

New Hampshire BET and BPT Partnership Test Case 1 - 2017

This test case is of a partnership Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within NH only. The amounts reported are carried over from the Federal Form 1065 (not included in test scenario). The tax due is \$856 prior to application of payments in the amount of \$900 resulting in an over payment of \$44.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, and NH-1065

Taxpayer:

ABC PARTNERSHIP

123 MAIN ST

CONCORD, NH 03301

SSN: TAXPAYER: 00-4111114

Filing Status/Entity Type: PARTNERSHIP

Other: Overpayment of \$44 is to be used as a credit to next year's tax liability.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2017 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2017 or other taxable period beginning:

0 1 0 1 2 0 1 7

and ending: 1 2 3 1 2 0 1 7

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

Empty text box for name change information

Proprietorship Last Name

Empty text box for Proprietorship Last Name

First Name

MI

Social Security Number

Empty text box for First Name

Empty text box for MI

Empty text box for Social Security Number

If issued a DIN, DO NOT enter SSN or FEIN

Spouse's Last Name (If property jointly owned)

Empty text box for Spouse's Last Name

First Name

MI

Social Security Number

Empty text box for First Name

Empty text box for MI

Empty text box for Social Security Number

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

ABC PARTNERSHIP

Taxpayer Identification Number

Principal Business Activity Code (Federal)

0 0 4 1 1 1 1 1 4

2 3 1 8 6 1

Number & Street Address

123 MAIN ST

Address (continued)

Empty text box for address continuation

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

CONCORD

NH

0 3 3 0 1

STEP 2 - Return Type and Federal Information

If "yes" to the first two questions you must complete this BT-SUMMARY or your return will be considered incomplete and may be subject to penalties.

Are you required to file a BET Return (Gross Business Receipts over \$208,000, or Enterprise Value Tax Base over \$104,000)?

X Yes No

Are you required to file a BPT Return (Gross Business Income over \$50,000)?

X Yes No

Do you file a Form 990/990T?

Yes X No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 12b on Schedule B of Federal Form 1065?

Yes X No

OR

2 - CORPORATION

X 3 - PARTNERSHIP

1 - PROPRIETORSHIP

AMENDED RETURN

2 - COMBINED GROUP

5 - NON-PROFIT

4 - FIDUCIARY

FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustment(s) for any federal income tax return, which adjustment(s) has not been previously reported to New Hampshire. Do not use this form to report an IRS adjustment.

Enter Years Covered by IRS (MMYYYYMMYYYY)

Empty text box for years covered by IRS

Check Appropriate Box:

Payment Required

Refund Request

X Credit Next Year's Tax Liability

No Payment Required



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)		5	3	5	
(b) Business Profits Tax Net of Statutory Credits	1(b)		3	2	1	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))						8 5 6
2 PAYMENTS						
(a) Tax paid with application for extension	2(a)		1	0	0	
(b) Total of taxable period's estimated tax payments	2(b)		7	0	0	
(c) Credit carryover from prior tax period	2(c)		1	0	0	
(d) Tax paid with original return (Amended returns only)	2(d)					
(e) Total of Lines 2(a) through 2(d)						9 0 0
3 TAX DUE: (Line 1(c) minus Line 2(e))						- 4 4
4 ADDITIONS TO TAX						
(a) Interest (See instructions)	4(a)					
(b) Failure to Pay (See instructions)	4(b)					
(c) Failure to File (See instructions)	4(c)					
(d) Underpayment of Estimated Tax (See instructions)	4(d)					
(e) Total of Lines 4(a) through 4(d)						
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))						- 4 4
(b) Return Payment Made Electronically	5(b)					
(c) BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.revenue.nh.gov/ or make check payable to: STATE OF NEW HAMPSHIRE PAY THIS AMOUNT	5(c)					0
6 OVERPAYMENT: If balance due is less than zero, enter on Line 6	6					4 4
7 Apply overpayment amount on Line 6 to:						
(a) Credit - Next Year's Tax Liability	7(a)					4 4
(b) Refund	7(b)					DO NOT PAY

