New Hampshire BET and BPT Fiduciary Test Case 4 - 2024

This test case is of a fiduciary Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within NH only. The amounts reported are carried over from the Federal Form 1041 (not included in test scenario). The tax due is \$547 prior to application of payments in the amount of \$2,606 resulting in an overpayment of \$2,059.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET Credit Worksheet, NH-1041, and DP-

160

Taxpayer:

SHARPE TRUST

10 CONCORD AVE

CONCORD, NH, 03301-0010

FEIN: TAXPAYER: 78-4111121

Filing Status/Entity Type: FIDUCIARY

Other: Overpayment of \$2,059 - \$1,500 applied as a credit to next year's tax liability and a requested refund of \$559.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2024 BT-SUMMARY



OBTSUM2411862

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE		MM	DDYYYY				MMDDY	YYY				
For the CALENDAR year 2024 or other tax	kab l e period beginni	ng:			a	nd ending:						
Check box if there has been a name	change since last fi	ling. List fo	ormer nar	ne.								
Proprietor's Last Name								If	haussi	a DIN		
First Name	Al Social Security Number					If issued a DIN, use the DIN in the appropriate taxpaye identification box. DO NOT enter SSN or FE you have a DIN						
Corporate, Partnership, Estate, Trust, Non-P	rofit or LLC Name											
SHARPE TRUST												
Taxpayer Identification Number	Principal Busines	ss Activity C	ode (Fede	ra l)								
7 8 4 1 1 1 1 2 1												
Number & Street Address												
10 CONCORD AVE												
Address (continued)									Unit Type	e U	nit #	
City / Town				State	Zip C	ode + 4 (or 0	Canadian P	osta l Cod	e)			
CONCORD				NH	0	3 3 0	1					
STEP 2 - Return Type and Federa	al Information			to fi l e a BET Enterprise V						X Yes	N	
If you checked "yes" to one or both of the		Are you	required	to fi l e a BPT	Return (Gı	oss Busines	s Income	over \$103	3,000)?	× Yes	N	
questions, you must file the completed or return(s) with this BT-Summary.	corresponding	Do vou	fi l e a Forn	n 990/990T?						Yes	×N	
,		Do you	fi l e a Fede	eral Form 80: B of Federal			and/or ha	ave check	ed box	Yes	× N	
		Is the bu		ganization fi	i l ing its ret	urn on an I F	RS approve	ed 52/53	week	Yes	×	
CORPORATION	PARTNERS	SH I P	F	PROPRIETOR	SHIP		AMEN	DED RET	URN		LLC	
OR COMBINED GROUP	NON-PRO		X	DUCIARY			FINAL	RETURN			DAO	
OR	NON-PRO	FIT this form ye	× F	FIDUCIARY	al Revenue		FINAL ort (RAR) v	RETURN	oplicable :	Schedules	DAO	



2024 BT-SUMMARY



OBTSUM2421862

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 Overpa	yment								ROUND TO THE NEAREST WHOLE DOLLAR
1 (a) Business Enterprise Tax Net of Statutory Credits 1(a)							3	1	
(b) Business Profits Tax Net of Statutory Credits 1(b)						5	1	6	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))								1(c)	5 4 7
2 PAYMENTS									
(a) Tax paid with application for extension	2(a)					5	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)					5	0	6	
(d) Tax paid with original return (Amended returns only)	2(d)								
(e) Total of Lines 2(a) through 2(d)								2(e)	2 6 0 6
3 TAX DUE: (Line 1(c) minus Line 2(e))								3	- 2 0 5 9
4 ADDITIONS TO TAX									
(a) Interest (See instructions)	4(a)								
(b) Failure to Pay (See instructions)	4(b)								
(c) Failure to File (See instructions)	4(c)								
(d) Underpayment of Estimated Tax (See instructions)	4(d)								
(e) Total of Lines 4(a) through 4(d)								4(e)	
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))								5(a)	- 2 0 5 9
(b) Return Payment Made Electronically	5(b)								
(c) BALANCE DUE : Line 5(a) minus 5(b). Make your payme or make check payable to: STATE OF NEW HAMPSHIRE	nt on l ine				v/TAP/_/			5(c)	
6 OVERPAYMENT : If balance due is less than zero, enter on Li	ine 6	6			2	0	5	9	
(a) Any amount of overpayment in excess of 500% of Line 1(o refunded (Line 1(c) X 500%).		6(a)							
7 Apply overpayment amount on Line 6 to: (a) Credit - Next Year's Tax Liability (amount entered shall no	ot exceed	Line 6(a	a)) (No	t availa	ble for I	ede			OT PAY (1) 5 0 0
(b) Refund (Only option available for Federal RAR)							DO	NC	DT PAY 7(b) 5 5 9





