

## **New Hampshire BET and BPT Proprietorship Test Case 2 - 2023**

This test case is of a Single Member Limited Liability Company filing as a proprietorship at the federal level. This business enterprise/organization is doing business within and without NH requiring apportionment of both BET and BPT. The taxpayer utilizes BET credits and other credits, therefore Form DP-160, Schedule of Credits is required. The amounts reported are carried over from the Federal Form 1040 and supporting schedules (not included in this test scenario). The tax due is \$50,133 prior to application of payments in the amount of \$65,000 resulting in an overpayment of \$14,867

Federal Forms: Not included

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

Taxpayer:

KNOTTTS LLC

200 LOUDON RD

CONCORD, NH 03301

DIN: TAXPAYER: NL-000084

Filing Status/Entity Type: PROPRIETORSHIP

Other: Overpayment of \$14,867 - \$5,000 credit to next year's tax liability and a requested refund of \$9,867. Electronic funds transfer available.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2023 BT-SUMMARY



0BTSUM2311862

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2023 or other taxable period beginning:

MMDDYYYY input boxes

and ending:

MMDDYYYY input boxes

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

Text input box for name change

Proprietor's Last Name

Text input box for Proprietor's Last Name

First Name

MI

Social Security Number

Text input box for First Name

MI input box

Social Security Number input boxes

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

Taxpayer Identification Number

Principal Business Activity Code (Federal)

Taxpayer Identification Number input boxes: N L 0 0 0 0 0 8 4

Principal Business Activity Code input boxes

Number & Street Address

Text input box for Number & Street Address: 200 LOUDON RD

Address (continued)

Text input box for Address (continued)

Unit Type

Unit #

Unit Type input box

Unit # input box

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Text input box for City / Town: CONCORD

Text input box for State: NH

Text input box 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 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)									1	9	8	0	
(b) Business Profits Tax Net of Statutory Credits	1(b)									4	8	1	5	3
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))														5 0 1 3 3
<b>2 PAYMENTS</b>														
(a) Tax paid with application for extension	2(a)									5	0	0	0	0
(b) Total of taxable period's estimated tax payments	2(b)									1	5	0	0	0
(c) Credit carryover from prior tax period	2(c)													
(d) Tax paid with original return (Amended returns only)	2(d)													
(e) Total of Lines 2(a) through 2(d)	2(e)													6 5 0 0 0
3 TAX DUE: (Line 1(c) minus Line 2(e))	3													- 1 4 8 6 7
<b>4 ADDITIONS TO TAX</b>														
(a) Interest (See instructions)	4(a)													
(b) Failure to Pay (See instructions)	4(b)													
(c) Failure to File (See instructions)	4(c)													
(d) Underpayment of Estimated Tax (See instructions)	4(d)													
(e) Total of Lines 4(a) through 4(d)	4(e)													
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)													- 1 4 8 6 7
(b) Return Payment Made Electronically	5(b)													
<b>(c) BALANCE DUE:</b> Line 5(a) minus 5(b). Make your payment online at <a href="http://www.revenue.nh.gov/gtc">www.revenue.nh.gov/gtc</a> or make check payable to: <b>STATE OF NEW HAMPSHIRE</b> <b>PAY THIS AMOUNT</b>														
6 <b>OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	6													1 4 8 6 7
(a) Any amount of overpayment in excess of 500% of Line 1(c) shall be refunded (Line 1(c) X 500%).	6(a)													
7 Apply overpayment amount on Line 6 to:														
(a) Credit - Next Year's Tax Liability (amount entered shall not exceed Line 6(a)) <b>(Not available for Federal RAR)</b>	7(a)													5 0 0 0
(b) Refund <b>(Only option available for Federal RAR)</b>	7(b)													6 3 4 9



**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](http://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

KNOTTS LLC

Taxpayer Identification Number

N L 0 0 0 0 0 8 4

MMDDYYYY

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

MMDDYYYY

and ending:

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		Round to the nearest whole dollar						
		1	2	6	5	4	1	1
1. Dividends Paid	1							
2. Compensation and Wages Paid or Accrued	2			3	6	0	0	0
3. Interest Paid or Accrued	3							
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4			3	6	0	0	0
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0055) before credits	5				1	9	8	0
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)	<b>TAX DUE</b> 7					1	9	8

**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.



**2023  
BET CREDIT  
WORKSHEET**



0BETCW2311862

**BUSINESS ENTERPRISE TAX CREDIT WORKSHEET**

Taxpayer Name

KNOTTS LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

N L 0 0 0 0 0 8 4

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

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and ending:

