRC Section 179 expense was taken. (The federal calculation of any gain or loss on the sale of these assets must be adjusted to reflect the different New Hampshire basis for the assets.)		
(a)	Federal gain (loss) on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2006 for certain assets) or on which the additional IRC Section 179 expense was taken	4(a)	
(b)	Gross sales price for assets acquired and placed in service after September 10, 2001, and before January 1, 2005 (January 1, 2006 for certain assets) or on which the additional IRC Section 179 expense was taken, and sold in the current taxable period	4(b)	
(c)	New Hampshire basis of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2006 for certain assets) or on which additional IRC Section 179 expense was taken, and sold in the current taxable period	4(c)	
(d)	New Hampshire gain (New Hampshire loss) on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2006 for certain assets) on which additional IRC Section 179 expense was taken. [Line 4(b) minus Line 4(c)]	4(d)	
(e)	Total adjustments for sale of assets [Line 4(d) minus 4(a)]	4(e)	
5	Adjusted Taxable Income Line 1 plus Line 2(e) minus Line 3(d) plus Line 4(e) (Enter this amount on Line 1(a) of your New Hampshire Corporate Business Profits Tax return)	5	11,216

This schedule must be attached to your Corporate Business Profits Tax Return and you must check the box on the front of the return indicating Bonus Depreciation.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATION BUSINESS PROFITS TAX RETURN

For the CALENDAR year **2006** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE # 4B

Due Date for CALENDAR year filers is on or before March 15, 2007 or the 15th day of the 3rd month after the close of the taxable period.
YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.

STEP 1 Please Print or Type	NAME OF CORPORATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
	EASTMAN SEWER COMPANY INC.	02-0315874

STEP 2 Questions

A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? Yes ___ No X

B Does the corporation file with the IRS as part of a federal consolidated return? Yes ___ No X

C Is this corporation affiliated with any other business organization that files business tax returns with this department? Please identify by name and FEIN: _____ Yes ___ No X

D Does the corporation file as part of a unitary group in any other jurisdiction? Yes ___ No X

E Is this a "combined" business profits tax return? Yes ___ No X

If the answer to "E" is yes, do not complete this return. You must file a NH-1120-WE return. You may download the Business tax forms for Combined Groups from our web site at www.revenue.nh.gov or call (603) 271-2192 to request the business tax booklet for Combined Groups.

STEP 3 Figure Your Taxes

1 Gross Business Profits Bonus Depreciation

(a) Taxable income (loss) before net operating loss deduction and special deductions. If bonus depreciation is taken enter the amount from Line 5 of the Corporate Schedule R. (Attach copy of federal return) 1(a) 11,216

(b) Separate entity or passive loss limitation adjustments 1(b) _____

(c) New Hampshire Gross Business Profits [Combine Line 1(a) and Line 1(b)] (If negative, show in parenthesis. See worksheet for Net Operating Loss, NOL, provisions) 1(c) 11,216

2 Additions and Deductions

(a) Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state) STMT 1 2(a)	<u>1,100</u>
(b) New Hampshire Net Operating Loss Deduction (Attach Form DP-132) 2(b)	()
(c) Interest on direct U.S. Obligations 2(c)	()
(d) Wage adjustment required by IRC Section 280C 2(d)	()
(e) Foreign dividend gross-up (IRC Section 78) 2(e)	()
(f) Add back expenses related to constitutionally exempt income 2(f)	()
(g) Research contribution (See RSA 77-A:4 XII. Attach computation) (Attach a schedule detailing name, FEIN and amount) 2(g)	()
(h) Interest and Dividends subject to tax under RSA 77 2(h)	()
(i) Add back return of capital from Qualified Investment Capital Company 2(i)	()
(j) Combine Lines 2(a) through 2(i). (If negative, show in parenthesis) 2(j)	<u>1,100</u>

