

New Hampshire BET and BPT Proprietorship Test Case 4 - 2023

This test case is a proprietorship required to file Business Enterprise Tax and Business Profits Tax Return. The taxpayer will be filing Business Enterprise Tax and Business Profits Tax Return for a business enterprise/organization doing business within and without NH. Furthermore, the taxpayer utilizes credits other the BET Credits, which will require Form DP-160, Schedule of Credits to be included. The amounts reported are carried over from the Federal Form 1040 and supporting schedules (not included in this test scenario). The tax due is \$4,652 prior to Interest in the amount of \$25 and a Failure to Pay penalty in the amount of \$315 resulting in a balance due of \$3,492.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET-80, NH-1040, DP-80 and DP-160

Taxpayer:

BARBARA THOMPSON

24 CENTRE ST

CONCORD, NH 03301

SSN: TAXPAYER: 002-44-7888

Filing Status/Entity Type: PROPRIETORSHIP

Other: Balance due \$5,121 – electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2023 BT-SUMMARY

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2023 or other taxable period beginning:

MMDDYYYY input box

and ending:

MMDDYYYY input box

Check box if there has been a name change since last filing. List former name.

Text box for former name

Proprietor's Last Name

Text box for Proprietor's Last Name

First Name

MI

Social Security Number

Text box for First Name

MI input box

Social Security Number input box

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN if you have a DIN

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

Text box for Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

Taxpayer Identification Number

Principal Business Activity Code (Federal)

Taxpayer Identification Number input box

Principal Business Activity Code input box

Number & Street Address

Text box for Number & Street Address

Address (continued)

Unit Type

Unit #

Text box for Address (continued)

Unit Type input box

Unit # input box

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Text box for City / Town

State input box

Zip Code + 4 input box

STEP 2 - Return Type and Federal Information

Are you required to file a BET Return (Gross Business Receipts over \$281,000, or Enterprise Value Tax Base over \$281,000)?

Yes No

Are you required to file a BPT Return (Gross Business Income over \$103,000)?

Yes No

Do you file a Form 990/990T?

Yes No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 10b on Schedule B of Federal Form 1065?

Yes No

Is the business organization filing its return on an IRS approved 52/53 week tax year?

Yes No

If you checked "yes" to one or both of the first two questions, you must file the completed corresponding return(s) with this BT-Summary.

OR 2 - CORPORATION 6 - COMBINED GROUP

3 - PARTNERSHIP 5 - NON-PROFIT

1 - PROPRIETORSHIP 4 - FIDUCIARY

AMENDED RETURN FINAL RETURN

LLC

IRS Adjustment: A complete federal Revenue Agent Report (RAR) with all applicable Schedules must be included with a complete amended NH tax return. Do not use this form to report IRS adjustments for taxable periods ending on or before December 31, 2020.



BUSINESS TAX RETURN SUMMARY - Continued

STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)

STEP 4 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

1 (a) Business Enterprise Tax Net of Statutory Credits	1(a)	<input type="text"/>	
(b) Business Profits Tax Net of Statutory Credits	1(b)	<input type="text"/>	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))			1(c) <input type="text"/>
2 PAYMENTS			
(a) Tax paid with application for extension	2(a)	<input type="text"/>	
(b) Total of taxable period's estimated tax payments	2(b)	<input type="text"/>	
(c) Credit carryover from prior tax period	2(c)	<input type="text"/>	
(d) Tax paid with original return (Amended returns only)	2(d)	<input type="text"/>	
(e) Total of Lines 2(a) through 2(d)			2(e) <input type="text"/>
3 TAX DUE: (Line 1(c) minus Line 2(e))			3 <input type="text"/>
4 ADDITIONS TO TAX			
(a) Interest (See instructions)	4(a)	<input type="text"/>	
(b) Failure to Pay (See instructions)	4(b)	<input type="text"/>	
(c) Failure to File (See instructions)	4(c)	<input type="text"/>	
(d) Underpayment of Estimated Tax (See instructions)	4(d)	<input type="text"/>	
(e) Total of Lines 4(a) through 4(d)			4(e) <input type="text"/>
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))			5(a) <input type="text"/>
(b) Return Payment Made Electronically	5(b)	<input type="text"/>	
(c) BALANCE DUE: Line 5(a) minus 5(b). Make your payment online at www.revenue.nh.gov/gtc or make check payable to: STATE OF NEW HAMPSHIRE PAY THIS AMOUNT			5(c) <input type="text"/>
6 OVERPAYMENT: If balance due is less than zero, enter on Line 6	6	<input type="text"/>	
(a) Any amount of overpayment in excess of 500% of Line 1(c) shall be refunded (Line 1(c) X 500%).	6(a)	<input type="text"/>	
7 Apply overpayment amount on Line 6 to:			
(a) Credit - Next Year's Tax Liability (amount entered shall not exceed Line 6(a)) (Not available for Federal RAR)			DO NOT PAY 7(a) <input type="text"/>
(b) Refund (Only option available for Federal RAR)			DO NOT PAY 7(b) <input type="text"/>