STEP 5 - THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES



BUSINESS TAX RETURN SUMMARY - continued

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

0	3	1	2	2	0	1	8
---	---	---	---	---	---	---	---

Signature (in ink)

MMDDYYYY

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

Print Signatory Name & Title

GENERAL PARTNER

Email Address

GP@YAHOO.COM

Phone Number

6	0	3	2	2	5	5	5	5	5
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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)

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

Make Check Payable to:
STATE OF NEW HAMPSHIRE



BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

ABC PARTNERSHIP

Taxpayer Identification #

0 0 4 1 1 1 1 1 4

MMDYYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

and ending:

MMDYYYYY

1 2 3 1 2 0 1 7

You are required to file this return if the gross business receipts were greater than **\$208,000** or the enterprise value tax base is greater than **\$104,000**.

Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization

1 0 0 0 0 0 0

1. Dividends Paid	1								
2. Compensation and Wages Paid or Accrued	2				6	9	1	0	0
3. Interest Paid or Accrued	3				5	2	0	0	
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4				7	4	3	0	0
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0072) before credits	5				5	3	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)	7	TAX DUE			5	3	5		

BET CREDIT WORKSHEET

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms.		1						1	2	7	1
2. Sum the amounts from Lines 3 through 8, 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 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.		9	5	0							
Use carry forward amounts in the following order for this taxable period											
	A	B	C								
	Apply Credits Here	Sum of Credit to BPT	Excess Credits								
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	5	3	5								
4. Carry over BET from fifth prior taxable period	1	2	5								
5. Carry over BET from fourth prior taxable period	6	5								0	
6. Carry over BET from third prior taxable period	7	5								0	
7. Carry over BET from second prior taxable period	1	0	0							0	
8. Carry over BET from first prior taxable period	5	0								0	



BUSINESS PROFITS TAX RETURN

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name

ABC PARTNERSHIP

Taxpayer Identification #

0 0 4 1 1 1 1 1 4

For the CALENDAR year **2017**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 7

and ending:

MMDDYYYY

1 2 3 1 2 0 1 7

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)					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	0	0	0	0
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	1(d)									
1(e) Enter the amount of interest income reported on Federal Form 1065, Schedule K, Line 5	1(e)							2	0	0
1(f) Enter the amount of dividend income reported on Federal Form 1065, Schedule K, Line 6(a)	1(f)							3	0	0
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	1(l)									
1(m) Enter the amount of Section 179 deduction reported on Federal Form 1065, Schedule K, Line 12	1(m)							5	0	0
1(n) Enter the amount of contributions reported on Federal Form 1065, Schedule K, Line 13(a), 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(b)	1(o)									
1(p) Enter the amount of IRC §59(e)(2) expenditures reported on Federal Form 1065, Schedule K, Line 13(c)	1(p)									
1(q) Enter the amount of other deductions reported on Federal Form 1065, Schedule K, Line 13(d)	1(q)									
1(r) Enter the amount of foreign taxes paid or accrued as reported on Federal Form 1065, Schedule K, Lines 16(l)	1(r)									
1(s) Combine Lines 1(a) through 1(l) and from the result subtract Lines 1(m) through 1(r)	1(s)							5	5	5
								0	0	0



BUSINESS PROFITS TAX RETURN
ADJUSTMENTS TO GROSS BUSINESS PROFITS

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name

ABC PARTNERSHIP

Taxpayer Identification #

0 0 4 1 1 1 1 1 4

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

MMDDYYYY

and ending: 1 2 3 1 2 0 1 7

1065 continued

2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE TO IRC PURSUANT TO RSA 77-A:1, XX

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, 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	2(b)								
2(c) Add any other deductions 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	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	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						5	5	5 0 0
4 Separate entity items of income or expense (attach schedule)	4								
5 Gross Business Profits (combine Line 3 and Line 4)	5						5	5	5 0 0

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)						4	0	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 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) Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA-77-A:4, XIII)									
NOLD available	6(h) - A								
Less NOLD used this tax period	6(h)								
NOLD to be carried forward	6(h) - B								