3 Adjusted Gross Business Profits (Line 1(c) adjusted by Line 2(j). If negative, show in parenthesis) 3 12,316

4 New Hampshire Apportionment (Attach Form DP-80) 4 1.000000

5 New Hampshire Taxable Business Profits (Line 3 x Line 4. If negative, enter zero.) 5 12,316

6 New Hampshire Business Profits Tax (Line 5 x 8.5%) 6 1,047

STEP 4 Figure Your Credits

7 Credits allowed under RSA 77-A:5 (Attach Form DP-160) 7 _____

8 Subtotal (Line 6 minus Line 7) 8 1,047

9 New Hampshire Business Enterprise Tax Credit 9 _____

10 New Hampshire Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 8 or Line 9) 10 0

11 New Hampshire Business Profits Tax Net of Statutory Credits (Line 8 minus Line 10) 11 1,047

ENTER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BT-SUMMARY.
THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

FORM
DP-132

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) DEDUCTION

For the CALENDAR year **2006** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE # 7

NAME EASTMAN SEWER COMPANY INC.	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SSN OR DEPARTMENT IDENTIFICATION NUMBER 02-0315874
-------------------------------------------	--------------------------------------------------------------------------------------------------------

COLUMN (A)	COLUMN (B)	COLUMN (C)	COLUMN (D)	COLUMN (E)
Ending date of taxable period in which NOL occurred.	New Hampshire net operating loss available for carryforward from Net Operating Loss Worksheets.	Amount of NOL carryforward which has been used in taxable periods prior to this taxable period.	Amount of NOL to be used as a deduction in this taxable period.	Amount of NOL to carryforward to future taxable period.
Mo Day Yr				
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10

11 Amount of NOL carryforward deducted this taxable period. (Sum of Column D, Lines 1-10) 11

This is the amount to be reported on the applicable Business Profits Tax return. This amount cannot exceed the New Hampshire Adjusted Gross Business Profits before the NOL deduction.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E).

WHEN TO USE THIS FORM	Use this form to detail the NOL carryforward amounts which comprise the current tax period NOL deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the New Hampshire tax return in the taxable period the NOL deduction is claimed. No loss amounts incurred before 7/1/97, shall contribute to the net operating loss deduction.
NAME AND SSN	Enter spouse's name and SSN in the space provided for separate proprietorship only. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

Column (A)	Enter the month, day, and year of each taxable period from which the NOL is being carried forward.												
Carry Forward	A net operating loss may be carried forward for the following number of years: <table style="width:100%; font-size: x-small;"> <tr> <td>Tax Year Ending On or Before</td> <td>Carryforward</td> <td>Losses Incurred</td> </tr> <tr> <td>6/30/02</td> <td>5 years</td> <td>1/1/89 - 6/30/97</td> </tr> <tr> <td>Tax Year Ending On or After</td> <td>Carryforward</td> <td>Losses Incurred</td> </tr> <tr> <td>7/1/02</td> <td>10 years</td> <td>On or After 7/1/97</td> </tr> </table>	Tax Year Ending On or Before	Carryforward	Losses Incurred	6/30/02	5 years	1/1/89 - 6/30/97	Tax Year Ending On or After	Carryforward	Losses Incurred	7/1/02	10 years	On or After 7/1/97
Tax Year Ending On or Before	Carryforward	Losses Incurred											
6/30/02	5 years	1/1/89 - 6/30/97											
Tax Year Ending On or After	Carryforward	Losses Incurred											
7/1/02	10 years	On or After 7/1/97											
Column (B)	Enter the amount of the NOL which is available for carryforward purposes. For tax periods ending before July 1, 2005, the carryforward amount is computed by first carrying the loss back three years and then offsetting the loss by any profits during those three tax periods. (However, the carryback cannot result in an amended return or a refund in those carryback years). If a loss remains after carryback and offset, then the remaining loss must be apportioned using the apportionment percentage of the loss period. The apportioned loss cannot exceed the following limits based on the tax period the loss was incurred: From July 1, 2003 to June 30, 2004, \$500,000 is the maximum amount that may be carried forward. From July 1, 2004 to June 30, 2005, \$750,000 is the maximum amount that may be carried forward. Prior to July 1, 2003, the maximum amount that may be carried forward is \$250,000. For tax periods ending on or after July 1, 2005, no carryback is required or allowed. In addition, the maximum amount that may be carried forward was increased to \$1,000,000.												
Column (C)	Enter the NOL amount that was claimed as a deduction in the prior taxable period(s).												
Column (D)	Enter only those amounts that will be claimed as a deduction this taxable period.												
Column (E)	Enter the excess amount(s) available for future deduction.												

