# New Hampshire BET and BPT Partnership Test Case 4 - 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 \$544 prior to application of payments in the amount of \$300 and calculation of Underpayment of Estimated Tax Penalty of \$21 resulting in a balance due of \$265.

This return also indicates the entity has had a name change.

Federal Forms: Not included

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

DP-132 and DP-2210/2220

Taxpayer:

**DEFINITIVE LLC** 

PO BOX 121

CONCORD, NH 03301

FEIN: TAXPAYER: 34-1111117

Filing Status/Entity Type: PARTNERSHIP

Other: Balance due \$645 after application of payments – electronic funds withdrawal available

via ACH Debit.

# **DO NOT STAPLE**



# **New Hampshire**Department of Revenue Administration

# 2023 BT-SUMMARY



OBTSUM2311862

### **BUSINESS TAX RETURN SUMMARY**

STEP 1 - PRINT OR TYPE		MME	DYYYY					MME	DYY	/Y				
For the CALENDAR year <b>2023</b> or other tax	rab <b>l</b> e period beginnin	g:				and er	nding:							
Check box if there has been a name	change since last fil	ing. List fo	rmer nam	ie.										
DEF LLC														
Proprietor's Last Name										11	issu	ed a	DIN,	
First Name	M	I	Soc	cial Security	/ Numbe	er				appi ide NO1	opria ntific	ate ta catio er SSI	in the expayen box N or F	er
Corporate, Partnership, Estate, Trust, Non-Pi	rofit or LLC Name													
DEFINITIVE LLC														
Taxpayer Identification Number	Principal Busines	s Activity Co	de (Feder	ra <b>l</b> )										
3 4 1 1 1 1 1 7														
Number & Street Address														
PO BOX 121														
Address (continued)											Unit <sup>-</sup>	Гуре	U	⊐ nit #
City / Town				State	Zi	p Code -	+ 4 (or (	Canadi	an Po	stal Co	de)			
CONCORD				NH	C	3 3	3 0	2 -	0	1 2	1			
STEP 2 - Return Type and Federa	al Information	Are vou i	required to	o fi <b>l</b> e a BET	Return	Gross B	usines	s Rece	ipts					
	1			Enterprise \									<b>×</b> Yes	N
If you checked "yes" to one or both of th		Are you	required t	o fi <b>l</b> e a BPT	Return	(Gross E	Susines	s Inco	me o	er \$10	03,000	)?	<b>X</b> Yes	N
questions, you must file the completed or return(s) with this BT-Summary.	corresponding	Do you f	i <b>l</b> e a Form	990/990T?	,							_	Yes	×
				ra <b>l</b> Form 80 3 of Federal			n 8883	and/o	or hav	e ched	ked b	ox	Yes	×N
	I	Is the bu tax year?		janization f	iling its	return o	n an <b>I</b> F	RS app	rovec	1 52/53	week		Yes	×
2 - CORPORATION	<b>X</b> 3 - PARTNE	ERSH <b>I</b> P	1	- PROPR <b>I</b> E	TORSHIF	,			AN	NENDE	D RET	URN		
OR		ROFIT	4											LLC



# 2023 BT-SUMMARY



OBTSUM2321862

# **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 4 4	
(b) Business Profits Tax Net of Statutory Credits 1(b)	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))  1(c)	5 4 4
2 PAYMENTS	
(a) Tax paid with application for extension 2(a)	
(b) Total of taxable period's estimated tax payments 2(b) 3 0 0	
(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)	3 0 0
3 TAX DUE: (Line 1(c) minus Line 2(e))	2 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) 2 1	
(e) Total of Lines 4(a) through 4(d) 4(e)	2 1
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))  5(a)	2 6 5
(b) Return Payment Made Electronically 5(b)	
(c) BALANCE DUE: Line 5(a) minus 5(b). Make your payment online at <a href="https://www.revenue.nh.gov/gtc">www.revenue.nh.gov/gtc</a> or make check payable to: STATE OF NEW HAMPSHIRE PAY THIS AMOUNT 5(c)	2 6 5
6 <b>OVERPAYMENT</b> : If balance due is less than zero, enter on Line 6 6	
(a) Any amount of overpayment in excess of 500% of Line 1(c) shall be refunded (Line 1(c) X 500%).	
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)
(b) Refund (Only option available for Federal RAR)  DO NOT PAY	7 7(b)