2024 BT-SUMMARY



OBTSUM2431862

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 su	rviving spouse
PAID PREPARER'S SIGNATURE & INFORMATION		
Signature of Preparer		MMDDYYYY
Printed Name of Preparer		
Email Address		
Phone Number Preparer Identification N	umber	
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 gtc.revenue.nh.gov/TAP/_/

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





2024 BET



000BET2411862

BUSINESS ENTERPRISE TAX RETURN

Taxpayer Identification Number For the CALENDAR year 2024 or other taxable period beginning: MMDDYYYY AMDDYYYY and ending:										
- Unec	k here i	f requ	red to	file Fo	orm E	BET-	-80.			
		-	OUND	O THE N	IEARES	T W	HOLE	DO	LLAR	
					1	5	6	4	2	1
		1								
		2				9	5	0	0	0
		3					1	5	0	0
	4					9	6	5	0	0
e credits		5						5	3	1
		6						5	0	0
Line 1(a) TAX DUE	7								3	1
	re greater Checker Che	re greater Check here it 1,000.	cre greater Check here if requirements 1,000. Check here if requirements 1 2 3 4 e credits 5 6	re greater Check here if required to ROUND 1 1 2 3 4 4 6 6	re greater Check here if required to file Formula 1	re greater Check here if required to file Form E ROUND TO THE NEARES 1 1 1 2 3 4 4 6 6	re greater Check here if required to file Form BET- ROUND TO THE NEAREST W 1 5 1 9 3 9 4 9 e credits 5	re greater Check here if required to file Form BET-80. ROUND TO THE NEAREST WHOLE 1 5 6 1 9 5 3 1 4 9 6 e credits 5	Check here if required to file Form BET-80.	and ending:





2024 BET CREDIT WORKSHEET



OBETCW2411862

BUSINESS ENTERPRISE TAX CREDIT WORKSHEET

Taxpayer Name			
SHARPE TRUST			
Taxpayer Identification Number For the CA other ta	MMDDYYY ALENDAR year 2024 or xable period beginning:	YY and endin	MMDDYYYY g:
1. Business Profits Tax (BPT) from BPT Return, Line 19 NH-1	120-WE, Line 12 all other forms.	1	2 8 5 1
 Sum the amounts from Column B, Lines 3 through 13, at NH-1120-WE or on Line 13(a) on other BPT forms. If DP-1 DP-160, Part B, Line 9 amount and apply on Line 20(b) or on other BPT forms. 	60 credits exist, instead include	2 3 3 5	
Use carry forward amounts in the following order for this taxable period	A Available Credits	B Credit Applied to BPT	C Excess Credits
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	3 1	3 1	
4. Carry over BET from tenth prior taxable period	6 5	6 5	
5. Carry over BET from ninth prior taxable period			
6. Carry over BET from eighth prior taxable period	9 0	9 0	
7. Carry over BET from seventh prior taxable period	1 5	1 5	
8. Carry over BET from sixth prior taxable period			
9. Carry over BET from fifth prior taxable period	2 5	2 5	
10. Carry over BET from fourth prior taxable period	3 5	3 5	
11. Carry over BET from third prior taxable period	4 5	4 5	
12. Carry over BET from second prior taxable period	2 9	2 9	
13. Carry over BET from first prior taxable period			