BUSINESS TAX RETURN SUMMARY - Continued

STEP 5

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

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

TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink)

MMDDYYYY

Print Signatory Name & Title

Email Address

Phone Number

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

Printed Name of Preparer

Email Address

Phone Number

Preparer Identification Number

Preparer's Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Mail to:
NH DRA
PO Box 637
Concord NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose but DO NOT staple or tape your
attachments

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

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



BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

and ending:

For the CALENDAR year **2023** or
other taxable period beginning:

You are required to file this return if the gross business receipts were greater than **\$281,000** or the enterprise value tax base is greater than **\$281,000**.

Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization

1. Dividends Paid	1	<input style="width: 100%; height: 26px;" type="text"/>
2. Compensation and Wages Paid or Accrued	2	<input style="width: 100%; height: 26px;" type="text"/>
3. Interest Paid or Accrued	3	<input style="width: 100%; height: 26px;" type="text"/>
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4	<input style="width: 100%; height: 26px;" type="text"/>
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0055) before credits	5	<input style="width: 100%; height: 26px;" type="text"/>
6. Enter credits against BET. Use DP-160 to determine credit against BET	6	<input style="width: 100%; height: 26px;" type="text"/>
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a) TAX DUE	7	<input style="width: 100%; height: 26px;" type="text"/>

BET RETURN INSTRUCTIONS

FORM BET is required for all Corporations, Partnerships, Proprietorships, Fiduciaries, Trusts, Non-Profits, LLCs, and Combined Groups to report Business Enterprise Tax.

TAXABLE PERIOD, NAME, AND TAXPAYER IDENTIFICATION NUMBER

Enter the beginning and ending dates of the taxable period.

Enter the Corporate, Partnership, Proprietorship, Fiduciary, Trust, Non-Profit, or LLC name in the appropriate space provided. Combined filers enter the Principal New Hampshire Business Organization's name. Enter the FEIN, SSN, or DIN in the space provided.

TAXPAYER IDENTIFICATION

The Commissioner of the Department of Revenue is authorized pursuant to RSA21:J27-a to require submission of an SSN, FEIN, or any other identifying number used in filing or preparing federal tax documents. If you do not have any such identifying number, or share one with another taxpayer, then, under N.H. Code of Admin. Rules, Rev 2903.01, you must obtain a Department Identification Number (DIN). If you have a DIN, use it on all New Hampshire filings. To ensure that your filings and payments are applied to the correct account, the sequence of names and taxpayer ID numbers on all filings must be consistent. The failure to provide a taxpayer identification number may result in the rejection of filed documents. Failure to timely file documents complete with a consistent taxpayer identification number may result in the imposition of penalties and interest, the disallowance of claimed exemptions, exclusions, credits, deductions, or an adjustment that may result in increased tax liability.