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1. Business Profits Tax (BPT) from BPT Return, Line 19 NH-1120-WE, Line 12 all other forms.		1	5 7 6 3 6
2. Sum the amounts from Lines 3 through 12, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 20(a) NH-1120-WE or Line 13(a) all other forms. If other credits are applied, include result on BPT return, Line 20(b) NH-1120-WE, Line 13(b) all other forms.		9 4 8 3	
Use carry forward amounts in the following order for this taxable period	<b>A</b> Available Credits	<b>B</b> Credit Applied to BPT	<b>C</b> Excess Credits
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	1 9 8 0	1 9 8 0	
4. Carry over BET from ninth prior taxable period	5 0	5 0	
5. Carry over BET from eighth prior taxable period			
6. Carry over BET from seventh prior taxable period	6 5 0	6 5 0	
7. Carry over BET from sixth prior taxable period			
8. Carry over BET from fifth prior taxable period	7 5 0	7 5 0	
9. Carry over BET from fourth prior taxable period			
10. Carry over BET from third prior taxable period	8 0 0	8 0 0	
11. Carry over BET from second prior taxable period			
12. Carry over BET from first prior taxable period	1 0 5	1 0 5	



**BUSINESS ENTERPRISE TAX APPORTIONMENT**

Business Enterprise Name

KNOTTS LLC

Taxpayer Identification #

N L 0 0 0 0 0 8 4

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

**Interest Factor**

4	Average of New Hampshire Property	4	5 5 2 7 9
5	Average of Everywhere Property	5	6 3 0 5 0
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places.	6	0 . 8 7 6 7 4 9

**Dividend Factor**

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



**BUSINESS ENTERPRISE TAX APPORTIONMENT - continued**

Business Enterprise Name

KNOTTS LLC

Taxpayer Identification #

N L 0 0 0 0 0 8 4

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

**Compensation and Wages Apportionment**

18	Everywhere Compensation and Wages Paid or Accrued	18	4 4 0 7 0 0
19	LESS: Retained Compensation	19	
20	Subtotal (Line 18 minus Line 19)	20	4 4 0 7 0 0
21	Compensation Apportionment Factor (From Line 3)	21	0 . 8 1 6 8 8 2
22	Taxable Compensation (Line 20 multiplied by Line 21)	22	3 6 0 0 0 0
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 6 0 0 0 0

**Interest Apportionment**

25	Interest Paid or Accrued	25	
26	Interest Apportionment Factor (From Line 6)	26	0 . 8 7 6 7 4 9
27	Taxable Interest (Line 25 multiplied by Line 26)	27	
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	





**BUSINESS PROFITS TAX RETURN**

Proprietor's Name / Business Organization Name

KNOTTS LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

N L 0 0 0 0 8 4

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

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)					7	5	0	0	0
1(b) Net rental profit or loss reported on Federal Schedule E, Line 21	1(b)									
1(c) Net farm rental profit or loss reported on Federal Form 4835, Line 32	1(c)									
1(d) Net farm profit or loss reported on Federal Schedule F, Line 34	1(d)									
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)					8	1	5	4	2 7
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)					6	7	4	8	
1(g) Installment sale gains from the sale of business assets recognized during the period on Federal Form 6252, Line 24	1(g)									
1(h) Other net business income (attach schedule) attributable to this business organization as adjusted accordingly from Federal Form 1040, Schedule B	1(h)									
1(i) Other business income attributable to this business organization as adjusted accordingly from Federal Form 1040, Schedule 1, Line 8	1(i)									
1(j) Subtotal Lines 1(a) through 1(i)	1(j)					8	9	7	1	7 5

**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)									
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)					-	6	7	8	4
2(g) Net Lines 2(a) through 2(f)	2(g)					-	6	7	8	4
3 Subtotal Line 1(j) adjusted by Line 2(g)	3					8	9	0	3	9 1
4 Separate entity items of income or expense (attach schedule)	4									
5 Gross Business Profits (combine Line 3 and Line 4)	5					8	9	0	3	9 1



**BUSINESS PROFITS TAX RETURN**

Proprietor's Name / Business Organization Name

KNOTTS LLC

Taxpayer Identification Number

N L 0 0 0 0 8 4

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)								
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	5	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)								
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								
Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above	<input type="checkbox"/> Yes	Multiple Transactions (schedule attached) <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								
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 attributable to an increase in the basis of assets 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) Net Lines 6(a) through 6(i)	6(j)					-	7	5	0
7 Adjusted Gross Business Profits (sum of Lines 5, and 6(j))	7					8	1	5	3
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					0	.	9	4
Exempt under P.L. 86-272 <input type="checkbox"/>						2	4	6	9
9 New Hampshire Business Profits before NOL (Line 7 multiplied by Line 8)	9					7	6	8	4



