

New Hampshire BET and BPT Partnership Test Case 2 – 2018

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 \$2,274 prior to application of payments and penalties.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET-80, NH-1065, ADDLINFO, DP-80, and DP-2210/2220

Taxpayer:

GHI LLC

123 CENTER ST

CONCORD, NH 03301

SSN: TAXPAYER: 00-4111118

Filing Status/Entity Type: PARTNERSHIP

Other: Balance due \$2,351 after application of payments and penalties – electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2018 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

For the CALENDAR year 2018 or other taxable period beginning: 0 1 0 1 2 0 1 8 and ending: 1 2 3 1 2 0 1 8

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

Proprietorship Last Name

First Name

MI

Social Security Number

Spouse's Last Name (If property jointly owned)

First Name

MI

Social Security Number

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

GHI LLC

Taxpayer Identification Number

0 0 4 1 1 1 1 1 8

Principal Business Activity Code (Federal)

2 4 4 1 3 3

Number & Street Address

123 CENTER ST

Address (continued)

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 1

If issued a DIN, DO NOT enter SSN or FEIN

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 2 - COMBINED GROUP

X 3 - PARTNERSHIP 5 - NON-PROFIT 1 - PROPRIETORSHIP 4 - FIDUCIARY

AMENDED RETURN 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 box for entering years covered by IRS

Check Appropriate Box:

Payment Required Refund Request 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) | | | | | | | 2 | 2 | 7 | 4 | | |
| (b) Business Profits Tax Net of Statutory Credits | 1(b) | | | | | | | | | | 0 | | |
| (c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a)) | 1(c) | | | | | | | 2 | 2 | 7 | 4 | | |
| 2 PAYMENTS | | | | | | | | | | | | | |
| (a) Tax paid with application for extension | 2(a) | | | | | | | | | | | | |
| (b) Total of taxable period's estimated tax payments | 2(b) | | | | | | | | | | | | |
| (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) | | | | | | | | | | | | |
| 3 TAX DUE: (Line 1(c) minus Line 2(e)) | 3 | | | | | | | 2 | 2 | 7 | 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) | | | | | | | 7 | 7 | | | | |
| (e) Total of Lines 4(a) through 4(d) | 4(e) | | | | | | | | | | 7 | 7 | |
| 5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e)) | 5(a) | | | | | | | 2 | 3 | 5 | 1 | | |
| (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) | | | | | | | 2 | 3 | 5 | 1 | | |
| 6 OVERPAYMENT: If balance due is less than zero, enter on Line 6 | 6 | | | | | | | | | | 0 | | |
| 7 Apply overpayment amount on Line 6 to: | | | | | | | | | | | | | |
| (a) Credit - Next Year's Tax Liability | 7(a) | | | | | | | | | | | DO NOT PAY | |
| (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 | 5 | 2 | 0 | 1 | 9 |
|---|---|---|---|---|---|---|---|

Signature (in ink)

MMDDYYYY

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Print Signatory Name & Title

Email Address

Phone Number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 3 | 2 | 2 | 6 | 1 | 2 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

| | | | | | | | |
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Printed Name of Preparer

Email Address

Phone Number

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Preparer Identification Number

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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

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

MMDDYYYY

and ending: 1 2 3 1 2 0 1 8

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 | | | | | | 4 8 0 3 2 2 |
| 1. Dividends Paid | 1 | | | | | 1 2 1 4 6 |
| 2. Compensation and Wages Paid or Accrued | 2 | | | | | 3 0 2 4 6 8 |
| 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 3 6 8 4 9 |
| 5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .00675) before credits | 5 | | | | | 2 2 7 4 |
| 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 2 7 4 |

BET CREDIT WORKSHEET

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|----------------------|--|--|--|----------------|-----------|
| 1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms. | | | | 1 | | | | | 1 0 5 4 8 |
| 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. | | | | | | | | 1 0 5 4 8 | |
| 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. | | 2 2 7 4 | | 2 2 7 4 | | | | | |
| 4. Carry over BET from fifth prior taxable period | | 2 3 8 1 | | 2 3 8 1 | | | | | |
| 5. Carry over BET from fourth prior taxable period | | 2 4 3 1 | | 2 4 3 1 | | | | | 0 |
| 6. Carry over BET from third prior taxable period | | 2 2 6 6 | | 2 2 6 6 | | | | | 0 |
| 7. Carry over BET from second prior taxable period | | 2 3 1 1 | | 1 1 9 6 | | | | | 1 1 1 5 |
| 8. Carry over BET from first prior taxable period | | 2 0 0 5 | | | | | | | 2 0 0 5 |



BUSINESS ENTERPRISE TAX APPORTIONMENT

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

For the CALENDAR year **2018**
or other taxable period beginning:

MMDYYYYY

0 1 0 1 2 0 1 8

and ending:

MMDYYYYY

1 2 3 1 2 0 1 8

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 0 2 4 6 8 |
| 2 | Everywhere Compensation and Wages Paid or Accrued | 2 | 4 8 0 3 2 2 |
| 3 | COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places | 3 | 0 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 below. Express to six decimal places | 6 | 0 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 0 . 5 4 1 5 3 1 |
| 10 | Subtotal (Sum of Lines 3, 6 and 9) | 10 | 0 1 . 8 2 1 8 9 8 |
| 11 | DIVIDEND FACTOR Enter Line 10 divided by the number of factors in the subtotal. Enter this amount on Line 15 below. Express to six decimal places | 11 | 0 0 . 6 0 7 2 9 9 |



BUSINESS ENTERPRISE TAX APPORTIONMENT - continued

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDYYYY

1 2 3 1 2 0 1 8

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 | | |
| 13 LESS: Dividend Deduction | 13 | | | |
| 14 Subtotal (Line 12 minus Line 13) | 14 | 2 0 0 0 0 | | |
| 15 Dividend Apportionment Factor (From Line 11 above) | 15 | 0 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 | 4 8 0 3 2 2 | | |
| 19 LESS: Retained Compensation | 19 | | | |
| 20 Subtotal (Line 18 minus Line 19) | 20 | 4 8 0 3 2 2 | | |
| 21 Compensation Apportionment Factor (From Line 3 above) | 21 | 0 0 . 6 2 9 7 1 9 | | |
| 22 Taxable Compensation (Line 20 multiplied by Line 21) | 22 | 3 0 2 4 6 8 | | |
| 23 LESS: Dividend Offset | 23 | | | |
| 24 TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2 | 24 | 3 0 2 4 6 8 | | |

Interest Apportionment

| | | | | |
|-----------------------------------------------------------------------------------------|----|-------------------|--|--|
| 25 Interest Paid or Accrued | 25 | 3 4 1 7 3 | | |
| 26 Interest Apportionment Factor (From Line 6 above) | 26 | 0 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 | 28 | | | |
| 29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3 | 29 | 2 2 2 3 5 | | |



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BUSINESS PROFITS TAX RETURN

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDYYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDYYYYY

1 2 3 1 2 0 1 8

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) | |
| 1(b) Enter the amount of net rental real estate income (loss) reported on Federal Form 1065, Schedule K, Line 2 | 1(b) | 3 0 5 8 2 6 |
| 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) | 1 5 3 |
| 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 | 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 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) | 3 0 0 9 7 9 |



BUSINESS PROFITS TAX RETURN
ADJUSTMENTS TO GROSS BUSINESS PROFITS

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDDYYYY

1 2 3 1 2 0 1 8

1065 continued

2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH 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 <input type="checkbox"/> Check here 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 <input type="checkbox"/> Check here 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 | 0 0 9 7 9 |
| 4 Separate entity items of income or expense (attach schedule) | 4 | | | | | | | | |
| 5 Gross Business Profits (combine Line 3 and Line 4) | 5 | | | | | | | 3 | 0 0 9 7 9 |

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 not subject to tax under RSA 77 (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 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) 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 | | | | | | | | |



BUSINESS PROFITS TAX RETURN
ADJUSTMENTS TO GROSS BUSINESS PROFITS

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDDYYYY

1 2 3 1 2 0 1 8

1065 continued

Round to the nearest whole dollar

6(i) 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(i) - A

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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(i) - B

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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(i) - C

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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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(i) - D

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

6(i)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

6(j)

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

6(k)

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| | | | | | | | | | | | | | | | | | | | | |

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

7

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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. 86-272 8

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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

9

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | | |

10 Compute tax (Line 9 multiplied by 7.9%)

10

| | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

11(a) BET Credit only - attach BET Credit Worksheet

11(a)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

-OR-

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

11(b)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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)

12

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



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 #

0 0 4 1 1 1 1 1 8

MMDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDYYYY

1 2 3 1 2 0 1 8

YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME IS GREATER THAN \$50,000.

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

RESIDENTIAL RENTAL

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 CONCORD

160 PLEASANT ST CONCORD

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

USA

Business locations outside of New Hampshire

Check box and attach a list if more space is required

Answer Yes or No

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 - BUSINESS PROFITS TAX APPORTIONMENT

