

## **New Hampshire BET and BPT Partnership Test Case 1 - 2023**

This test case is of a partnership Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within NH only. Furthermore, the taxpayer utilizes Net Operating Losses from a previous tax period, which will require Form DP-132, Net Operating Loss (NOL) Deduction to be included. The amounts reported are carried over from the Federal Form 1065 (not included in test scenario). The tax due is \$5,059 prior to application of payments in the amount of \$6,000 resulting in an overpayment of \$9410.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET Credit Worksheet, NH-1065, DP-131-A, and DP-132

Taxpayer:

ABC PARTNERSHIP

3 SCHOOL ST

CONCORD, NH 03301

FEIN: TAXPAYER: 61-4589898

Filing Status/Entity Type: PARTNERSHIP

Other: Overpayment of \$941 - \$941 credit to next year's tax liability.

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 name change information

Proprietor's Last Name

Text box for Proprietor's Last Name

First Name

MI

Social Security Number

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

Taxpayer Identification Number

Principal Business Activity Code (Federal)

Taxpayer Identification Number input boxes: 6 1 4 5 8 9 8 9 8

Principal Business Activity Code input boxes

Number & Street Address

Text box for Number & Street Address: 3 SCHOOL ST

Address (continued)

Unit Type

Unit #

Text box for Address (continued)

Unit Type input box

Unit # input box

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Text box for City / Town: CONCORD

Text box for State: HI

Text 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)	<input type="text"/>	5	3	5		
(b) Business Profits Tax Net of Statutory Credits	1(b)	<input type="text"/>	4	5	2	4	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)	<input type="text"/>		5	0	5	9
2 PAYMENTS							
(a) Tax paid with application for extension	2(a)	<input type="text"/>	4	0	0	0	
(b) Total of taxable period's estimated tax payments	2(b)	<input type="text"/>	2	0	0	0	
(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"/>		6	0	0	0
3 TAX DUE: (Line 1(c) minus Line 2(e))	3	<input type="text"/>		-	9	4	1
4 ADDITIONS TO TAX							
(a) Interest (See instructions)	4(a)	<input type="text"/>					
(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"/>					
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)	<input type="text"/>		-	9	4	1
(b) Return Payment Made Electronically	5(b)	<input type="text"/>					
(c) <b>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	<input type="text"/>			9	4	1
(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)) <b>(Not available for Federal RAR)</b>	7(a)	<input type="text"/>			9	4	1
(b) Refund <b>(Only option available for Federal RAR)</b>	7(b)	<input type="text"/>					



**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

ABC PARTNERSHIP

Taxpayer Identification Number

6 1 4 5 8 9 8 9 8

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

<b>Total Gross Business Receipts for this business organization</b>								5	6	0	0	0	0
1. Dividends Paid	1							1	2	0	0	0	0
2. Compensation and Wages Paid or Accrued	2							8	4	0	0	0	0
3. Interest Paid or Accrued	3							1	3	0	0	0	0
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4							9	7	3	0	0	0
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0055) 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)	<b>TAX DUE</b> 7							5	3	5			

**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

ABC PARTNERSHIP

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

6 1 4 5 8 9 8 9 8

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



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

ABC PARTNERSHIP

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

6 1 4 5 8 9 8 9 8

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

and ending:

**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)			1	8	5	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(c)	1(d)								
1(e) Enter the amount of interest income reported on Federal Form 1065, Schedule K, Line 5	1(e)								
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)					7	5	0	0
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, including global intangible low-taxed income	1(l)								
1(m) Enter the amount of Section 179 deduction reported on Federal Form 1065, Schedule K, Line 12	1(m)								
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)(2)	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, Line 21	1(r)								
1(s) Combine Lines 1(a) through 1(l) and from the result subtract Lines 1(m) through 1(r)	1(s)					2	6	0	0



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

ABC PARTNERSHIP

Taxpayer Identification Number

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

ABC PARTNERSHIP

Taxpayer Identification Number

6 1 4 5 8 9 8 9 8

MMDDYYYY

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

MMDDYYYY

MMDDYYYY

and ending:

MMDDYYYY

**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) - 1 2 0 5 0 0

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

7 1 1 2 5 0 0

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 1 . 0 0 0 0 0 0

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

9 1 1 2 5 0 0

10 Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA-77-A:4, XIII)

NOLD available

10 - A 6 7 8 5

Less NOLD used this tax period

10 6 7 8 5

NOLD to be carried forward

10 - B

11 New Hampshire Taxable Business Profits (Line 9 minus Line 10. If negative, enter zero.)

11 1 0 5 7 1 5

12 Compute tax (Line 11 multiplied by 7.5%)

12 7 9 2 9

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

13(a) 3 4 0 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 4 5 2 4

**This return must be accompanied by complete and legible copies of the appropriate federal forms and schedules.**



**WORKSHEET FOR APPORTIONMENT OF NET OPERATING LOSS (NOL)**

(SEE RSA 77-A:4, XIII)

