### New Hampshire BET and BPT Proprietorship Test Case 4 - 2018

This test case is of a Single Member Limited Liability Company filing as a proprietorship at the federal level. Please see excerpts below from the Modernized e-File Handbook. The taxpayer will be filing Business Enterprise Tax and Business Profits Tax Return for a business enterprise/organization doing business within NH only. The taxpayer utilizes BET credits only, therefore Form DP-160, Schedule of Credits is not 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 \$1,223 prior to application of payments in the amount of \$1,700 resulting in an overpayment of \$477.

Federal Forms: Not included

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

Taxpayer:

JOE DIRT

123 MAIN ST

LACONIA, NH 03246

SSN: TAXPAYER: 001-11-1111

Filing Status/Entity Type: PROPRIETORSHIP

Other: Overpayment of \$477 - \$200 credit to next year's tax liability and a requested refund of \$277. No electronic funds transfer available.

#### Modernized e-File Handbook

Special Instructions for Single Member Limited Liability Companies (SMLLC) Filing Business Enterprise Tax and Business Profits Tax as Proprietorships

Pursuant to RSA 77-A:1, I every business organization must file as a separate entity form that of its owner/member, even in cases where the Federal filing of the SMLLC reports its items of income and expense on the return of the owner. In addition to filing as an entity separate from its owner/member, the SMLLC must file its NH returns using a unique identification number not shared or used by any other taxpayer. This will not be the members Social Security Number (SSN), but rather a Federal Employer Identification Number (FEIN) or an assigned Department Identification Number (DIN). SMLLCs filing as proprietorships will file under the manifest type of a partnership in accordance with Section 7.0 (see Business Rule NHBTO-014) and Form NH-1040 must be present. In addition SMLLCs using a DIN will

need to provide a FEIN or SSN for processing purposes only. Individuals (not SMLLCs) filing as proprietorships with an SSN will file under the manifest type of an individual in accordance with Section 7.0 (see Business Rule NHBTO-014) and Form NH-1040 must be present.

Expected values for the State Submission Manifest

<u>Form</u>	Tax Type/Category	Submission Type	Tax Year
BT-SUMMARY	Proprietorship (Individual)	FormBTSUMIND	2018
BT-SUMMARY	Proprietorship (SMLLC)	FormBTSUMPART	2018

#### **DO NOT STAPLE**



## New Hampshire

Department of Revenue Administration

## 2018 BT-SUMMARY



STEP 1 - PRINT OR TYPE			RETURN SUM		MMDDYYYY		
For the CALENDAR year <b>2018</b> or other to	axable period beginning	: 0 1	γγ 0 1 2 0 1	8 and ending:		1 8	
Check box if there has been a nam	e change since last filin	ig. List former	name.				
Proprietorship Last Name							
DIRT							
First Name	MI		Social Security N	umber			
JANE			0 0 1 1	1 1 1 1 2	If issued	a DIN,	
Spouse's Last Name (If property jointly ow	vned)				DO N enter SSN		
First Name	MI		Social Security N	umber			
Corporate, Partnership, Estate, Trust, Non-	Profit or LLC Name						
Taxpayer Identification Number	Principal Business	Activity Code (	Federal)				
Number & Street Address							
123 MAIN ST							
Address (continued)							
Address (continued)							
City / Town			State	Zip Code + 4 (or	r Canadian Postal Code)		
LACONIA			NH	0 3 2 4	6		
STEP 2 - Return Type and Fede	ral Information		iired to file a BET Re 10, or Enterprise Val			× Yes	N
If "yes" to the first two questions you r					ess Income over \$50,000)?	× Yes	N
this BT-SUMMARY or your return will be incomplete and may be subject to pen	1	Are you requ	lired to file a BPT Re	eturn (Gross Busini	ess income over \$50,000):	-	
,		Do you file a	Form 990/990T?			Yes	× N
			Federal Form 8023 dule B of Federal Fo		33 and/or have checked bo	Yes	×N
2 - CORPORATION	3 - PARTNE	RSHIP	× 1 - PROPRIETO	RSHIP	AMENDED RETU	RN	
OR	5 - NON-PR		4 - FIDUCIARY		FINAL RETURN		
	3 - NON-PR	OFII	4-11DOCIAII				
2 - COMBINED GROUP							
Check here if the IRS has made any any federal income tax return, whice reported to New Hampshire. <b>Do no</b>	ch adjustment(s) has not	been previous	ly	ears Covered by I	RS (MMYYYYMMYYYY)		