Administrative Rule Rev 303 of the New Hampshire Business Profits Tax includes guidance on how to compute the NOL. The RSA's and administrative rules regarding NOL provisions (RSA 77-A:4,XIII and Rev 303.03) may be obtained from our web site at www.revenue.nh.gov or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies may be made for a fee. Forms may be ordered for free by calling our forms line at (603) 271-2192. If you do not have access to the internet, or if you have specific questions concerning NOL provisions, please contact Central Taxpayer Services, telephone (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD access: Relay NH 1-800-735-2964.

65

New Hampshire Statements

Statement 1 - Form NH-1120, Line 2(a) - Income Taxes or Franchise Taxes Measured by Income

<u>Description</u>	<u>Amount</u>
NH BUSINESS PROFITS TAX	\$ <u>1,100</u>
TOTAL	\$ <u><u>1,100</u></u>

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-7

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Regarding Income Tax Expense:

- a) Please provide copies of the Company's Federal and State Income/Business Tax Returns for the years 2006 and 2007.
- b) Does the Company have a net operating loss carryforward or carryback balance for federal or state income/business tax purposes? If yes, please indicate these amounts as of 12/31/07.

Response:

- a) See attached copies of the Company's Federal and State Income/Business Tax Returns for the years 2006 and 2007.
- b) The Company does not have a net operating loss carryforward or carryback balance for federal or state income/business tax purposes.

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-8

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Other than the non-recurring expense items indicated by the Company in its permanent rate filing, are there any other transactions which occurred during the test year that should be deemed of a non-recurring nature?

Response: No.

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-9

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: Were there any expenses incurred during the test year which should be deemed as non-deductible for rate making purposes, ie, fines, penalties, lobbying expenses, charitable donations, etc?

Response: No.

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-10

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: At the technical session on October 29 the company indicated that it recently borrowed from the Eastman Community Association. Please indicate the amount of this borrowing, the purpose, and terms provided by ECA, and how the company intends to repay this loan.

Response: The ECA board approved up to \$35,000. The Company borrowed \$20,000 in August 2008 to meet August 2008 expenditures. The term is one year at an interest rate of 5%. The Company intends to repay this loan with cash from operations and/or increased rates and financing, if applicable.

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-11

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: What are the company's intentions as to the future capital expenditures called for in the CLD report?

Response: The Company's intentions are to finance the capital expenditure and to increase rates in order to repay the financing. The Company believes that the projects are necessary in order meet current requirements and increase system reliability.

**DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1**

Data Request Received: 11/12/08
Staff 1-12

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: What is the source of the \$2,328 interest income from the company's 2007 Annual Report Form F-2 line 13?

Response: The source is interest earned from checking account.

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-13

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: The company reported in 2007 an increase in Contracted Services expense of \$11,707 over 2006. Please provide greater detail on this increase, i.e. what are the reasons for the increase, whether the company considers the new level of expense in this category to be ongoing, and whether or not the proposed headworks project will affect this level of spending in the next year or two.

Response: The Company was required to increase the monitoring as part of the ground water permit from 3 – 4 days to 7 days a week. The new level of expense will be ongoing. With the proposed headworks project there might be additional routine expenses to calibrate the equipment as well as to monitor the ph and flow meter. The costs of the additional routine expenses could be \$1,000 - \$2,000 annually.