# 2023 **BT-SUMMARY**



#### **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.

Signature (in ink)		MMDDYYYY
rint Signatory Name & Title		
mail Address		
rhone Number  Check this box if you	ou are filing as a sui	rviving spouse
AID PREPARER'S SIGNATURE & INFORMATION		
ignature of Preparer		MMDDYYYY
rinted Name of Preparer		
imail Address		
Phone Number Preparer Identification Number	mber	
Nama yanga Andahuana		
-reparer's Address		
Preparer's Address  Address (continued)		
	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



000BET2311862

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

Taxpayer Name												
DEFINITIVE LLC												
Taxpayer Identification Number  3 4 1 1 1 1 1 7  For the CALENDAR year 2023 or other taxable period beginning:	ryyy		and	ending	MM[ j:	ODY	YYY					
You are required to file this return if the gross business receipts were greated than \$281,000 or the enterprise value tax base is greater than \$281,000.	r Check	k here i	f requ	ired t	o file	For	m E	BET	-80			
				Rou	nd to t	he n	eare	st w	/ho <b>l</b> e	e do	llar	
Total Gross Business Receipts for this business organization						1	5	0	0	0	0	0
1. Dividends Paid			1									
2. Compensation and Wages Paid or Accrued			2					9	8	0	0	0
3. Interest Paid or Accrued			3							9	0	0
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)		4						9	8	9	0	0
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0055) before credits			5							5	4	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								5	4	4

### **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



OBETCW2311862

# **BUSINESS ENTERPRISE TAX CREDIT WORKSHEET**

Taxpayer Name			
DEFINITIVE LLC			
3 1 1 1 1 1 1 1 7	MMDDYY ALENDAR year <b>2023</b> or ixable period beginning:	YY and endir	MMDDYYYY
1. Business Profits Tax (BPT) from BPT Return, Line 19 NH-	1120-WE, Line 12 all other forms.	1	1 1 5 5 4
2. Sum the amounts from Lines 3 through 12, Column B pl DP-160 part B, not to exceed the amount on Line 1. Incli Line 20(a) NH-1120-WE or Line 13(a) all other forms. If of result on BPT return, Line 20(b) NH-1120-WE, Line 13(b)	ude the result on the BPT return, ther credits are applied, include	1 1 5 5 4	
Use carry forward amounts in the following order for this taxable period	A Available Credits	B Credit App <b>l</b> ied to BPT	C Excess Credits
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	5 4 4	5 4 4	
4. Carry over BET from ninth prior taxable period	1 8 0 0	1 8 0 0	
5. Carry over BET from eighth prior taxable period	2 1 0 0	2 1 0 0	
6. Carry over BET from seventh prior taxable period	1 2 3 4	1 2 3 4	
7. Carry over BET from sixth prior taxable period	4 6 1 5	4 6 1 5	
8. Carry over BET from fifth prior taxable period			
9. Carry over BET from fourth prior taxable period	2 1 1 0	1 2 6 1	8 4 9
10. Carry over BET from third prior taxable period			
11. Carry over BET from second prior taxable period	1 5 0 0		1 5 0 0
12. Carry over BET from first prior taxable period			



2023 NH-1065



0010652311862

# **BUSINESS PROFITS TAX RETURN**

Business Organization Name									
DEFINITIVE LLC									
Taxpayer Identification Number MMDDYYYY		1	MMDD.	YYYY					
3 4 1 1 1 1 1 7 For the CALENDAR year <b>2023</b> or other taxable period beginning:	and	ending:							
1 GROSS BUSINESS PROFITS		Round	to the	neare	est w	/hole	dol	lar	
1(a) Enter the amount of ordinary business income (loss) reported on Federal Form 1065, Schedule K, Line 1	1(a)			2	5	1	2	4	7
1(b) Enter the amount of net rental real estate income (loss) reported on Federal Form 1065, Schedule K, Line 2	1(b)								
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)					1	5	0	0
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, including global intangible low-taxed income	1( <b>i</b> )								
1(m) Enter the amount of Section 179 deduction reported on Federal Form 1065, Schedule K, Line 12	1(m)					3	7	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(0)								
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	4	9	0	4	7



