

New Hampshire BET and BPT Partnership Test Case 2 – 2024

This test case is of a partnership Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within and without NH. The amounts reported are carried over from the Federal Form 1065 (not included in test scenario). The tax due is \$2,085 prior to penalties.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET Credit Worksheet, BET-80, NH-1065, ADDLINFO, and DP-80.

Taxpayer:

GHI LLC

123 CENTER ST

CONCORD, NH 03301

SSN: TAXPAYER: 34-1111118

Filing Status/Entity Type: PARTNERSHIP

Other: Balance due \$2,130 after application of payments and penalties – electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2024 BT-SUMMARY



0BTSUM2411862

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDYYYY

MMDYYYY

For the CALENDAR year 2024 or other taxable period beginning:

MMDDYYYY input field

and ending:

MMDDYYYY input field

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

Text input field for former name

Proprietor's Last Name

Text input field for Proprietor's Last Name

First Name

MI

Social Security Number

Text input field for First Name

MI input field

Social Security Number input field

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 input field for Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

Taxpayer Identification Number

Principal Business Activity Code (Federal)

Taxpayer Identification Number input field: 3 4 1 1 1 1 1 1 8

Principal Business Activity Code input field

Number & Street Address

Text input field for Number & Street Address

Address (continued)

Unit Type

Unit #

Text input field for Address (continued)

Unit Type input field

Unit # input field

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Text input field for City / Town: CONCORD

Text input field for State: NH

Text input field for Zip Code + 4: 0 3 3 0 1

STEP 2 - Return Type and Federal Information

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.

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

OR CORPORATION COMBINED GROUP

PARTNERSHIP NON-PROFIT

PROPRIETORSHIP FIDUCIARY

AMENDED RETURN FINAL RETURN

LLC DAO

This submission is the result of an IRS Adjustment for this form year. A complete federal Revenue Agent Report (RAR) with all applicable Schedules must be included with a complete amended NH tax return. For taxable periods ending on or before December 31, 2020, you must use Form DP-87 - (entity specific) to report IRS adjustments.



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" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="5"/>	
(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" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="5"/>	
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" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="5"/>	
4 ADDITIONS TO TAX			
(a) Interest (See instructions)	4(a)	<input type="text" value="4"/> <input type="text" value="5"/>	
(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" value="4"/> <input type="text" value="5"/>	
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)	<input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/>	
(b) Return Payment Made Electronically	5(b)	<input type="text"/>	
(c) BALANCE DUE: Line 5(a) minus 5(b). Make your payment online at gtc.revenue.nh.gov/TAP/ or make check payable to: STATE OF NEW HAMPSHIRE PAY THIS AMOUNT	5(c)	<input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/>	
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)	7(a)	<input type="text"/>	DO NOT PAY
(b) Refund (Only option available for Federal RAR)	7(b)	<input type="text"/>	DO NOT PAY



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
gtc.revenue.nh.gov/TAP/_/

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



BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

GHI LLC

Taxpayer Identification Number

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

MMDDYYYY

and ending:

MMDDYYYY

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

		ROUND TO THE NEAREST WHOLE DOLLAR									
Total Gross Business Receipts for this business organization					6	5	0	0	0	0	
1.	Dividends Paid	1				1	2	1	4	6	
2.	Compensation and Wages Paid or Accrued	2				3	4	4	6	1	9
3.	Interest Paid or Accrued	3				2	2	2	3	5	
4.	Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4				3	7	9	0	0	0
5.	New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0055) before credits	5					2	0	8	5	
6.	Enter credits against BET. Use DP-160 to determine credit against BET	6									
7.	Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a)	TAX DUE 7					2	0	8	5	



**2024
BET CREDIT
WORKSHEET**



0BETCW2411862

BUSINESS ENTERPRISE TAX CREDIT WORKSHEET

Taxpayer Name

GHI LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

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

and ending:

