

### **New Hampshire BET and BPT Partnership Test Case 3 - 2024**

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 credits other the BET Credits, which will require Form DP-160, Schedule of Credits to be included. The amounts reported are carried over from the Federal Form 1065 (not included in test scenario). The tax due is \$272 prior to application of payments in the amount of \$912 resulting in an over payment of \$640.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET Credit Worksheet, NH-1065, and DP-160

Taxpayer:

JKL LLC

52 STATE ST

CONCORD, NH 03301

FEIN: TAXPAYER: 41-1111191

Filing Status/Entity Type: PARTNERSHIP

Other: Overpayment of \$640 – \$300 credit to next year's tax liability and a requested refund of \$340. Electronic funds transfer available.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2024 BT-SUMMARY



0BTSUM2411862

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDYYYY

MMDYYYY

For the CALENDAR year 2024 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 input box for name change

Proprietor's Last Name

Text input box for Proprietor's Last Name

First Name

MI

Social Security Number

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

Taxpayer Identification Number

Principal Business Activity Code (Federal)

Taxpayer Identification Number input boxes: 4 1 1 1 1 1 1 9 1

Principal Business Activity Code input boxes

Number & Street Address

Text input box for Number & Street Address

Address (continued)

Text input box for Address (continued)

Unit Type

Unit #

Unit Type input box

Unit # input box

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Text input box for City / Town: CONCORD

Text input box for State: NH

Text input 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 CORPORATION COMBINED GROUP

PARTNERSHIP NON-PROFIT

PROPRIETORSHIP FIDUCIARY

AMENDED RETURN FINAL RETURN

LLC DAO

This submission is the result of an IRS Adjustment for this form year. A complete federal Revenue Agent Report (RAR) with all applicable Schedules must be included with a complete amended NH tax return. For taxable periods ending on or before December 31, 2020, you must use Form DP-87 - (entity specific) to report IRS adjustments.



**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)													
(b) Business Profits Tax Net of Statutory Credits	1(b)					2	7	2						
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)								2	7	2			
<b>2 PAYMENTS</b>														
(a) Tax paid with application for extension	2(a)					4	0	0						
(b) Total of taxable period's estimated tax payments	2(b)					5	0	0						
(c) Credit carryover from prior tax period	2(c)						1	2						
(d) Tax paid with original return (Amended returns only)	2(d)													
(e) Total of Lines 2(a) through 2(d)	2(e)									9	1	2		
3 TAX DUE: (Line 1(c) minus Line 2(e))	3									-	6	4	0	
<b>4 ADDITIONS TO TAX</b>														
(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)										-	6	4	0
(b) Return Payment Made Electronically	5(b)													
(c) <b>BALANCE DUE:</b> Line 5(a) minus 5(b). Make your payment online at <a href="https://gtc.revenue.nh.gov/TAP/">gtc.revenue.nh.gov/TAP/</a> / or make check payable to: <b>STATE OF NEW HAMPSHIRE</b> <b>PAY THIS AMOUNT</b>														
5(c)	5(c)													
6 <b>OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	6					6	4	0						
(a) Any amount of overpayment in excess of 500% of Line 1(c) shall be 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 not exceed Line 6(a)) <b>(Not available for Federal RAR)</b>	7(a)										3	0	0	
(b) Refund <b>(Only option available for Federal RAR)</b>	7(b)										3	4	0	



**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**  
[gtc.revenue.nh.gov/TAP/\\_/](https://gtc.revenue.nh.gov/TAP/_/)

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



**BUSINESS ENTERPRISE TAX RETURN**

Taxpayer Name

JKL LLC

Taxpayer Identification Number

--	--	--	--	--	--	--	--	--	--

For the CALENDAR year **2024** 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**

**Total Gross Business Receipts for this business organization**

1. Dividends Paid

1

					9	5	0	0	0

2. Compensation and Wages Paid or Accrued

2

					8	4	0	0	0

3. Interest Paid or Accrued

3

					6	9	0	0	0

4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)

4

					9	0	9	0	0

5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0055) before credits

5

								5	0

6. Enter credits against BET. Use DP-160 to determine credit against BET

6

								5	0

7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a)

**TAX DUE**

7




**BUSINESS ENTERPRISE TAX CREDIT WORKSHEET**

Taxpayer Name

JKL LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

--	--	--	--	--	--	--	--	--	--

For the CALENDAR year **2024** or  
other taxable period beginning:

--	--	--	--	--	--	--	--

and ending:

--	--	--	--	--	--	--	--

1. Business Profits Tax (BPT) from BPT Return, Line 19 NH-1120-WE, Line 12 all other forms.		1	3 1 6 1
2. Sum the amounts from Column B, Lines 3 through 13, and include on Line 20(a) of NH-1120-WE or on Line 13(a) on other BPT forms. If DP-160 credits exist, instead include DP-160, Part B, Line 9 amount and apply on Line 20(b) of NH-1120-WE or on Line 13(b) on other BPT forms.		2 8 8 9	
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.	6 5	6 5	
4. Carry over BET from tenth prior taxable period	8 4	8 4	
5. Carry over BET from ninth prior taxable period	1 3	1 3	
6. Carry over BET from eighth prior taxable period	9 2	9 2	
7. Carry over BET from seventh prior taxable period	1 5	1 5	
8. Carry over BET from sixth prior taxable period	1 4	1 4	
9. Carry over BET from fifth prior taxable period			
10. Carry over BET from fourth prior taxable period			
11. Carry over BET from third prior taxable period			
12. Carry over BET from second prior taxable period			
13. Carry over BET from first prior taxable period			



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

JKL LLC

Taxpayer Identification Number

--	--	--	--	--	--	--	--	--	--

MMDDYYYY

For the CALENDAR year **2024** or  
other taxable period beginning:

--	--	--	--	--	--	--	--	--	--

MMDDYYYY

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)							3	7	0	0	0
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)							4	0	0	0	
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)							2	1	0	0	
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	3	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(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) and 13(b), 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(c)	1(o)									3	5	0
1(p) Enter the amount of IRC §59(e)(2) expenditures reported on Federal Form 1065, Schedule K, Line 13(d)(2)	1(p)											
1(q) Enter the amount of other deductions reported on Federal Form 1065, Schedule K, Line 13(e)	1(q)									2	1	0
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)									4	3	8 4 0



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

JKL LLC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

For the CALENDAR year **2024** or  
other taxable period beginning:

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(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)																		
<b>3</b>	<b>Subtotal Line 1(s) adjusted by Line 2(g)</b>	<b>3</b>																		
<b>4</b>	<b>Separate entity items of income or expense (attach schedule)</b>	<b>4</b>																		
<b>5</b>	<b>Gross Business Profits (combine Line 3 and Line 4)</b>	<b>5</b>																		

**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)																		
6(c)	Deduct compensation deduction for personal services (RSA 77-A:4, III)	6(c)																		
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)																		









**SCHEDULE OF CREDITS**

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

Business Organization Name

JKL LLC

Taxpayer Identification Number

MMDDYYYY

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						2	5	0
7. Granite State Paid Family and Medical Leave Plan Tax Credit (Part J, Line 2)	7						2	5	0
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						1	7	1	7
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						8	8	9	
7. BET credit (Sum of BET Credit Worksheet, Column B)	7						2	8	3	
8. CTE Centers Tax Credit (Part I, Line 2)	8									
9. Credits applied to BPT. Add Lines 1 through 8. Not to exceed current period BPT Liability. (Enter on BPT Return, Line 20(b) NH-1120-WE, Line 13(b) all other forms.)	9						2	8	8	9



**SCHEDULE OF CREDITS - continued**

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

Business Organization Name

JKL LLC

Taxpayer Identification Number

--	--	--	--	--	--	--	--	--	--

**C. Research and Development Credit**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

1. R&D credit available	1								
2. 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 TO THE NEAREST WHOLE DOLLAR.**

1. ERZ credit available	1						1	0	0	0	
2. Carryover credit from a prior year, use earliest first	2							7	1	7	
3. ERZ credit must be used against the BPT first	3							1	7	1	7
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							1	7	1	7
6. ERZ credit available for carry forward (Line 1 plus Line 2 less Line 5)	6										

**E. CDFA - New Investment Tax Credit (ITC)**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

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										



**SCHEDULE OF CREDITS - continued**

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

Business Organization Name

JKL LLC

Taxpayer Identification Number

--	--	--	--	--	--	--	--	--	--

**F. Coos County Tax Credit**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

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 NEAREST WHOLE DOLLAR.**

1. Education Tax Credit available	1						2	0	0	0	
2. Amount used for BPT	2							8	8	9	
3. Amount used for BET	3							2	5	0	
4. Amount used for New Hampshire Interest and Dividends Tax	4							6	1	1	
5. Total credit used this year (Sum of Lines 2 through 4)	5							1	7	5	0
6. Education Tax Credit available for carry forward (Line 1 minus Line 5)	6								2	5	0

**H. Insurance Premium Tax Credit**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

1. Insurance Credit available	1									
2. Amount used for BPT	2									

**I. CTE Centers Tax Credit**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

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 TO THE NEAREST WHOLE DOLLAR.**

1. Premium paid for family and medical leave insurance coverage offered to employees (see instructions)	1							5	0	0
2. Granite State Paid Family and Medical Leave Plan tax credit used for BET (50% of Line 1)	2							2	5	0