2024 NH-1041



0010412411862

BUSINESS PROFITS TAX RETURN

Business Organization Name						
Taxpayer Identification Number MMD	DDYYYY	N	MMDDYYYY			
For the CALENDAR year 2024 or other taxable period beginning:		and ending:				
1 - GROSS BUSINESS PROFITS		ROUND	TO THE NEAREST V	WHOLE D	OLLA	\R
1(a) Interest income reported on Federal Form 1041, Line 1	1(a	a)	3	3 5	8	0 0
1(b) Total Dividends reported on Federal Form 1041, Line 2(a)	1(1	b)				
1(c) Business income or (loss) reported on Federal Form 1041, Line 3	1(0	c)				
1(d) Net Capital gain only reported on Federal Form 1041, Line 4	1(0	d)				
1(e) Rents, and royalties reported on Federal Form 1041, Line 5	1(0	e)				
1(f) Farm Income or (loss) reported on Federal Form 1041, Line 6	1(1	F)				
1(g) Ordinary gain or (loss) reported on Federal Form 1041, Line 7	1(g)				
1(h) Other income reported on Federal Form 1041, Line 8	1(1	h)				
1(i) Other business expenses not reported above (attach schedule)	1(i	i)				
1(j) Business profits from business activity of an association or trust (Combine Lines 1(a and from the result subtract Line 1(i))	a) through 1(h) 1(j)			3 5	8	0 0
2 - INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONC	LE WITH IRC					
2(a) Add amount of IRC §179 expense taken on federal return in excess of the amount to RSA 77-A:3-b, IV, including carryover amounts deducted in this taxable period	permitted pursuant 2(a	a)				
2(b) Add the amount of bonus depreciation taken on the federal return for assets place pursuant to RSA 77-A:3-b, I	ed in service this period 2(b	D)				
2(c) Add any other deductions or exclusions taken on the federal return that need to b adjusted pursuant to RSA 77-A:1, XX and 77-A:3-b, III. Complete and attach Schedu		c)				
2(d) Deduct regular depreciation related to IRC §179 and bonus depreciation not allow period or for prior taxable periods	red for this taxab l e	d)				
2(e) Deduct any other items included on the federal return that need to be eliminated RSA 77-A:1, XX or RSA 77-A:4, XIX. Complete and attach Schedule IV	or adjusted pursuant to	e)				
2(f) Increase or Decrease the net gain or loss on the sale of assets used in the business state basis from the tax basis reported on the federal return	that have a different 2(1	f)				
2(g) Net Lines 2(a) through 2(f)	2(g)				
3 Subtotal Line 1(j) adjusted by Line 2(g)	3		3	3 5	8	0 0
4 Separate entity items of income or expense (attach schedule)	4			2	0	0 0
5 Gross Business Profits (combine Line 3 and Line 4)	5		3	3 7	8	0 0