BUSINESS ENTERPRISE TAX APPORTIONMENT

Business Enterprise Name

Taxpayer Identification #

MMDDYYYY

For the CALENDAR year **2023**
or other taxable period beginning:

MMDDYYYY

and ending:

SECTION I - APPORTIONMENT FACTORS
See General Instructions

Compensation and Wages Factor

Round to the nearest whole dollar

1	New Hampshire Compensation and Wages Paid or Accrued	1	<input type="text"/>
2	Everywhere Compensation and Wages Paid or Accrued	2	<input type="text"/>
3	COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21. Express to six decimal places.	3	<input type="text"/>

Interest Factor

4	Average of New Hampshire Property	4	<input type="text"/>
5	Average of Everywhere Property	5	<input type="text"/>
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places.	6	<input type="text"/>

Dividend Factor

7	New Hampshire Sales	7	<input type="text"/>
8	Everywhere Sales	8	<input type="text"/>
9	SALES FACTOR (Line 7 divided by Line 8). Express to six decimal places.	9	<input type="text"/>
10	Subtotal (Sum of Lines 3, 6 and 9)	10	<input type="text"/>
11	DIVIDEND FACTOR (Line 10 divided by the number of "EVERYWHERE" factors in the subtotal). Enter this amount on Line 15. Express to six decimal places.	11	<input type="text"/>



BUSINESS ENTERPRISE TAX APPORTIONMENT - continued

Business Enterprise Name

Taxpayer Identification #

MMDDYYYY

For the CALENDAR year **2023**
or other taxable period beginning:

MMDDYYYY

and ending:

SECTION II - BUSINESS ENTERPRISE TAX BASE APPORTIONMENT

See General Instructions

Dividend Apportionment

Round to the nearest whole dollar

12	Dividends Paid	12	<input type="text"/>	
13	LESS: Dividend Deduction	13	<input type="text"/>	
14	Subtotal (Line 12 minus Line 13)			14 <input type="text"/>
15	Dividend Apportionment Factor (From Line 11)	15	<input type="text"/>	
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	<input type="text"/>	
17	TOTAL TAXABLE DIVIDENDS (From Line 16) IF NEGATIVE, ENTER ZERO. Enter this amount on Form BET, Line 1.			17 <input type="text"/>

Compensation and Wages Apportionment

18	Everywhere Compensation and Wages Paid or Accrued	18	<input type="text"/>	
19	LESS: Retained Compensation	19	<input type="text"/>	
20	Subtotal (Line 18 minus Line 19)			20 <input type="text"/>
21	Compensation Apportionment Factor (From Line 3)	21	<input type="text"/>	
22	Taxable Compensation (Line 20 multiplied by Line 21)			22 <input type="text"/>
23	LESS: Dividend Offset (See Instructions)	23	<input type="text"/>	
24	TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2.			24 <input type="text"/>

Interest Apportionment

25	Interest Paid or Accrued	25	<input type="text"/>	
26	Interest Apportionment Factor (From Line 6)	26	<input type="text"/>	
27	Taxable Interest (Line 25 multiplied by Line 26)	27	<input type="text"/>	
28	LESS: Dividend Offset (See Instructions)	28	<input type="text"/>	
29	TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3.			29 <input type="text"/>



BUSINESS PROFITS TAX RETURN

Proprietor's Name / Business Organization Name

Taxpayer Identification Number

MMDDYYYY

For the CALENDAR year **2023** or
other taxable period beginning:

MMDDYYYY

and ending:

1 GROSS BUSINESS PROFITS Each business organization must file a separate return.

Round to the nearest whole dollar

1(a) Net profit or loss reported on proprietor Federal Schedule C, Line 31	1(a)	<input type="text"/>
1(b) Net rental profit or loss reported on Federal Schedule E, Line 21	1(b)	<input type="text"/>
1(c) Net farm rental profit or loss reported on Federal Form 4835, Line 32	1(c)	<input type="text"/>
1(d) Net farm profit or loss reported on Federal Schedule F, Line 34	1(d)	<input type="text"/>
1(e) Net gain or loss from the sale of business assets reported on Federal Form 4797, Lines 2(g), 3, 5, 10(g), 14, 16 and 30	1(e)	<input type="text"/>
1(f) Net gain or loss from sale of investment assets used in business activity reported on Federal Schedule D, Lines 1(h), 2(h), 3(h), 8(h), 9(h) and 10(h)	1(f)	<input type="text"/>
1(g) Installment sale gains from the sale of business assets recognized during the period on Federal Form 6252, Line 24	1(g)	<input type="text"/>
1(h) Other net business income (attach schedule) attributable to this business organization as adjusted accordingly from Federal Form 1040, Schedule B	1(h)	<input type="text"/>
1(i) Other business income attributable to this business organization as adjusted accordingly from Federal Form 1040, Schedule 1, Line 8	1(i)	<input type="text"/>
1(j) Subtotal Lines 1(a) through 1(i)	1(j)	<input type="text"/>