Business Organization Name

ABC PARTNERSHIP

Taxpayer Identification Number

6 1 4 5 8 9 8 9 8

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

MMDDYYYY

0 1 0 1 2 0 1 9

and ending:

MMDDYYYY

1 2 3 1 2 0 1 9

1 The amount of the current period NOL (See entity type line references below)

1           6 7 8 5

	<u>July 1, 2005 - Tax Year 2010</u>	<u>Tax Year 2011</u>	<u>Tax Year 2012 - Present</u>
Proprietorship:	Line 6 of NH-1040	Line 3 adjusted by Line 4 of NH-1040	Line 5 of NH-1040
Fiduciary:	Line 6 of NH-1041	Line 3 adjusted by Line 4 of NH-1041	Line 5 of NH-1041
Partnership:	Line 5 of NH-1065	Line 3 adjusted by Line 4 of NH-1065	Line 5 of NH-1065
Corporation:	Line 1(c) of NH-1120	Line 3 adjusted by Line 4 of NH-1120	Line 5 of NH-1120
Combined:	Line 1(c) of NH-1120-WE	Line 1(c) of NH-1120-WE	Line 11(c) of NH-1120-WE

2 Current period apportionment percentage from Form DP-80, expressed to six decimal places

2         1 . 0 0 0 0 0 0

3 Apportionment limitations (Line 1 multiplied by Line 2)

3         6 7 8 5

4 Statutory limitations (See instructions above)

4         1 0 0 0 0 0 0 0

5 New Hampshire NOL available for carryforward (the lesser amount of Line 3 or Line 4)

5         6 7 8 5

**WORKSHEET FOR APPORTIONMENT OF NET OPERATING LOSS (NOL) - INSTRUCTIONS**

**LINE 1**

Enter this tax period's NOL as defined in the United States Income Tax Regulations relative to IRC § 172 in effect pursuant to RSA 77-A:4, XIII. If a gain or zero, **DO NOT** use this worksheet. (Business organizations not qualifying for treatment as a Subchapter "C" Corporation under the IRC should calculate their NOL as if the business organization were a Subchapter "C" Corporation). Use the line references that correspond with the tax year for which this form is being used.

**LINE 2**

Enter the current tax period's New Hampshire apportionment percentage from Form DP-80, Line 1(c), expressed to six decimal places.

**LINE 3**

Enter the amount of Line 1 multiplied by Line 2.

**LINE 4**

For taxable periods ending from July 1, 2005 to December 31, 2012, \$1,000,000 is the maximum amount that may be carried forward each year.

For taxable periods ending on or after January 1, 2013 forward, \$10,000,000 is the maximum amount that may be carried forward each year.

**LINE 5**

Enter the lesser of Line 3 or Line 4. This is your New Hampshire NOL available from the current tax period for carryforward. Enter this amount on Form DP-132 or DP-132-WE, Column B.

COMBINED FILERS: Rev 303.03(d) states, with regard to NOLs for combined filers, that each business organization subject to RSA 77-A shall treat its apportioned share of the combined loss amount as a tax attribute that remains with that business organization. The individual member's net operating loss, pursuant to RSA 77-A:4, XIII applied to the individual member's allocated portion of the BPT liability, should be tracked in the event of an individual member's disposition or acquisition.



**NET OPERATING LOSS (NOL) DEDUCTION**

Business Organization Name

ABC PARTNERSHIP

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

6 1 4 5 8 9 8 9 8

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

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and ending:

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	<b>Column A</b> Ending date of taxable period in which NOL occurred	<b>Column B</b> New Hampshire NOL available for carryforward from DP-131-A	<b>Column C</b> Amount of NOL carry forward which has been used in taxable periods prior to this taxable period	<b>Column D</b> Amount of NOL to be used as a deduction in this taxable period <b>(See Instructions)</b>	<b>Column E</b> Amount of NOL to carryforward to future taxable period
1	1 2 3 1 2 0 1 9	6 7 8 5		6 7 8 5	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11		6 7 8 5		6 7 8 5	

Line 11 - Total Columns B, C, D, & E (Sum Lines 1 - 10 in each respective column).

The amount of NOL carryforward deducted this taxable period is Column D, Line 11(see instructions).

This is the amount to be reported on the applicable Business Profits Tax return.

**NOTE:** Column B less Column C should equal the sum of Column D plus Column E.