### 2018 **BT-SUMMARY**



#### **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 Overpay	/ment										Round	to the	neares	t whol	e do	llar		
1 (a) Business Enterprise Tax Net of Statutory Credits 1(a)								5	4	0								
(b) Business Profits Tax Net of Statutory Credits 1(b)							4	6	8	3								
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))										1(c)					1	2	2	3
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)						1	6	0	0								
(c) Credit carryover from prior tax period	2(c)		I															
(d) Tax paid with original return (Amended returns only)	2(d)																	
(e) Total of Lines 2(a) through 2(d)										2(e)					1	7	0	0
3 TAX DUE: (Line 1(c) minus Line 2(e))										3					41	4	7	7
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)									I F								
(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)					7	4	7	7
(b) Return Payment Made Electronically	5(b)																	
(c) BALANCE DUE: Line 5(a) minus 5(b). Make your paymen	it on-lin	e at <u>w</u>	ww.	rever	nue.r	h.go	v or	-		<b>5</b> /5\								0
make check payable to: STATE OF NEW HAMPSHIRE			PA	YII	HIS	ANI	DUN.		-	5(c)		11.05						
6 <b>OVERPAYMENT</b> : If balance due is less than zero, enter on	Line 6		5					4	7	7								
<ul><li>7 Apply overpayment amount on Line 6 to:</li><li>(a) Credit - Next Year's Tax Liability</li></ul>									00	NOT PAY	7(a)					2	0	0
(b) Refund								[	00	NOT PAY	7(b)					2	7	7

STEP 5

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







### 2018 BT-SUMMARY



#### **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 3 1 2 0 1 9
Signature (in ink)	MMDDYYYY
Print Signatory Name & Title	
JANE DIRT	
Email Address	
JANED@GMAIL.COM	
Phone Number  6 0 3 2 3 0 5 0 0 0 Check this b	oox if you are filing as a surviving spouse
PAID PREPARER'S SIGNATURE & INFORMATION	
Signature of Preparer	MMDDYYYY
	0 3 3 1 2 0 1 9
Printed Name of Preparer	
JAMES DORE	
Email Address	
JDORE@PREPARER.COM	
Phone Number         Preparer Identification           6         0         3         5         5         5         1         2         1         2         4         5         6         1         2	
Preparer's Address	
31 PREPARERS COURT	
Address (continued)	
BLDG 2A	
City / Town	State Zip Code + 4 (or Canadian Postal Code)
CONCORD	NH 0 3 3 0 1 - 1 2 3 4
MAIL TO: NH DRA	Make Check Payable to:
PO BOX 637	STATE OF NEW HAMPSHIRE