1. Business Profits Tax (BPT) from BPT Return, Line 19 NH-1120-WE, Line 12 all other forms.		1	1 0 0 4 5
2. Sum the amounts from Column B, Lines 3 through 13, and include on Line 20(a) of NH-1120-WE or on Line 13(a) on other BPT forms. If DP-160 credits exist, instead include DP-160, Part B, Line 9 amount and apply on Line 20(b) of NH-1120-WE or on Line 13(b) on other BPT forms.		1 0 0 4 5	
Use carry forward amounts in the following order for this taxable period	A Available Credits	B Credit Applied to BPT	C Excess Credits
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	2 0 8 5	2 0 8 5	
4. Carry over BET from tenth prior taxable period	4 0 0	4 0 0	
5. Carry over BET from ninth prior taxable period	1 7 7	1 7 7	
6. Carry over BET from eighth prior taxable period	3 1 1 2	3 1 1 2	
7. Carry over BET from seventh prior taxable period	7 8 9	7 8 9	
8. Carry over BET from sixth prior taxable period	9 7 9	9 7 9	
9. Carry over BET from fifth prior taxable period	3 0 0	3 0 0	
10. Carry over BET from fourth prior taxable period	4 6 7	4 6 7	
11. Carry over BET from third prior taxable period	4 5 8	4 5 8	
12. Carry over BET from second prior taxable period	3 1 1	3 1 1	
13. Carry over BET from first prior taxable period	9 6 7	9 6 7	



BUSINESS ENTERPRISE TAX APPORTIONMENT

Business Enterprise Name

GHI LLC

Taxpayer Identification #

MMDDYYYY

For the CALENDAR year **2024** 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	3 4 4 6 1 9
2	Everywhere Compensation and Wages Paid or Accrued	2	5 4 7 2 5 8
3	COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21. Express to six decimal places.	3	0 . 6 2 9 7 1 9

INTEREST FACTOR

4	Average of New Hampshire Property	4	2 2 3 1 1 5 6
5	Average of Everywhere Property	5	3 4 2 9 1 2 9
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places.	6	0 . 6 5 0 6 4 8

DIVIDEND FACTOR

7	New Hampshire Sales	7	2 8 4 3 7 6
8	Everywhere Sales	8	5 2 5 1 3 3
9	SALES FACTOR (Line 7 divided by Line 8). Express to six decimal places.	9	0 . 5 4 1 5 3 1
10	Subtotal (Sum of Lines 3, 6 and 9)	10	1 . 8 2 1 8 9 8
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	0 . 6 0 7 2 9 9



BUSINESS ENTERPRISE TAX APPORTIONMENT (continued)

Business Enterprise Name

GHI LLC

Taxpayer Identification #

[] [] [] [] [] [] [] [] [] []

MMDDYYYY

For the CALENDAR year **2024** 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	[] [] [] [] [] [] [] []	2	0	0	0	0	0		
13 LESS: Dividend Deduction	13	[] [] [] [] [] [] [] []								
14 Subtotal (Line 12 minus Line 13)	14	[] [] [] [] [] [] [] []	2	0	0	0	0	0		
15 Dividend Apportionment Factor (From Line 11)	15	[] [] [] [] [] [] [] []	0	.	6	0	7	2	9	9
16 Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	[] [] [] [] [] [] [] []	1	2	1	4	6			
17 TOTAL TAXABLE DIVIDENDS (From Line 16) IF NEGATIVE, ENTER ZERO. Enter this amount on Form BET, Line 1.	17	[] [] [] [] [] [] [] []	1	2	1	4	6			

COMPENSATION AND WAGES APPORTIONMENT

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

INTEREST APPORTIONMENT

25 Interest Paid or Accrued	25	[] [] [] [] [] [] [] []	3	4	1	7	3			
26 Interest Apportionment Factor (From Line 6)	26	[] [] [] [] [] [] [] []	0	.	6	5	0	6	4	8
27 Taxable Interest (Line 25 multiplied by Line 26)	27	[] [] [] [] [] [] [] []	2	2	2	3	5			
28 LESS: Dividend Offset (See Instructions)	28	[] [] [] [] [] [] [] []								
29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3.	29	[] [] [] [] [] [] [] []	2	2	2	3	5			



BUSINESS PROFITS TAX RETURN

Business Organization Name

GHI LLC

Taxpayer Identification Number

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MMDDYYYY

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

--	--	--	--	--	--	--	--	--	--

MMDDYYYY

and ending:

--	--	--	--	--	--	--	--	--	--

1 - GROSS BUSINESS PROFITS

ROUND TO THE NEAREST WHOLE DOLLAR

1(a) Enter the amount of ordinary business income (loss) reported on Federal Form 1065, Schedule K, Line 1	1(a)							3	5	0	0	0	0		
1(b) Enter the amount of net rental real estate income (loss) reported on Federal Form 1065, Schedule K, Line 2	1(b)														
1(c) Enter the amount of other net rental income (loss) reported on Federal Form 1065, Schedule K, Line 3(c)	1(c)														
1(d) Enter the amount of guaranteed payments reported on Federal Form 1065, Schedule K, Line 4(c)	1(d)														
1(e) Enter the amount of interest income reported on Federal Form 1065, Schedule K, Line 5	1(e)									1	5	7			
1(f) Enter the amount of dividend income reported on Federal Form 1065, Schedule K, Line 6(a)	1(f)														
1(g) Enter the amount of royalty income reported on Federal Form 1065, Schedule K, Line 7	1(g)														
1(h) Enter the net short term capital gains, but not below zero, reported on Federal Form 1065, Schedule K, Line 8	1(h)														
If net short term loss, enter loss here															
1(i) Enter the net long term capital gains, but not below zero, reported on Federal Form 1065, Schedule K, Line 9(a) (Net short term capital loss netted against net long term gains)	1(i)														
1(j) Enter the amount of net §1231 gain (loss) reported on Federal Form 1065, Schedule K, Line 10	1(j)														
1(k) Enter the amount of other income (loss) reported on Federal Form 1065, Schedule K, Line 11	1(k)														
1(l) Enter the amount of any other item of income (loss) not reported on Federal Form 1065, Schedule K, that should be included in gross business profits, including global intangible low-taxed income	1(l)														
1(m) Enter the amount of Section 179 deduction reported on Federal Form 1065, Schedule K, Line 12	1(m)									7	5	0	0		
1(n) Enter the amount of contributions reported on Federal Form 1065, Schedule K, Line 13(a) and 13(b), but only to the extent that the contributions are made for the benefit of the partnership to enhance the goodwill of the partnership, and not for the benefit of a partner	1(n)														
1(o) Enter the amount of investment interest expense reported on Federal Form 1065, Schedule K, Line 13(c)	1(o)														
1(p) Enter the amount of IRC §59(e)(2) expenditures reported on Federal Form 1065, Schedule K, Line 13(d)(2)	1(p)														
1(q) Enter the amount of other deductions reported on Federal Form 1065, Schedule K, Line 13(e)	1(q)														
1(r) Enter the amount of foreign taxes paid or accrued as reported on Federal Form 1065, Schedule K, Line 21	1(r)														
1(s) Combine Lines 1(a) through 1(l) and from the result subtract Lines 1(m) through 1(r)	1(s)									3	4	2	6	5	7



BUSINESS PROFITS TAX RETURN

Business Organization Name

GHI LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

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

and ending:

NH-1065 (continued)

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

ROUND TO THE NEAREST WHOLE DOLLAR

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)	
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)	
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)	
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)	
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)	
2(f) Increase or Decrease the net gain or loss on the sale of assets used in the business that have a different state basis from the tax basis reported on the federal return	2(f)	
2(g) Net Lines 2(a) through 2(f)	2(g)	
3 Subtotal Line 1(s) adjusted by Line 2(g)	3	3 4 2 6 5 7
4 Separate entity items of income or expense (attach schedule)	4	
5 Gross Business Profits (combine Line 3 and Line 4)	5	3 4 2 6 5 7

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

6(a) Deduct interest and dividends subject to tax under RSA 77 (RSA 77-A:4, I)	6(a)	
6(b) Deduct interest on direct US Obligations (RSA 77-A:4, II)	6(b)	
6(c) Deduct compensation deduction for personal services (RSA 77-A:4, III)	6(c)	7 4 0 0 0
6(d) Add income taxes or franchise taxes measured by income (attach schedule of taxes by State) (RSA 77-A:4, VII)	6(d)	
6(e) Deduct wage adjustment required by IRC §280C (RSA 77-A:4, IX)	6(e)	
6(f) Add expenses related to federal constitutionally exempt income (RSA 77-A:4, X)	6(f)	
6(g) Deduct research contribution (attach computation) (RSA 77-A:4, XII)	6(g)	



BUSINESS PROFITS TAX RETURN

Business Organization Name

GHI LLC

Taxpayer Identification Number

[] [] [] [] [] [] [] [] [] []

MMDDYYYY

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

[] [] [] [] [] [] [] [] [] []

MMDDYYYY

and ending:

[] [] [] [] [] [] [] [] [] []

NH-1065 (continued)

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).

ROUND TO THE NEAREST WHOLE DOLLAR

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

[] [] [] [] [] [] [] [] [] []

Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above.

Yes

Multiple Transactions (schedule attached)

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

[] [] [] [] [] [] [] [] [] []

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

[] [] [] [] [] [] [] [] [] []

Upon the sale of assets, adjust the net gain or loss to remove any basis increase recognized for federal income tax purposes that was not recognized for NH purposes.