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDDYYYY

1 2 3 1 2 0 1 8

| | 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) and multiply by 2 (Express as a decimal to 6 places) | | | 0 1 . 0 8 3 0 6 3 |
| | 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 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 | 78 12 | 7644 | Inventory | 45 16 48 10 |
| | Buildings | 22 16805 | 230 16 15 | Buildings | 1500263 1600 12 1 |
| | Furniture & Fixtures | 48 134 | 493 16 | Furniture & Fixtures | 25 136 24833 |
| | Leasehold Improvements | | | Leasehold Improvements | |
| | Land | 1113466 | 1113466 | Land | 65 13 16 65 13 16 |
| | Other Tangible Assets | | | Other Tangible Assets | |
| | Subtotal | 33862 17 | 347204 1 | Subtotal | 2 18 123 1 228 1080 |
| | Average of Subtotals | | 3429 129 | Average of Subtotals | 223 1156 |
| | Rented Property (annual rate x 8) | | | Rented Property (annual rate x 8) | |
| | Total Everywhere Property | | 3429 129 | Total New Hampshire Property | 223 1156 |
| | | | 3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places) | | |
| | | | 0 0 . 6 5 0 6 4 8 | | |

| | | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| 4 | TOTAL OF LINES 1(c), 2(c) and 3(c) | 4 | 0 2 . 3 6 3 4 3 0 |
| 5 | NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places. If there are only one or two factors with an "Everywhere" denominator, see instructions. | 5 | 0 0 . 5 9 0 8 5 8 |



EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX

Taxpayer Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

MMDDYYYY

and ending: 1 2 3 1 2 0 1 8

Check One:

Business Tax Return(s)

Interest & Dividends Tax Return

Other

PART I - CALCULATE YOUR UNDERPAYMENT

Round to the nearest whole dollar

1 Current year tax

\$ 2 2 7 4

2 90% of Line 1 (Line 1 x .90)

\$ 2 0 4 7

| 3(a) Enter in Columns A through D the installment dates that correspond to the 15th of the 4th, 6th, 9th, and 12th months of your tax period or specify statutory due dates. (I&D filers see instructions) | A | B | C | D |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|
| | 0 4 1 5 2 0 1 8 | 0 6 1 5 2 0 1 8 | 0 9 1 5 2 0 1 8 | 1 2 1 5 2 0 1 8 |
| 3(b) Applicable percentages | 25% | 25% | 25% | 25% |
| 3(c) Enter Line 2 multiplied by Line 3(b) for Columns A through D | 5 1 2 | 5 1 2 | 5 1 2 | 5 1 1 |
| 4 Amount paid timely or credited for each period | | | | |
| 5 Overpayment of previous installment | | | | |
| 6 Total (Line 4 plus Line 5) | | | | |
| 7 Overpayment (Line 6 minus Line 3(c)). Enter in Line 5 next column | | | | |
| 8 Underpayment (Line 3(c) minus Line 6) | 5 1 2 | 5 1 2 | 5 1 2 | 5 1 1 |

PART II - EXCEPTIONS TO PENALTY - See Instructions

| 9 Cumulative amount paid or credited from the beginning of the tax year through the installment dates (see instructions) | A | B | C | D |
|--------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|
| 10 Applicable percentages | 25% | 50% | 75% | 100% |
| 11 Exception, prior period's tax (prior year must be 12 full months) (RSA 21-J:32, IV(a)) | 2 0 0 | 2 0 0 | 2 0 0 | 2 0 0 |
| 12 Applicable percentages | 25% | 50% | 75% | 100% |
| 13 Exception, prior period's tax base and facts using current years tax rate (RSA 21-J:32, IV(b)) | 1 9 2 | 1 9 2 | 1 9 2 | 1 9 2 |
| 14 Applicable percentages | 22.5% | 45% | 67.5% | 90% |
| 15 Exception, tax on annualized income (RSA 21-J:32, IV(c)) (Attach schedule) | 2 0 0 | 2 0 0 | 2 0 0 | 2 0 0 |



EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX - Continued

Taxpayer Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

For the CALENDAR year **2018**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 8

MMDDYYYY

and ending: 1 2 3 1 2 0 1 8

PART III - CALCULATE THE PENALTY

| | A | B | C | D |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|
| 16 Amount of underpayment from Part I, Line 8 | 5 1 2 | 5 1 2 | 5 1 2 | 5 1 1 |
| 17 Enter the date of payment or statutory due date of tax, whichever is earlier | 0 3 1 5 2 0 1 9 | 0 3 1 5 2 0 1 9 | 0 3 1 5 2 0 1 9 | 0 3 1 5 2 0 1 9 |
| 18 Enter the number of days from installment date (Line 3(a)) to date shown on Line 17 | 3 3 4 | 2 7 3 | 1 8 1 | 9 0 |
| 19 Interest due through <u>Number of Days x 6% x</u> Underpayment 12/31/18 at 6%: 365 amount (Line 16) (see instructions) | 2 2 | 1 7 | 9 | 1 |
| 20 Interest due after <u>Number of Days x 7% x</u> Underpayment 12/31/18 at 7%: 365 amount (Line 16) (see instructions) | 7 | 7 | 7 | 7 |
| 21 Penalty for Underpayment of Estimated Tax (Line 19 plus Line 20) | 2 9 | 2 4 | 1 6 | 8 |
| 22 Total Penalty for Underpayment of Estimated Tax (Total of Columns A through D, Line 21). | | | | 7 7 |

Note: For interest rate in other years see instructions