8T-SUMMARY 2018 Version 1.1 7/2018 CONCORD NH 03302-0637



2018 BET



#### **BUSINESS ENTERPRISE TAX RETURN**

Taxpayer Name																	
JANE DIRT																	
Taxpayer Identification #		MMDD	YYYY							MME	DDY'	YYY					
0 0 1 1 1 1 1 1 1 7	ALENDAR year <b>2018</b> ole period beginning:	0 1	0 1	2 (	1	8	an	d end	ing:	1	2	3	1	2 (	)	1 8	3
You are required to file this return if the gross busi than <b>\$208,000</b> or the enterprise value tax base i			r	Che	ck h	ere i	f req	uire	d to	file	Foi	rm E	BET-	-80			
							7-	Re	ound	to t	he n	eare	st w	hole	dol	lar	•
Total Gross Business Receipts for this business organizatio	n											2	0	8	0	0	0
1. Dividends Paid							1										
2. Compensation and Wages Paid or Accrued							2						8	0	0	0	0
3. Interest Paid or Accrued							3										
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)					4								8	0	0	0	0
5. New Hampshire Business Enterprise Tax(BET)(Line 4 multip	olied by .00675) before	credits					5		П						5	4	0
6. Enter credits against BET. Use DP-160 to determine credit a	gainst BET						6										
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Rep	ort on BT-SUMMARY Li	ne 1(a)	TA	X DU	<b>E</b> 7										5	4	0
	BET CREDIT W	/ORKSI	HEET				_	_		_	_			_	_		_
1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-112	0-WE, Line 10 all other	forms.						į						5	5 2	7	0
2. Sum the amounts from Lines 3 through 8, Column B plus o DP-160 part B, not to exceed the amount on Line 1. Include Line 19(a) NH-1120-WE or Line 11(a) all other forms. If othe result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all	the result on the BPT r r credits are applied, in	return,					4 5	8 7									
Use carry forward amounts in the following order for this taxable period	A Apply Credits He	re		Sum	of Cre		ь ВРТ				6	Exces	C ss Cr	edit	s		
BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.		5 4 0					5	4 0									
4. Carry over BET from fifth prior taxable period		9 5 6					9	5 6									
5. Carry over BET from fourth prior taxable period		8 4 8					8	4 8									0
6. Carry over BET from third prior taxable period		7 5 0					7	5 0									0
7. Carry over BET from second prior taxable period		7 9 8					7	9 8									0
8. Carry over BET from first prior taxable period		6 9 5					6	9 5									0



2018 NH-1040



#### **BUSINESS PROFITS TAX RETURN**

#### **USE FORM DP-87 TO REPORT IRS ADJUSTMENTS**

Pro	priet	or	's N	lar	ne /	Βι	ısi	ne	SS	O	gai	niza	tion	Nam	ıe																													
JA	NE C	)I	RT																																									
Тах	paye	r l	der	ntif	ica	ioi	า #	ŧ																MMI	ODY	YYY										MN	MDD	YYY	Y					
0	0	1		1	1	1		1		1	2				or							2018 nning		0	1	0	1	2	0	1	8		and	end	ling:	1	2	3	ľ	1 2	2 (	)	1	8
1	GRO	os	SB	US	IN	ES:	5 F	R	ΟF	IT	<b>S</b> [	Eacl	n bu	sines	s org	aniz	atic	n m	ust fil	le a s	sepa	rate r	etu	rn.										R	loun	d to	the	nea	res	t w	hole	do	llar	
	1(a)		Net	t pi	ofi	01	·Ic	ss	re	рс	rte	d o	n pr	oprie	tor F	ede	ral S	chec	dule (	C, Lir	ne 3	1										1(a	a)					Ĺ	1	2	7	0	0	0
	1(b)	î	Vet	re	nta	l pı	of	it	or I	05	ss re	epo	rted	on F	eder	al Sc	hec	lule I	E, Lin	ie 21												1(	b)											
	1(c)		Net	fa:	rm	rer	nta	ıl p	ro	fit	or	loss	rep	ortec	l on	Fede	ral I	orm	483	5, Liı	ne 3	2										1(	c)											
	1(d)	ı	Net	fa	m	pro	ofit	o	r lc	SS	re	por	ted o	n Fe	dera	l Sch	edu	ıle F,	Line	34												1(	d)					ı						
	1(e)		Vet 6 a				os	s fi	ror	n t	the	sal	e of I	ousin	iess a	asset	s re	port	ed or	n Fed	dera	l Forn	ո 47	97, 1	ine	s 2(g	g), 3	, 5,	10(	g), 1	4,	1(	e)								8	2	5	0
	1(f)			_										stme 8(h),					busir	ness	acti	vity re	po	rted	on l	ede	ral					1	(f)								1	2	0	C
	1(g)										fro ne		he s	ale o	f bus	ines	s as	sets	reco	gniz	ed d	uring	the	per	iod	on						1(	g)											
	1(h)													ch sc 040,				buta	ble to	o thi	is bu	sines	s or	gani	zati	on a	s ac	ljust	ted			1(	h)											
	1(i)		Oth For							m	e a	ttril	outa	ble to	o thi	bus	ine	ss or	ganiz	zatio	n as	adju	stec	acc	ord	ngly	/ fro	m F	ed	eral		1(	i)											
	1(j)		Sub	to	al	_in	es	1(	a) 1	hı	rou	gh	1(i)																	1(	j)								1	3	6	4	5	(
2	INC	R	EA:	SE	or l	DΕ	CR	E/	۱S۱	E 1	ГΟ	GR	oss	BUS	NES	S PR	OF	TS T	O RE	ECOI	NCIL	E WI	тн	IRC	PUF	RSU	AN1	то	RS	A 7	7-A	:1, X	X											
	2(a)	,	Add	d a	mo	un 7-A	t c	ıf II -b,	RC ind	§1	179 ıdir	exp	oens arry	e tak over	en o	n fed unts	dera	l reti	urn ir ed in	n exc	cess taxa	of the	e an erio	nour od	ıt pe	ermi	tted	l pu	rsu	ant		2(	a)								5	0	0	) (
	2(b)			d t	ne a																	for as			ced	in s	erv	ce t	his			2(	b)									8	0	(
	2(c)																					oe elii tach S				adju	ste	k				2(	c)									8	9	) (
	2(d)												rela erioc		o IRO	§17	79 a	nd b	onus	dep	oreci	ation	not	allo	wed	d for	thi	s tax	kab	le		2(	d)								1	2	2	2
	2(e)													d on t								be el	limi	nate	d o	adj	ust	ed				2(	e)									6	5	5 5
	2(f)	lr c	ncre liffe	eas ere	e o	r D tat	ec e	re: ba	ase sis	t t	he i	net the	gain tax	or lo basis	ss o rep	n the	e sal d or	e of the	asset fede	ts us eral re	ed ir etur	n the n	bus	ines	s th	at ha	ive	a				2(	f)								-	5	5	5 (
	2(g)	) (	Vet	Li	nes	2(a	a) 1	thr	ou	gŀ	า 2(	(f)																				2(	g)								4	2	6	5
3	Sub	oto	ota	Li	ne	l (j)	a	dju	ste	ed	by	Lin	e 2(g	j)																			3						1	4	0	7		1 :
4	Sep	aı	rate	e e	ntit	y it	er	ns	of	in	cor	me	or ex	pens	e (at	tach	sch	edu	le)														4										L	ļ
5	Gro	220	Вι	ısir	es	i Pi	of	its	(c	on	nbi	ne l	ine	3 and	d Lin	e 4)																	5						1	4	0	7		1