6(h) - D

[] [] [] [] [] [] [] [] [] []

Net Lines 6(h) - A through 6(h) - D

6(h)

[] [] [] [] [] [] [] [] [] []

6(i) Add Qualified Investment Company (QIC) holders proportional share of QIC profits (RSA 77-A:4, XV)

6(i)

[] [] [] [] [] [] [] [] [] []

6(j) For tax years commencing on or after January 1, 2024:

Deduct current year business interest expense disallowed under IRC §163(j) (RSA 77-A:4, XX).

6(j) - A

[] [] [] [] [] [] [] [] [] []

Add the amount of disallowed business interest expense carryforward deducted federally under IRC §163(j), and already deducted for NH purposes in prior years under Line 6(j) - A.

6(j) - B

[] [] [] [] [] [] [] [] [] []

Deduct 1/3 of the total disallowed business interest expense carryforward under IRC §163(j) as of the tax year ending before January 1, 2024 (RSA 77-A:4, XX).

6(j) - C

[] [] [] [] [] [] [] [] [] []

Net Lines 6(j) - A through 6(j) - C

6(j)

[] [] [] [] [] [] [] [] [] []

6(k) Net Lines 6(a) through 6(j)

6(k)

[] [] [] [] [] [] [] [] [] [] - 7 4 0 0 0

7 Adjusted Gross Business Profits (Sum of Lines 5 and 6(k))

7

[] [] [] [] [] [] [] [] [] [] 2 6 8 6 5 7

8 New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 1(c))

Exempt under P.L. 86-272

8

[] [] [] [] [] [] [] [] [] [] 0 . 5 4 1 5 3 1

9 New Hampshire Business Profits before NOL (Line 7 multiplied by Line 8. If negative, enter zero.)

9

[] [] [] [] [] [] [] [] [] [] 1 4 5 4 8 6

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

10 - A

[] [] [] [] [] [] [] [] [] [] 1 1 5 4 8

Less NOLD used this tax period

10

[] [] [] [] [] [] [] [] [] [] 1 1 5 4 8



BUSINESS PROFITS TAX RETURN

Business Organization Name

GHI LLC

Taxpayer Identification Number

□ □ □ □ □ □ □ □

MMDDYYYY

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

□ □ □ □ □ □ □ □

MMDDYYYY

and ending:

□ □ □ □ □ □ □ □

NH-1065 (continued)

Line 10 (continued)

ROUND TO THE NEAREST WHOLE DOLLAR

NOLD to be carried forward

10 - B

□ □ □ □ □ □ □ □

11 New Hampshire Taxable Business Profits (Line 9 minus Line 10. If negative, enter zero.)

11

□ □ □ □ □ □ □ □ 1 3 3 9 3 8

12 Compute tax (Line 11 multiplied by 7.5%)

12

□ □ □ □ □ □ □ □ 1 0 0 4 5

13 (a) BET Credit only (attach BET Credit Worksheet)

13(a)

□ □ □ □ □ □ □ □ 1 0 0 4 5

-OR-

(b) Other credits including BET (attach Form DP-160)

13(b)

□ □ □ □ □ □ □ □

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

□ □ □ □ □ □ □ □ □ □ 0

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



This form should be completed if filing a NH-1120-WE or if New Hampshire apportionment is less than 100%

BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION

Business Organization Name

GHI LLC

Taxpayer Identification #

MMDDYYYY

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

and ending:

MMDDYYYY

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

If the business organization is a partnership the due date of the return is the **FIFTEENTH DAY OF THE THIRD MONTH FOLLOWING THE END OF THE TAXABLE PERIOD**. If the business organization is not a partnership the due date of the return is the **FIFTEENTH DAY OF THE FOURTH MONTH FOLLOWING THE END OF THE TAXABLE PERIOD**.

Principal Business Activity in New Hampshire

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

Check box and attach a list if more space is required

123 MAIN ST CONCORD

154 MAIN ST LACONIA

165 S WILLOW ST MANCHESTER

2 0 0 0

Year first NH return filed

NH

State of Incorporation

City, State and Country where records are located

City / Town

CONCORD

State

NH

Country

UNITED STATES

Business locations outside of New Hampshire

Check box and attach a list if more space is required

City / Town

LOWELL

State

MA

Registered to do
business in state
where located?

YES

Files returns
in state
where located?

YES

Apportion sales, payroll
and/or property in state
where located?