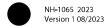
2023 NH-1065



0010652321862

# **BUSINESS PROFITS TAX RETURN**

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		peri	od	ori	or	pri	or t	tax	able	peri																			2(d)														
	-	ours	uar	nt to	o R	SA	77	-A:	1, X	C or R	d on t SA 77-	-A:4,	XIX.	Со	mpl	ete	and	l atta	ach :	Sche	edul	<b>l</b> e IV	/		_				2(e)														
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5 Gro	oss	Bus	ine	ss F	ro	fits	(cc	m	bine	Line	3 and	Line	4)																5								2	4	9	9 1	0	4	7
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2023 NH-1065



0010652331862

# **BUSINESS PROFITS TAX RETURN**

Bu	usiness Organization Name											
D	EFINITIVE LLC											
Tax	xpayer Identification Number MMDDYYYY				M	MDE	OYYY	Υ				
3	For the CALENDAR year <b>2023</b> or	ā	ınd e	nding	j:							
NI	H-1065 continued											
	Line 6(h) continued				Rou	ınd t	o the	e ne	arest	t wh	ole d	lollar
	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)						-	- 8	3 5	5 0	0	0
7	Adjusted Gross Business Profits (Sum of Lines 5 and 6(j)) 7							1 6	6 4	4 0	4	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		1	. (	0 (	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 (	6 4	4 C	) 4	7
10	Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA-77-A:4, XIII)											
	NOLD available	10 - A	L						1 0	0 0	0	0
	Less NOLD used this tax period	10							1 (	0 0	0	0
	NOLD to be carried forward	10 - B										
11	New Hampshire Taxable Business Profits (Line 9 minus Line 10. If negative, enter zero.)	11						1 !	5 4	4 0	) 4	7
12	Compute tax (Line 11 multiplied by 7.5%)	12							1 '	1 5	5 5	4
13	(a) BET Credit only - attach BET Credit Worksheet 13(a)		_					T	1 1	1 5	5	4
	-OR-	-										
	(b) Other credits including BET (attach Form DP-160)		13	3(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)		T									

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





# **2023** DP-2210/2220



DP22102311862

# **EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX**

Taxpayer Name				
DEFINITIVE LLC				
Taxpayer Identification Number	I	MMDDYYYY	MMDE	DYYYY
For the CALEN	IDAR year <b>2023</b> or e period beginning:		and ending:	
Check One: X Business Tax Return(s) Int	erest & Dividends Tax F	eturn Other		
PART I - CALCULATE YOUR UNDERPAYMENT			Round to	the nearest whole dollar
1 Current year tax			\$	5 4 4
2 90% of Line 1 (Line 1 x .90)			\$	4 9 0
3(a) Enter in Columns A through D the installment dates that correspond to the 15th of the 4th, 6th, 9th, and	А	В	С	D
12th months of your tax period or specify statutory due dates. (I&D filers see instructions)	0 4 1 5 2 0 2 3	0 6 1 5 2 0 2 3	0 9 1 5 2 0 2 3	1 2 3 1 2 0 2 3
3(b) Applicable percentages	25%	25%	25%	25%
3(c) Enter Line 2 multiplied by Line 3(b) for Columns A through D	1 2	2 1 2 2	1 2 2	1 2 2
4 Amount paid timely or credited for each period	7	5 7 5	7 5	7 5
5 Overpayment of previous installment calculated on Line 7				
6 Total (Line 4 plus Line 5)	7	5 7 5	7 5	7 5
7 Overpayment (Line 6 minus Line 3(c)). Enter in Line 5 of next column				
8 Underpayment (Line 3(c) minus Line 6)	4	7 4 7	4 7	4 7
PART II - EXCEPTIONS TO PENALTY - See Inst				
9 Cumulative amount paid or credited from the beginning of the tax year through the installment dates (see instructions)	A	В	С	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))				
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))				
14 Applicable percentages	22.5%	45%	67.5%	90%