2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH IRC

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



BUSINESS PROFITS TAX RETURN

Proprietor's Name / Business Organization Name

Taxpayer Identification Number

MMDDYYYY

For the CALENDAR year **2023** or
other taxable period beginning:

MMDDYYYY

and ending:

NH-1040 continued

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

Round to the nearest whole dollar

6(a) Deduct interest and dividends subject to tax under RSA 77 (RSA 77-A:4, I)	6(a)	<input type="text"/>
6(b) Deduct interest on direct US Obligations (RSA 77-A:4, II)	6(b)	<input type="text"/>
6(c) Deduct compensation deduction for personal services (RSA 77-A:4, III)	6(c)	<input type="text"/>
6(d) Add income taxes or franchise taxes measured by income (Attach schedule of taxes by state) (RSA 77-A:4, VII)	6(d)	<input type="text"/>
6(e) Deduct wage adjustment required by IRC §280C (RSA 77-A:4, IX)	6(e)	<input type="text"/>
6(f) Add expenses related to federal constitutionally exempt income (RSA 77-A:4, X)	6(f)	<input type="text"/>
6(g) Deduct research contribution (attach computation) (RSA 77-A:4, XII)	6(g)	<input type="text"/>
6(h) Adjustments to gross business profits required due to the increase in the basis of assets resulting from the sale or exchange of an interest in the business organization (RSA 77-A:4, XIV) Add the amount of the increase in the basis of assets federally, due to the sale or exchange of interest in the business organization	6(h) - A	<input type="text"/>
Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above <input type="checkbox"/> Yes If not making an election, deduct the basis increase associated with the sale or exchange(s). If making an election, enter zero. If reporting multiple transactions, please attach a schedule reporting the details for each transaction.	6(h) - B	<input type="text"/>
Add the amount of depreciation/amortization on the federal return attributable to an increase in the basis of assets not recognized for NH purposes	6(h) - C	<input type="text"/>
Upon the sale of assets, adjust the net gain or loss attributable to an increase in the basis of assets that was not recognized for NH purposes	6(h) - D	<input type="text"/>
Net Lines 6(h) - A through 6(h) - D	6(h)	<input type="text"/>
6(i) Add Qualified Investment Company (QIC) holders proportional share of QIC profits (RSA 77-A:4, XV)	6(i)	<input type="text"/>
6(j) Net Lines 6(a) through 6(i)	6(j)	<input type="text"/>
7 Adjusted Gross Business Profits (sum of Lines 5, and 6(j))	7	<input type="text"/>
8 New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 1(c))	8	<input type="text"/>
Exempt under P.L. 86-272 <input type="checkbox"/>		
9 New Hampshire Business Profits before NOL (Line 7 multiplied by Line 8)	9	<input type="text"/>



BUSINESS PROFITS TAX RETURN

Proprietor's Name / Business Organization Name

Taxpayer Identification Number

MMDDYYYY

For the CALENDAR year **2023** or
other taxable period beginning:

MMDDYYYY

and ending:

NH-1040 continued

10 Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA 77-A:4, XIII):

NOLD available	10 - A	<input type="text"/>
Less NOLD used this tax period	10	<input type="text"/>
NOLD to be carried forward	10 - B	<input type="text"/>
11 New Hampshire Taxable Business Profits (Line 9 minus Line 10. If negative, enter zero)	11	<input type="text"/>
12 Compute tax (Line 11 multiplied by 7.5%)	12	<input type="text"/>
13 (a) BET Credit only - attach BET Credit Worksheet	13(a)	<input type="text"/>
-OR-		
(b) Other credits including BET (attach Form DP-160)	13(b)	<input type="text"/>
14 New Hampshire Business Profits Tax Net of Statutory Credits (Line 12 minus Line 13(a) or 13(b), as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)	14	<input type="text"/>

This return must be accompanied by complete and legible copies of the appropriate federal forms and schedules.



BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT

Business Organization Name

Taxpayer Identification Number

MMDDYYYY

For the CALENDAR year **2023** or
other taxable period beginning:

MMDDYYYY

and ending:

	1(a) Everywhere (Denominator)	1(b) New Hampshire (Numerator)	1(c) Sales/Receipts Factor
1 SALES/RECEIPTS FACTOR			
			1(c) Divide 1(b) by 1(a) (Express as a decimal to 6 places) This is your New Hampshire BPT Apportionment

	2(a) Everywhere (Denominator)	2(b) New Hampshire (Numerator)	2(c) Payroll Factor
2 PAYROLL FACTOR			
			2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)

3	PROPERTY FACTOR	3(a) Everywhere (Denominator)		3(b) New Hampshire (Numerator)	
		Beginning of Period	End of Period	Beginning of Period	End of Period
	Inventory			Inventory	
	Buildings			Buildings	
	Furniture & Fixtures			Furniture & Fixtures	
	Leasehold Improvements			Leasehold Improvements	
	Land			Land	
	Other Tangible Assets			Other Tangible Assets	
	Subtotal			Subtotal	
Average of Subtotals			Average of Subtotals		
Rented Property (annual rate x 8)			Rented Property (annual rate x 8)		
Total Everywhere Property			Total New Hampshire Property		
3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)					



SCHEDULE OF CREDITS

DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

Business Organization Name

Taxpayer Identification Number

For the CALENDAR year **2023** or
other taxable period beginning:

MMDDYYYY

and ending:

MMDDYYYY

APPLICATION OF CREDITS TO BET AND BPT

A. BET Summary of Credits

Round to the nearest whole dollar

1. Coos County Credit Part F, Line 3	1	<input type="text"/>
2. ERZ Credit Part D, Line 4	2	<input type="text"/>
3. ITC Part E, Line 4	3	<input type="text"/>
4. Subtotal, Add Lines 1, 2 and 3	4	<input type="text"/>
5. R&D Part C, Line 3	5	<input type="text"/>
6. Education Tax Credit Part G, Line 3	6	<input type="text"/>
7. Granite State Paid Family and Medical Leave Plan Tax Credit Part J, Line 2	7	<input type="text"/>
8. Subtotal (Sum Lines 5 through 7)	8	<input type="text"/>
9. Paid credits to apply to BET. Add Lines 4 and 8 (Enter on BET Return, Line 6) (BET Credit applicable to BPT, but only if the BET has been paid)	9	<input type="text"/>

B. BPT Summary of Credits

Round to the nearest whole dollar

1. R&D Part C, Line 2	1	<input type="text"/>
2. ERZ Credit Part D, Line 3	2	<input type="text"/>
3. ITC Part E, Line 3	3	<input type="text"/>
4. Coos County Credit Part F, Line 4	4	<input type="text"/>
5. Insurance Premium Tax Part H, Line 2	5	<input type="text"/>
6. Education Tax Credit Part G, Line 2	6	<input type="text"/>
7. BET credit (Line 3, Column B of BET Credit Worksheet)	7	<input type="text"/>
8. CTE Centers Tax Credit (Part I, Line 2)	8	<input type="text"/>
9. Credits applied to BPT Add Lines 1 through 8 (Apply to BPT forms if no BET carryover credit, if BET carryover credit complete Lines 10(a) through Line 10(ii))	9	<input type="text"/>



SCHEDULE OF CREDITS - continued

DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

Business Organization Name

Taxpayer Identification Number

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APPLICATION OF CREDITS TO BET AND BPT (continued)