2018 NH-1040



#### **BUSINESS PROFITS TAX RETURN ADJUSTMENTS TO GROSS BUSINESS PROFITS**

Proprietor's Name / Busin	ess Organization Name											
JANE DIRT												
Taxpayer Identification #		For the CALENDAR year <b>2018</b>	MMDDYYYY					DDYY				
0 0 1 1 1 1	1 1 2	or other taxable period beginning:		2 0	1 8	and ending	g: 1	2	3 1	2	0	1 8
NH-1040 contir	nued											
6 ADDITIONS AND DE	DUCTIONS (RSA 77-A	4)				Rou	nd to	the ne	arest \	whole	e dol	lar
6(a) Deduct interest	and dividends subject t	o tax under RSA 77 (RSA 77-A:4, I)			6(a	n)						
6(b) Deduct interest	on direct US Obligation	s not subject to tax under RSA 77 (RS	A 77-A:4, II)		6()	o)						
6(c) Deduct compen	sation deduction for pe	ersonal services (RSA 77-A:4, III)		6	5(c)				7	5	0	0
6(d) Add income tax (RSA 77-A:4, VII)	es or franchise taxes me	easured by income (Attach schedule c	of taxes by state)		6(0	d)				1	0	0
6(e) Deduct wage ad	justment required by IF	RC §280C (RSA 77-A:4, IX)			6(	<u>=</u> )		Ш				
6(f) Add expenses re	lated to federal constit	utionally exempt income (RSA 77-A:4	, X)		6(1	)						
6(g) Deduct research	contribution (attach co	omputation) (RSA 77-A:4, XII)			6(	g)						
6(h) Deduct New Ha	mpshire Net Operating	Loss Deduction (NOLD) (attach Form	DP-132) (RSA 77-	-A:4, XIII)	):							
NOLD availabl	le	6(h) - A										
Less NOLD use	ed this tax period				6(	h)						
NOLD to be ca	ırried forward	6(h) - B										
		required due to the increase in the ba s organization (RSA 77-A:4, XIV)	isis of assets resul	ting fror	n the sale	e or						
	nt of the increase in the hange of interest in the	basis of assets federally, due to business organization 6(i) - A										
Check yes if an electi	on is being made to rec	ognize the basis increase for any sale	or exchange repo	orted ab	ove	Yes			ansact attach			Yes
		basis increase associated with the ion, enter zero. If reporting multiple					,					
transactions, p transaction.	lease attach a schedule	reporting the details for each 6(i) - B										
Add the amount of deprectors an increase in the basis		the federal return attributable d for NH purposes 6(i) - C										
Upon the sale of assets, ad in the basis of assets that v		s attributable to an increase NH purposes 6(i) - D										
Net Lines 6(i) -	A through 6(i) - D				6(	i)						
						_						