Exception, tax on annualized income (RSA 21-J:32, IV(c)) (Attach schedule)



# **2023** DP-2210/2220



DP22102321862

# **EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX - Continued**

Taxpayer Identification Number  3 4 1 1 1 1 1 1 7	For the CALENDAR year <b>2023</b> or other taxable period beginning:	MMDDYYYY	MMDDYYYY and ending:
DEFINITIVE LLC			
laxpayer Name			

#### **PART III - CALCULATE THE PENALTY**

	Α	В	С	D
16 Amount of underpayment from Part I, Line 8	4 7	4 7	4 7	4 7
17 Enter the date of payment or statutory due date of tax, whichever is earlier	0 4 1 5 2 0 2 4	0 4 1 5 2 0 2 4	0 4 1 5 2 0 2 4	0 4 1 5 2 0 2 4
18 Enter the number of days from installment date (Line 3(a)) to date shown on Line 17	3 6 7	3 0 6	2 1 4	107
19 Interest due through 12/31/23 at 7%: 365 Underpayment amount (Line 16) (see instructions)	3	3	2	1
20 Interest due after 12/31/23 at 9%: 365 Underpayment amount (Line 16) underpayment 365	4	4	3	1
21 Penalty for Underpayment of Estimated Tax (Line 19 plus Line 20)	8	6	4	2
22 Total Penalty for Underpayment of Estimated Tax (Total of Columns	A through D, Line 21).			2 1

**Note**: For interest rate in other years see instructions



2023 DP-131-A



DP131A2311862

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

(SEE RSA 77-A:4, XIII)

Business Organization	n Name											
DEF LLC												
Taxpayer Identification	n Number		MMDDYYY	Y		MI	MDD	YYYY	,			
3 4 1 1 1 1		ne CALENDAR year <b>2023</b> or er taxable period beginning:	0 1 0	1 2 0 1 9	and en	ding: 1	2	3	1	2	0	1 9
1 The amount of the c	urrent period NOL (See entity typ	e line references below)		1					1	0	0 (	0 0
Proprietorship: Fiduciary: Partnership: Corporation: Combined:	July 1, 2005 - Tax Year 2010 Line 6 of NH-1040 Line 6 of NH-1041 Line 5 of NH-1065 Line 1(c) of NH-1120 Line 1(c) of NH-1120-WE	Tax Year 2011 Line 3 adjusted by Line 4 of Line 1(c) of NH-1120-WE	f NH-1041 f NH-1065	Tax Year 2012 Line 5 of NH-1 Line 5 of NH-1 Line 5 of NH-1 Line 11(c) of N	040 041 065 120							
2 Current period appoi	rtionment percentage from Form	DP-80, expressed to six decim	nal places	2		1		0	0	0	0 (	0 0
3 Apportionment limit	ations (Line 1 multiplied by Line 2	)		3					1	0	0 0	0
4 Statutory limitations	(See instructions above)			4		1	0	0	0	0	0 0	0
5 New Hampshire NOL	available for carryforward (the les	sser amount of Line 3 or Line	4)	5					1	0 (	o 0	0

#### **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.



2023 DP-132



ODP1322311862

# **NET OPERATING LOSS (NOL) DEDUCTION**

Business Organization Name			
DEFINITIVE LLC			
Taxpayer Identification Number		MMDDYYYY	MMDDYYYY
3 4 1 1 1 1 1 7	For the CALENDAR year <b>2023</b> or other taxable period beginning:		and ending:

	Column A Ending date of taxable period in which NOL occurred	<b>Column B</b> New Hampshire NOL available for carryforward from DP-131-A	Column C Amount of NOL carry forward which has been used in taxable periods prior to this taxable period	Column D  Amount of NOL to be used as a deduction in this taxable period  (See Instructions)	<b>Column E</b> Amount of NOL to carryforward to future taxable period
1	1 2 3 1 2 0 1 9	10000		10000	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11		10000		10000	

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.