2024 NH-1041



0010412421862

BUSINESS PROFITS TAX RETURN

Busines	s Organization Name									
Taxpaye	r Identification Number MMDDYYYY			MMI	DDYYY	Y				
	For the CALENDAR year 2024 or other taxab l e period beginning:	and	d ending	:						
NH-10	941 (continued)									
6 - ADE	DITIONS AND DEDUCTIONS (RSA 77-A:4)			ROUND	то тне	NEARE	ST WI	HOLE	DOLI	LAR
6(a)	Deduct interest and dividends subject to tax under RSA 77 (RSA 77-A:4, I) (no longer applies to trusts)		6(a)							
6(b)	Deduct interest on direct US Obligations (RSA 77-A:4, II)	6(b)								
6(c)	Add income taxes or franchise taxes measured by income (attach schedule of taxes by state) (RSA 77-A:4, VII)	6(c)								
6(d)	Deduct wage adjustment required by IRC §280C (RSA 77-A:4, IX)	6(d)								
6(e)	Add expenses related to federal constitutionally exempt income (RSA 77-A:4, X)	6(e)						9	0	0
6(f)	Deduct research contribution (attach computation) (RSA 77-A:4, XII)	6(f)								
6(g)	Adjustments to gross business profits required due to the increase in the basis of assets resulting from exchange of an interest in the business organization (RSA 77-A:4, XIV)	the sa l e or								
	Add the amount of the increase in the basis of assets federally, due to the sale or exchange of an interest in the business organization	6(g) - A								
	Check yes if an election is being made to recognize the basis increase for any sale or exchange reporte	d above.	Yes	Mu ^l (s	ltip l e T chedul	ransa le atta	ction	ns d)		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(g) - 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(g) - C								
	Upon the sale of assets, adjust the net gain or loss to remove any basis increase recognized for federal income tax purposes that was not recognized for NH purposes.	6(g) - D								
	Net Lines 6(g) - A through 6(g) - D	6(g)								
6(h)	Add Qualified Investment Company (QIC) holders' proportional share of QIC profits (RSA 77-A:4, XV)	6(h)						8	1	8
6(i)	Deduct assistance payments under 12 USC § 1823 (RSA 77-A:4, XVI)	6(i)								
6(j)	For tax years commencing on or after January 1, 2024:						_			_
	Deduct current year business interest expense disallowed under IRC §163(j) (RSA 77-A:4, XX).	6(j) - A					2	0	0	U
	Add the amount of disallowed business interest expense carryforward deducted federally under IRC §163(j), and already deducted for NH purposes in prior years under Line 6(j) - A.	6(j) - B						5	0	0
	Deduct 1/3 of the total disallowed business interest expense carryforward under IRC §163(j) as of the tax year ending before January 1, 2024 (RSA 77-A:4, XX).	6(j) - C								
	Net Lines 6(j) - A through 6(j) - C	6(j)				-	1	5	0	0
6(k)	Net Lines 6(a) through 6(j) 6(k)							2	1	8



2024 NH-1041



0010412431862

BUSINESS PROFITS TAX RETURN

Bu	isiness Organization Name										
Tax	xpayer Identification Number For the CALENDAR year 2024 or other taxable period beginning:	ar	nd endir	MMDI	DYY	ΥΥ					
Nł	H-1041 (continued)										
7	Adjusted Gross Business Profits (Sum of Lines 5 and 6(k)) 7						3	8	0	1	8
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					3	8	0	1	8
10	Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA-77-A:4, XIII)										
	NOLD available	10 - A									
	Less NOLD used this tax period	10									
	NOLD to be carried forward	10 - B									
11	New Hampshire Taxable Business Profits (Line 9 minus Line 10. If negative, enter zero.)	11					3	8	0	1	8
12	Compute tax (Line 11 multiplied by 7.5%)	12					:	2	8	5	1
13	(a) BET Credit only (attach BET Credit Worksheet) 13(a)										
	-OR-										
	(b) Other credits including BET (attach Form DP-160)		13(b)				2	2 :	3	3	5
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).								5	1	6

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





2024 DP-160



ODP1602411862

SCHEDULE OF CREDITS

DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

Business Organization Name	
SHARPE TRUST	
Taxpayer Identification Number MM	MDDYYYY MMDDYYYY
For the CALENDAR year 2024 or other taxable period beginning:	and ending:
APPLICATION OF CREDITS TO BET AND BPT	
A. BET Summary of Credits	ROUND TO THE NEAREST WHOLE DOLLAR.
1. Coos County Credit (Part F, Line 3)	1
2. ERZ Credit (Part D, Line 4)	2
3. ITC (Part E, Line 4)	3
4. Subtotal (Add Lines 1, 2 and 3)	4
5. R&D (Part C, Line 3)	5
6. Education Tax Credit (Part G, Line 3)	6 5 0 0
7. Granite State Paid Family and Medical Leave Plan Tax Credit (Part J, Line 2)	7
8. Subtotal (Sum Lines 5 through 7)	8 5 0 0
9. Paid credits to apply to BET. Add Lines 4 and 8 (Enter on BET Return, Line 6) (BET Credit applicable to BPT, but only if the BET has been paid)	9 5 0 0
(
B. BPT Summary of Credits	ROUND TO THE NEAREST WHOLE DOLLAR.
1. R&D (Part C, Line 2)	1
2. ERZ Credit (Part D, Line 3)	2
3. ITC (Part E, Line 3)	3
4. Coos County Credit (Part F, Line 4)	4
5. Insurance Premium Tax (Part H, Line 2)	5
6. Education Tax Credit (Part G, Line 2)	6 2 0 0 0
7. BET credit (Sum of BET Credit Worksheet, Column B)	7 3 3 5
8. CTE Centers Tax Credit (Part I, Line 2)	8
 Credits applied to BPT. Add Lines 1 through 8. Not to exceed current period BPT Liabilit (Enter on BPT Return, Line 20(b) NH-1120-WE, Line 13(b) all other forms.) 	y. 9 2 3 3 8