DW 08-086
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/12/08
Staff 1-14

Date of Response: 11/19/08
Witness: Stephen P. St. Cyr

Request: The company's requested level of temporary rates includes payment to the condominium association for costs related to the backup of a sewer line. Please explain why the company believes this to be a recurring cost that should be built in to future customer rates.

Response: The Company does not believe that the payment to the condominium association for the costs related to the backup of a sewer line is recurring. As such, the Company made a proforma adjustment of \$5,000 to miscellaneous expenses as part of permanent rates.

With respect to temporary rates, the Company is attempting to eliminate its net operating loss and earn its authorized rate of return based on actual test year revenue and expenses. As such, the Company made a proforma adjustment for the increase in revenue (and the related proforma adjustments to federal and state taxes) in order to earn its authorized rate of return.

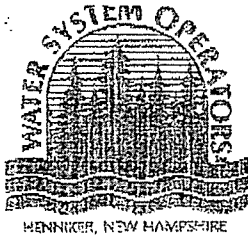
EASTMAN SEWER COMPANY, INC.
STAFF DATA REQUESTS – SET 1

Data Request Received: 11/25/08
Staff 1-15

Date of Response: 11/25/08
Witness: Stephen P. St. Cyr

Request: Please provide agreement between Eastman Sewer Company and Water System Operators regarding the operation of the sewer system.

Response: See attached Proposal and Agreement between Eastman Sewer Company and Water System Operators regarding the operation of the sewer system.



Water System Operators, Inc.
405 Flanders Road
Post Office Box 69
Henniker, NH 03242
Phone: 603 428 3525
Fax: 603 428 3764

November 1, 2007

Board Of Directors
Eastman Sewer Company
Post Office Box 470
Grantham, NH 03753

Dear Board,

Here is our revised proposal to operate the Eastman Sewer plant from November 2007 through 2008. I have enclosed two copies of the contract. If everything is OK please sign both copies and return one copy to us. Please sign the sampling schedule agreement also.

If you have any questions please contact me.

Sincerely,

Joseph P. Darnour, President

PROPOSAL
November 1, 2007

Scope of Services

Operation of the Wastewater Collection and Treatment Facilities.

1. Wastewater Treatment Plant Facility

Water System Operators, Inc. shall provide inspection and sampling services for the Wastewater Treatment Lagoon Facilities, Wastewater Holding Ponds & Pump Station and West Pump Stations A & B of the Owner. Water System Operators, Inc. shall make daily inspections and take all samples required by permit or mutually agreed to between the Owner and Water System Operators, Inc. Records of all such inspections and sampling shall be available to the Owner at each site.

2. Sludge, Septage, Grit and Scum Treatment

Water System Operators, Inc. shall provide all labor to operate the existing sludge, septage, grit and scum systems that pertain to the operation of the Owner's Wastewater Treatment System. The Owner shall provide a place, and be responsible, for final disposal of all by-products of any scum, grit, septage and sludge systems.

3. Scheduled Maintenance

Water System Operators, Inc. shall regularly inspect all equipment that requires scheduled maintenance service and shall perform all work necessary in accordance with the manufacturer's recommendations or maintenance procedures in accordance with standard practice.

4. Sampling

Water System Operators, Inc. shall collect all samples as required by the permit, have them analyzed, and complete and submit reports as required by the State of NH, DES or applicable regulatory authority. The owner shall be responsible for all laboratory fees. Copies of all required reports shall be available at the Owners facility.

5. Reports

Water System Operators, Inc. will make reports and communicate with the New Hampshire Department of Environmental Services (NHDES) as required. We will also attend scheduled meetings with the Owners and Public. A written or oral report of the status of projects and an update on operations shall be provided at the Sewer Board's monthly meetings.

6. Available to Consultants

Water System Operators, Inc. shall be available to any professional consultants that the Owner may contract with. We will provide information concerning the system and work with them in the best interest of the Owner.