**BUSINESS PROFITS TAX RETURN**

Proprietor's Name / Business Organization Name

KNOTTS LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

N L 0 0 0 0 0 8 4

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

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																				
Less NOLD used this tax period	10																				
NOLD to be carried forward	10 - B																				
11 New Hampshire Taxable Business Profits (Line 9 minus Line 10. If negative, enter zero)	11									7	6	8	4	8	1						
12 Compute tax (Line 11 multiplied by 7.5%)	12												5	7	6	3	6				
13 (a) BET Credit only - attach BET Credit Worksheet	13(a)																				
<b>-OR-</b>																					
(b) Other credits including BET (attach Form DP-160)	13(b)																9	4	8	3	
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																4	8	1	5	3

**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

KNOTTS LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

N L 0 0 0 0 0 8 4

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

and ending:

	<b>1(a) Everywhere (Denominator)</b>	<b>1(b) New Hampshire (Numerator)</b>	<b>1(c) Sales/Receipts Factor</b>
1 SALES/RECEIPTS FACTOR	5 2 5 4 6 0	4 9 5 2 3 0	
<b>1(c) Divide 1(b) by 1(a) (Express as a decimal to 6 places)</b>			0 . 9 4 2 4 6 9
<b>This is your New Hampshire BPT Apportionment</b>			

	<b>2(a) Everywhere (Denominator)</b>	<b>2(b) New Hampshire (Numerator)</b>	<b>2(c) Payroll Factor</b>
2 PAYROLL FACTOR	3 6 5 7 0 0	2 8 5 0 0 0	
<b>2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)</b>			0 . 7 7 9 3 2 7

3 PROPERTY FACTOR	<b>3(a) Everywhere (Denominator)</b>			<b>3(b) New Hampshire (Numerator)</b>	
	Beginning of Period	End of Period		Beginning of Period	End of Period
Inventory	2000	2000	Inventory	1000	1000
Buildings	15000	15000	Buildings	12240	12240
Furniture & Fixtures	16500	16500	Furniture & Fixtures	15500	15500
Leasehold Improvements	2200	2200	Leasehold Improvements	2000	2000
Land	4900	4900	Land	3800	3800
Other Tangible Assets	150	150	Other Tangible Assets	125	120
Subtotal	4 0 7 5 0	4 0 7 5 0	Subtotal	3 4 6 6 5	3 4 6 6 0
Average of Subtotals		4 0 7 5 0	Average of Subtotals		3 4 6 6 3
Rented Property (annual rate x 8)		2 2 3 0 0	Rented Property (annual rate x 8)		2 0 6 1 6
Total Everywhere Property		6 3 0 5 0	Total New Hampshire Property		5 5 2 7 9
<b>3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)</b>					0 . 8 7 6 7 4 9



**SCHEDULE OF CREDITS**

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

Business Organization Name

KNOTTS LLC

Taxpayer Identification Number

N L 0 0 0 0 0 8 4

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

MMDDYYYY

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and ending:

MMDDYYYY

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**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						
2. ERZ Credit Part D, Line 4	2						
3. ITC Part E, Line 4	3						
4. Subtotal, Add Lines 1, 2 and 3	4						
5. R&D Part C, Line 3	5						
6. Education Tax Credit Part G, Line 3	6						
7. Granite State Paid Family and Medical Leave Plan Tax Credit Part J, Line 2	7						
8. Subtotal (Sum Lines 5 through 7)	8						
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						

**B. BPT Summary of Credits**

Round to the nearest whole dollar

1. R&D Part C, Line 2	1						
2. ERZ Credit Part D, Line 3	2						
3. ITC Part E, Line 3	3				5	1	4 8
4. Coos County Credit Part F, Line 4	4						
5. Insurance Premium Tax Part H, Line 2	5						
6. Education Tax Credit Part G, Line 2	6						
7. BET credit (Line 3, Column B of BET Credit Worksheet)	7				1	9	8 0
8. CTE Centers Tax Credit (Part I, Line 2)	8						
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				7	1	2 8



**SCHEDULE OF CREDITS - continued**

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

Business Organization Name

KNOTTS LLC

Taxpayer Identification Number

N L 0 0 0 0 0 8 4

**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)									5	0		
(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)									6	5	0	
(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)									7	5	0	
(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)									8	0	0	
(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)									1	0	5	
(j) Total BET credit carryover (Sum Lines 10(a) through 10(i))	10(j)									2	3	5	5
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									9	4	8	3

**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

KNOTTS LLC

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					5	1	4	8
3. Amount used for BPT	3					5	1	4	8
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					5	1	4	8
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								0
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

KNOTTS LLC

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	