

New Hampshire BET and BPT Partnership Test Case 2 – 2023

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

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 box for former name

Proprietor's Last Name

Proprietor's Last Name input box

First Name

MI

Social Security Number

First Name input box

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

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

Taxpayer Identification Number

Principal Business Activity Code (Federal)

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

Principal Business Activity Code input boxes

Number & Street Address

Number & Street Address input box

Address (continued)

Unit Type

Unit #

Address (continued) input box

Unit Type input box

Unit # input box

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

City / Town input box

State input box

Zip Code + 4 input boxes

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)	<input type="text" value="2085"/>	
(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="2085"/>	
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="2085"/>	
4 ADDITIONS TO TAX			
(a) Interest (See instructions)	4(a)	<input type="text" value="45"/>	
(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="45"/>	
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)	<input type="text" value="2130"/>	
(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" value="2130"/>	
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
www.revenue.nh.gov/gtc

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



**2023
BET CREDIT
WORKSHEET**



0BETCW2311862

BUSINESS ENTERPRISE TAX CREDIT WORKSHEET

Taxpayer Name

GHI LLC

Taxpayer Identification Number

3 4 1 1 1 1 1 1 8

MMDDYYYY

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

MMDDYYYY

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 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.		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 ninth prior taxable period	5 7 7	5 7 7	
5. Carry over BET from eighth prior taxable period	3 1 1 2	3 1 1 2	
6. Carry over BET from seventh prior taxable period	7 8 9	7 8 9	
7. Carry over BET from sixth prior taxable period	9 7 9	9 7 9	
8. Carry over BET from fifth prior taxable period	3 0 0	3 0 0	
9. Carry over BET from fourth prior taxable period	4 6 7	4 6 7	
10. Carry over BET from third prior taxable period	4 5 8	4 5 8	
11. Carry over BET from second prior taxable period	3 1 1	3 1 1	
12. 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 #

3 4 1 1 1 1 1 1 8

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 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 9
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 3 0 0



BUSINESS PROFITS TAX RETURN

Business Organization Name

GHI LLC

Taxpayer Identification Number

3 4 1 1 1 1 1 1 8

MMDDYYYY

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

MMDDYYYY

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)																								
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 Yes

Multiple Transactions (schedule attached) Yes



BUSINESS PROFITS TAX RETURN

Business Organization Name

GHI LLC

Taxpayer Identification Number

3 4 1 1 1 1 1 1 8

MMDDYYYY

MMDDYYYY

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

_____ and ending:

NH-1065 continued

Line 6(h) continued

Round to the nearest whole dollar

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 4 0 0 0

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

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

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.



BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT

Business Organization Name

GHI LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

3 4 1 1 1 1 1 1 8

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

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		



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 #

3 4 1 1 1 1 1 1 8

MMDDYYYY

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

MMDDYYYY

and ending:

MMDDYYYY

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 #

3 4 1 1 1 1 1 1 8

MMDDYYYY

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

and ending:

MMDDYYYY

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

and
ends

MMDDYYYY

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

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

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.