7. Budget Preparation:

Water System Operators, Inc. shall assist the Owner in the preparation of annual budgets. This may be a review of all events for the past year. It will include a projection of future needs with recommendations of priorities.

8. Laboratory

Water System Operators, Inc. will perform the routine operation and maintenance of all necessary lab equipment for reporting and process control analysis. All existing lab equipment shall remain the property of the Owner and the Owner shall provide all equipment and lab supplies necessary to operate the plant. The cost of purchasing and maintaining the lab equipment shall be the responsibility of the Owner.

9. Discharge Permit

Water System Operators, Inc. will operate the Owner's facilities, within design parameters and capabilities, to comply with existing permits. Changes to the permits or other laws and regulations are subject to additional charges in accordance with the agreement.

Owner Responsibilities

1. Electrical expense.
2. Maintain Roadway and grounds to and around the Plant.
3. Cost, including hauling, and suitable location for final sludge, grit and scum disposal.
4. Chemicals.
5. Facility Insurance.
6. Payroll of Owner's officers and employees.
7. All other expenses not covered by this proposal.
8. Provide access to all records and data pertaining to the Owner's facilities.
9. Cost of all materials used for repairs under the terms of this proposal.
10. Provide a contact person to represent the Owner for emergency situations. This person to be given authority to act on behalf of the Owner.
11. Budget for system upgrades.
12. Owner's Vehicle fuel and repair
13. Heating expense
14. Operational Budget
15. Cost of purchasing and maintaining lab equipment.

- 16. Laboratory Fees
- 17. Any costs associated with frozen lines and other acts of nature

COSTS OF OPERATING THE SYSTEM

We are prepared to perform the operation of the Eastman Wastewater System with the above conditions. This proposal is for a fourteen (14) month contract of \$49,000.00. Water System Operators, Inc. will bill Eastman Sewer Company (The Owner) for \$3,500.00 monthly. All bills are due within 25 days of billing date. There are interest charges on all outstanding bills of One and One-Half percent per month, Eighteen percent per year.

AGREEMENT

This Agreement ("Agreement") is made on _____ by and between Water System Operators, Inc. (the "Company"), Henniker, New Hampshire 03242, and the Eastman Sewer Company (the "Owner").

- A. The Company has a background in the operation of Water and Wastewater systems and is willing to provide services based upon this background.
- B. The Owner desires to have services provided by the Company.

Therefore, The parties agree as follows:

1. Description of Services: Beginning on November 1, 2007 the Company will provide the following services, (collectively the "Services"): Operation of the Water and Wastewater Systems for the Owner, to include services contained in the attached proposal dated November 1, 2007.
2. Performance of Services: The manner in which the services are to be performed and the specific hours to be worked by the Company shall be determined by the Company. The Owner will rely on the Company to work as many hours as may be reasonably necessary to fulfill the Company's obligations under this Agreement.
3. Payment to Company: The Owner will pay a fee to the Company based upon \$3,500.00 per month for services provided by the Company. This amount shall be payable monthly, no later than the 25th day of the month following the period during which the services were performed. Under termination of this Agreement, payments under this paragraph shall cease; provided, however, that the Company shall be entitled to payments for periods or partial periods that occurred prior to the date of termination and for which the Company has not yet been paid.
 - a. Accounting: The Owner shall maintain records in sufficient detail for purposes of determining the amount of the payment. The Owner shall provide to the Company a written accounting that sets forth the manner in which the payment was calculated.
 - b. Right to Inspect: The Company, or the Company's agent, shall have the right to inspect the Owner's records for the limited purpose of verifying the calculations of the payments, subject to such restrictions as the Owner may reasonably impose to protect the confidentiality of the records. Such inspections shall be made during reasonable business hours as may be set by the Company.