2018 NH-1040



## **BUSINESS PROFITS TAX RETURN ADJUSTMENTS TO GROSS BUSINESS PROFITS**

Pro	oprietor's Name / Business Organization Name											
JΑ	NE DIRT											
Tax	xpayer Identification # MMDDYYYY			N	IMD	DYY	ΥY					
0	For the CALENDAR year 2018 0 1 0 1 2 0 1 8	ar	nd endin	ıg:	1	2	3	1	2 (	)	1 8	3
NI	H-1040 continued						_					
	6(j) Add Qualified Investment Company (QIC) holders proportional share of QIC profits (RSA 77-A:4, XV)	6(j)										
	6(k) Net Lines 6(a) through 6(j) 6(k)						7.	7	4	0	0	0
7	Adjusted Gross Business Profits (sum of Lines 5, and 6(k))							6	6	7	1	3
8	New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule Enter percentage from Form DP-80, Line 5)  Exempt under P.L. 86	5-272	8	0	1		0	0	0	0	0	0
9	New Hampshire Taxable Business Profits (Line 7 multiplied by Line 8. If negative, enter zero)	9						6	6	7	1	3
10	Compute tax (Line 9 multiplied by 7.9%)		10			ū.			5	2	7	0
	11(a) BET Credit only - attach BET Credit Worksheet 11(a)								4	5	8	7
	-OR-											
	11(b) Other credits including BET(attach Form DP-160)		11(b)	L								
12	New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 11(a) or 11(b), as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)									6	8	3



Version 1.2 9/2018

## 2018 Schedule IV



## OTHER INTERNAL REVENUE CODE RECONCILING ADJUSTMENTS

Business Organization Name								
JANE DIRT								
Taxpayer Identification #	MMDDYYYY		MME	DYYY	′Y			
For the CALENDAR year <b>2018</b> or other taxable period beginning:	0 1 0 1 2 0 1 8	and ending	limit					8
This form must be completed by any business organization reporting at 10(f) of Form NH-1120-WE; or Lines 2(c) or 2(e) of Forms NH-1040, NH-1	ny amounts on Lines 2(d) or 041, or NH-1065. Attach add	2(f) of Form ditional shee	NH-1 ets if r	120; neces	Lines sary.	10(d	) or	
PART A - Additions								
Detail any amounts included on Form NH-1120 Line 2(d), NH-1120-WE I Line 2(c), NH-1041Line 2(c), or NH 1065 Line 2(c). The additions should reported on the corresponding return.	ine 10(d), NH-1040. equal amounts	Report Roun	all val					
Qualified Opportunity Zones		1					8	9
2.		2						
3.		3						
4.		4						
5.		5						
6.		6						
7.	Total Additions	7					8	9
PART B - Deductions								
Detail any amounts included on Form NH-1120 Line 2(f), NH-1120-WE I	ine 10(f), NH-1040 Line							1
2(e), NH-1041 Line 2(e), or NH-1065 Line 2(e). The deductions should e on the corresponding return.	qual amounts reported	Report Roui	t all va nd to t					
Global Intangible Low-Taxed Income (GILTI)		1						
2. Business Interest		2						
3. Research and Experimental Expense		3						
4. Like-Kind Exchanges		4					6	5
5. Fringe Benefits		5						
6.		6						
7.		7						
8.	Total Deductions	5 8					6	5
SCHEDULE IV 2018				Р	age 1	of 2		