YES

Type of Business

RESIDENTIAL RENTAL

City / Town

State

Type of Business

City / Town

State

Type of Business



BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued

Business Organization Name

GHI LLC

Taxpayer Identification #

[Empty]

MMDDYYYY

For the CALENDAR year 2024 or other taxable period beginning:

[Empty]

and ending:

MMDDYYYY

[Empty]

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

Yes No

If yes, provide the date the period begins

MMDDYYYY

[Empty]

and ends

MMDDYYYY

[Empty]

Is this business organization affiliated with any other business organization that files business tax returns with this Department?

Yes No

Identify affiliated business organization by name and FEIN

Check box and attach a list if more space is required

FEIN

[Empty]

[Empty]

Does the business organization file as part of a unitary group in any other jurisdiction?

Yes No

Is the business organization registered with the NH Secretary of State?

Yes No

If YES, provide Business ID

1 2 3 1 1 2

If YES, provide YEAR registered

2 0 0 0

In which state is the business organization domiciled?:

State

NH

Did the business organization have a change in income due to a final adjustment determined by a court, the Internal Revenue Service, or another state's taxing authority since its most recent filing of a NH BPT return (prior to this return)?

Yes No

If yes, provide full details. Use additional sheet(s) if necessary.

[Empty]



BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT

Business Organization Name

GHI LLC

Taxpayer Identification Number

MMDDYYYY

For the CALENDAR year **2024** 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	5 2 5 1 3 3	2 8 4 3 7 6	
1(c) Divide 1(b) by 1(a) (Express as a decimal to 6 places) This is your New Hampshire BPT Apportionment			0 . 5 4 1 5 3 1

	2(a) Everywhere (Denominator)	2(b) New Hampshire (Numerator)	2(c) Payroll Factor
2 PAYROLL FACTOR	4 8 0 3 2 2	3 0 2 4 6 8	
2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)			0 . 6 2 9 7 1 9

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	7 8 1 2	7 6 4 4	Inventory	4 5 1 6	4 8 1 0
Buildings	2 2 1 6 8 0 5	2 3 0 1 6 1 5	Buildings	1 5 0 0 2 6 3	1 6 0 0 1 2 1
Furniture & Fixtures	4 8 1 3 4	4 8 3 1 6	Furniture & Fixtures	2 5 1 3 6	2 4 8 3 3
Leasehold Improvements			Leasehold Improvements		
Land	1 1 1 3 4 6 6	1 1 1 3 4 6 6	Land	6 5 1 3 1 6	6 5 1 3 1 6
Other Tangible Assets			Other Tangible Assets		
Subtotal	3 3 8 6 2 1 7	3 4 7 1 0 4 1	Subtotal	2 1 8 1 2 3 1	2 2 8 1 0 8 0
Average of Subtotals		3 4 2 8 6 2 9	Average of Subtotals		2 2 3 1 1 5 6
Rented Property (annual rate x 8)			Rented Property (annual rate x 8)		
Total Everywhere Property		3 4 2 8 6 2 9	Total New Hampshire Property		2 2 3 1 1 5 6
3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)			0 . 6 5 0 7 4 3		



NET OPERATING LOSS (NOL) DEDUCTION

Business Organization Name

GHI LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

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

and ending:

	COLUMN A Ending date of taxable period in which NOL occurred.	COLUMN B New Hampshire NOL available for carry forward from DP-131-A.	COLUMN C Amount of NOL carry forward which has been used in taxable periods prior to this taxable period.	COLUMN D Amount of NOL to be used as a deduction in this taxable period. (see instructions)	COLUMN E Amount of NOL to carry forward to future taxable period.
1	1 2 3 1 2 0 2 2	1 1 5 4 8		1 1 5 4 8	
2	<input type="text"/>				
3	<input type="text"/>				
4	<input type="text"/>				
5	<input type="text"/>				
6	<input type="text"/>				
7	<input type="text"/>				
8	<input type="text"/>				
9	<input type="text"/>				
10	<input type="text"/>				
11		1 1 5 4 8		1 1 5 4 8	

Line 11 - Total Columns B, C, D, & E (Sum Lines 1 - 10 in each respective column).

Subtract Line 11, Column C from Line 11, Column B to obtain the NOL available to be reported on the applicable Business Profits Tax return.

The amount of NOL carryforward deducted this taxable period is Column D, Line 11(see instructions).

Line 11, Column D and Column E respectively are the amounts to be reported on the applicable Business Profits Tax return for NOL to be used in the period and NOL carryforward.

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