⊙ Page 6

Eastman Sewer Contract 2007-2008

- c. **Right to Inspect:** The Owner, or his agent, shall have the right to inspect the Company's records for the limited purpose of verifying the names of Company employees assigned to the owners account and the number of hours worked by those employees. Such inspections shall be made during reasonable business hours.
4. **Expenses of Company.** The Company shall be entitled to reimbursement from the Owner for all materials purchased for the operation and repair of the water and/or wastewater systems at Ten percent (10%) over cost. The Owner shall provide a budget for normal operational expenses they are required to provide.
5. **New Project Approval.** The Company and the Owner recognize that the Company's services will include working on various projects. The Company shall obtain the approval of the Owner prior to the commencement of a new project.
6. **Term/Termination.** This Agreement shall terminate automatically on December 31, 2008.
 - a. **Mutual Termination:** All provisions of this Agreement shall become null and void if termination is made in writing and is signed by both parties.
 - b. **One Party Termination.** Either party may terminate all provisions of this Agreement by giving a Notice of Termination in writing to the other party. In such an event, a full termination of this Agreement shall occur sixty days after being delivered.
7. **Relationship of Parties.** It is understood by the parties that the Company is an independent contractor with respect to the Owner, and not an employee of the Owner. The Owner will not provide fringe benefits, including health insurance benefits, paid vacation, or any other employee benefit, for the benefit of the Company.
8. **Gratuities.** The Company shall not give gifts or provide entertainment or any other personal favor to (or accept such items from) any person or organization with whom the Owner may have or is likely to have any business dealings.
9. **Company's Employees.** The Company's Employees, if any, who perform services for the Owner under this Agreement shall be bound by the provisions of this Agreement. At the request of the Owner, the Company shall provide adequate evidence that such persons are the Company's employees.
10. **Injuries to Company.** The Company acknowledges the Company's obligation to obtain appropriate insurance for the benefit of the Company (and the Company's employees, if any). The Company waives any rights to recovery from the Owner for any injuries that the Company (and/or the Company's employees) may sustain while performing services under this Agreement and that are the result of negligence of the Company or the Company's employees.

© Page 7

Eastman Sewer Contract 2007-2008

11. **Indemnification of Owner.** The Company agrees to indemnify and hold the Owner harmless from all claims, losses, expenses, fees including attorney fees, costs, and judgments that may be asserted against the Owner that result from the acts or omissions of the Company, the Company's employees, if any, and the Company's agents.
12. **Indemnification of Company.** The Owner agrees to indemnify and hold the Company harmless from all claims, losses, expenses, fees including attorney fees, costs, and judgments that may be asserted against the Company that result from the acts or omissions of the Owner, the Owner's employees, if any, and agents, (other than the Company or the Company's subcontractors), of the Owner.
13. **Assignment.** The Company's obligations under this Agreement may not be assigned or transferred to any other person, firm or corporation without prior written consent of the Owner.
14. **Return of Records.** Upon termination of this Agreement, the Company shall deliver all records, notes, data, memorandum, models and equipment of any nature that are in the Company's possession or under the Company's control and that are the Owner's property or relate to the Owner's business.
15. **Entire Agreement.** This Agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement supersedes any prior written or oral agreement between the parties.
16. **Amendment.** This Agreement may be modified or amended, if the amendment is made in writing and is signed by both parties.
17. **Severability.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.
18. **Waiver of Contractual Right.** The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.
19. **Notices.** All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed as follows:

Owner:
Eastman Sewer Company
Post Office Box 470
Grantham, NH 03753

Company:
Water System Operators, Inc.
Post Office Box 69
Henniker, New Hampshire 03242

Such addresses may be changed from time to time by either party by providing written notice in the manner set forth above.

20. Applicable Law. This Agreement shall be governed by the laws of the State Of New Hampshire.

Agreed this 15th day of January, 2008.

Company: Water System Operators, Inc.
By: [Signature]
Print Name: Joseph P. Demout

Owner: _____
By: [Signature]
Print Name: Brian Harding

By _____
Print Name _____

By _____
Print Name _____