2024 DP-160



ODP1602421862

SCHEDULE OF CREDITS - continued

DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

Business Organization Name		Taxpayer	Identifica [.]	tion Nun	nber	
SHARPE TRUST						
C. Research and Development Credit		ROUND T	O THE NEA	REST WE	HOLE D	OLLAR.
1. R&D credit available	1					
R&D must be used against the BPT first	2					
3. Unused R&D applied to BET	3					
4. Total credit used this year (Sum Lines 2 and 3)	4					
5. R&D credit not applied and available for offset in future (Line 1 less Line 4)	5					
D. Economic Revitalization Zone Tax Credit (ERZ)		ROUND T	O THE NE	AREST WI	HOLE D	OLLAR.
1. ERZ credit available	1					
2. Carryover credit from a prior year, use earliest first	2					
3. ERZ credit must be used against the BPT first	3					
4. Amount elected to be applied to the BET	4					
5. Total credit used this year (Sum Lines 3 and 4). This amount cannot exceed \$40,000.	5					
6. ERZ credit available for carry forward (Line 1 plus Line 2 less Line 5)	6					
E. CDFA - New Investment Tax Credit (ITC)		ROUND T	O THE NE	AREST WI	HOLE D	OLLAR.
1. ITC Credit Available	1					
2. Carryover credit from a prior year, use earliest year first	2					
3. Amount used for BPT	3					
4. Amount used for BET	4					
5. Amount used for Insurance Premium Tax	5					
6. Total credit used this year (Sum Lines 3, 4 and 5)	6					
7. ITC available for carry forward (Sum Lines 1 and 2, less Line 6)	7					



2024 DP-160



ODP1602431862

SCHEDULE OF CREDITS - continued

DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

Business Organization Name		Taxpaye	er Ident	ification	Numbe	٢	
SHARPE TRUST							
F. Coos County Tax Credit		ROUNE	Э ТО ТНЕ	NEARES	T WHOL	E DO	LLAR.
1. Coos County Tax Credit available	1						
2. Carryover credit from prior year, use earliest year first	2						
3. Amount applied against the BET	3						
4. Unused credit applied to the BPT	4						
5. Total credit used this year (Sum of Line 3 and 4)	5						
6. Any unused credit must be carried forward as a priority to other credits (Sum of Lines 1 and 2, less Line 5)	6						
						_	
G. Education Tax Credit		ROUND	TO THE	NEARES	T WHOLE	: DOI	LAR.
1. Education Tax Credit available	1				2	5	0 0
2. Amount used for BPT	2				2	0	0 0
3. Amount used for BET	3					5	0 0
4. Amount used for New Hampshire Interest and Dividends Tax	4						
5. Total credit used this year (Sum of Lines 2 through 4)	5				2	5	0 0
6. Education Tax Credit available for carry forward (Line 1 minus Line 5)	6						
H. Insurance Premium Tax Credit		ROUNI	р то тні	E NEARES	ST WHOL	E DO	LLAR.
Insurance Credit available	1						
2. Amount used for BPT	2						
I. CTE Centers Tax Credit		ROUNE	о то тне	NEARES	T WHOL	E DO	LLAR.
1. CTE Centers Tax Credit available	1						
2. Amount used for BPT (Shall not exceed 25% of BPT before credits)	2						
J. Granite State Paid Family and Medical Leave Plan Tax Credit		ROUND	о то тне	NEARES	T WHOLI	E DO	LLAR.
1. Premium paid for family and medical leave insurance coverage offered to employees (see instructions)	1						
2. Granite State Paid Family and Medical Leave Plan tax credit used for BET (50% of Line 1)	2						