B. BPT Summary of Credits - continued

Round to the nearest whole dollar

10. (a) Carryover BET from ninth prior taxable period (Line 4, Column B of BET Credit Worksheet)	10(a)								
(b) Carryover BET from eighth prior taxable period (Line 5, Column B of BET Credit Worksheet)	10(b)								
(c) Carryover BET from seventh prior taxable period (Line 6, Column B of BET Credit Worksheet)	10(c)								
(d) Carryover BET from sixth prior taxable period (Line 7, Column B of BET Credit Worksheet)	10(d)								
(e) Carryover BET from fifth prior taxable period (Line 8, Column B of BET Credit Worksheet)	10(e)								
(f) Carryover BET from fourth prior taxable period (Line 9, Column B of BET Credit Worksheet)	10(f)								
(g) Carryover BET from third prior taxable period (Line 10, Column B of BET Credit Worksheet)	10(g)								
(h) Carryover BET from second prior taxable period (Line 11, Column B of BET Credit Worksheet)	10(h)								
(i) Carryover BET from first prior taxable period (Line 12, Column B of BET Credit Worksheet)	10(i)								
(j) Total BET credit carryover (Sum Lines 10(a) through 10(i))	10(j)								
11. Line 9 plus Line 10(j). Not to exceed current period BPT liability. (Enter on BPT Return, Line 20(b) NH-1120-WE, Line 13(b) all other forms)	11								

C. Research and Development Credit

Round to the nearest whole dollar

1. R&D credit available	1								
2. R&D must be used against the BPT first	2								
3. Unused R&D applied to BET	3								
4. Total credit used this year (Sum Lines 2 and 3)	4								
5. R&D credit not applied and available for offset in future (Line 1 less Line 4)	5								



SCHEDULE OF CREDITS - continued

DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

Business Organization Name

Taxpayer Identification Number

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D. Economic Revitalization Zone Tax Credit (ERZ)

Round to the nearest whole dollar

1. ERZ credit available	1																		
2. Carryover credit from a prior year, use earliest first	2																		
3. ERZ credit must be used against the BPT first	3																		
4. Amount elected to be applied to the BET	4																		
5. Total credit used this year (Sum Lines 3 and 4). This amount cannot exceed \$40,000.	5																		
6. ERZ credit available for carry forward (Line 1 plus Line 2 less Line 5)	6																		

E. CDFA - New Investment Tax Credit (ITC)

Round to the nearest whole dollar

1. ITC Credit Available	1																		
2. Carryover credit from a prior year, use earliest year first	2																		
3. Amount used for BPT	3																		
4. Amount used for BET	4																		
5. Amount used for Insurance Premium Tax	5																		
6. Total credit used this year (Sum Lines 3, 4 and 5)	6																		
7. ITC available for carry forward (Sum Lines 1 and 2, less Line 6)	7																		

F. Coos County Tax Credit

Round to the nearest whole dollar

1. Coos County Tax Credit available	1																		
2. Carryover credit from prior year, use earliest year first	2																		
3. Amount applied against the BET	3																		
4. Unused credit applied to the BPT	4																		
5. Total credit used this year (Sum Line 3 and 4)	5																		
6. Any unused credit must be carried forward as a priority to other credits (Sum Lines 1 and 2, less Line 5)	6																		



SCHEDULE OF CREDITS - continued

DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

Business Organization Name

Taxpayer Identification Number

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G. Education Tax Credit

Round to the nearest whole dollar

1. Education Tax Credit available	1																		
2. Amount used for BPT	2																		
3. Amount used for BET	3																		
4. Amount used for New Hampshire Interest and Dividends Tax	4																		
5. Total credit used this year (Sum Lines 2 through 4)	5																		
6. Education Tax Credit available for carry forward (Line 1 minus Line 5)	6																		

H. Insurance Premium Tax Credit

Round to the nearest whole dollar

1. Insurance Credit available	1																		
2. Amount used for BPT	2																		

I. CTE Centers Tax Credit

Round to the nearest whole dollar

1. CTE Centers Tax Credit available	1																		
2. Amount used for BPT (Shall not exceed 25% of BPT before credits)	2																		

J. Granite State Paid Family and Medical Leave Plan Tax Credit

Round to the nearest whole dollar

1. Premium paid for family and medical leave insurance coverage offered to employees (see instructions)	1																		
2. Granite State Paid Family and Medical Leave Plan tax credit used for BET (50% of Line 1)	2																		