

### **New Hampshire BET and BPT Corporate Test Case 1 - 2025**

This test case is of a corporate Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within and without NH. Furthermore, the taxpayer utilizes credits other than the BET Credits, which will require Form DP-160, Schedule of Credits to be included. Additionally, 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 1120S (not included in test scenario). The tax due is \$4,038 prior to application of payments in the amount of \$5,500 resulting in an overpayment of \$1,462.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET Credit Worksheet, NH-1120, DP-80, DP-120, DP-132, DP-160, Schedule IV and Addl- Info.

Taxpayer:

XYZ INC

1 S MAIN ST

CONCORD, NH 03101

FEIN: TAXPAYER: 41-1411411

Filing Status/Entity Type: CORPORATION

Other: Overpayment of \$1,462 - \$1,462 credit to next year's tax liability.

DO NOT STAPLE



New Hampshire  
Department of  
Revenue Administration

2025  
BT-SUMMARY



0BTSUM2511862

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDDYYYY

MMDDYYYY

For the CALENDAR year **2025** or other taxable period beginning:

MMDDYYYY

and ending:

MMDDYYYY

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

Proprietor's Last Name

First Name

MI

Social Security Number

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

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

Principal Business Activity Code (Federal)

1 2 3 4 5 6

Number & Street Address

1 S MAIN ST

Address (continued)

Unit Type

Unit #

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

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 \$298,000, or Enterprise Value Tax Base over \$298,000)?

☒ Yes ☐ No

Are you required to file a BPT Return (Gross Business Income over \$109,000)?

☒ 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)									4	0	3	8			
(b) Business Profits Tax Net of Statutory Credits	1(b)															
(c) Subtotal of Business Tax Due (Line 1(a) plus Line 1(b))													4	0	3	8
2 PAYMENTS																
(a) Tax paid with application for extension	2(a)									1	5	0	0			
(b) Total of taxable period's estimated tax payments	2(b)									4	0	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)	2(e)												5	5	0	0
3 TAX DUE: (Line 1(c) minus Line 2(e))	3									-	1	4	6	2		
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)									-	1	4	6	2		
(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>																
6 <b>OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	6									1	4	6	2			
(a) Any amount of overpayment in excess of 500% of Line 1(c) shall be refunded (Line 1(c) X 500%).	6(a)									2	0	1	9	0		
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)									1	4	6	2			
(b) Refund <b>(Only option available for Federal RAR)</b>	7(b)													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

**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 & PAY 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

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

MMDDYYYY

and ending:

You are required to file this return if the gross business receipts were greater than **\$298,000** or the enterprise value tax base is greater than **\$298,000**.

☒ Check here if required to file Form BET-80.

ROUND TO THE NEAREST WHOLE DOLLAR

Total Gross Business Receipts for this business organization

1 1 1 7 3 8 7 2 0

1. Dividends Paid

1

2. Compensation and Wages Paid or Accrued

2

6 2 3 7 2 1

3. Interest Paid or Accrued

3

1 1 0 4 0 4

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

4

7 3 4 1 2 5

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

5

4 0 3 8

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

4 0 3 8



2025  
BET CREDIT  
WORKSHEET



0BETCW2511862

BUSINESS ENTERPRISE TAX CREDIT WORKSHEET

Taxpayer Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

MMDDYYYY

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

and ending:

1. Business Profits Tax (BPT) from BPT Return, Line 19 NH-1120-WE, Line 12 all other forms.	1	2 6 8 8
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 10 amount and apply on Line 20(b) of NH-1120-WE or on Line 13(b) on other BPT forms.	2 6 8 8	
Use carry forward amounts in the following order for this taxable period	A Available Credits	B Credit Applied to BPT
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	4 0 3 8	1 5 8 8
4. Carry over BET from tenth prior taxable period		
5. Carry over BET from ninth prior taxable period		
6. Carry over BET from eighth prior taxable period		
7. Carry over BET from seventh prior taxable period		
8. Carry over BET from sixth prior taxable period		
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 ENTERPRISE TAX APPORTIONMENT**

Business Enterprise Name

XYZ INC

Taxpayer Identification #

4 1 1 4 1 1 4 1 1

MMDDYYYY

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

and ending:

**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	6 2 3 7 2 3
2	Everywhere Compensation and Wages Paid or Accrued	2	2 2 6 7 1 6 7 8
3	COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21. Express to six decimal places.	3	0 . 0 2 7 5 1 1

**INTEREST FACTOR**

4	Average of New Hampshire Property	4	1 4 8 1 8 9 1
5	Average of Everywhere Property	5	4 7 9 4 4 4 1
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places.	6	0 . 3 0 9 0 8 5

**DIVIDEND FACTOR**

7	New Hampshire Sales	7	8 5 0 0 0 0
8	Everywhere Sales	8	1 1 1 7 3 8 7 2 0
9	SALES FACTOR (Line 7 divided by Line 8). Express to six decimal places.	9	0 . 0 0 7 6 0 7
10	Subtotal (Sum of Lines 3, 6 and 9)	10	0 . 3 4 4 2 0 3
11	DIVIDEND FACTOR (Line 10 divided by the number of "EVERYWHERE" factors in the subtotal). Enter this amount on Line 15. Express to six decimal places.	11	0 . 1 1 4 7 3 4



**BUSINESS ENTERPRISE TAX APPORTIONMENT (continued)**

Business Enterprise Name

XYZ INC

Taxpayer Identification #

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

and ending: MMDDYYYY

**SECTION II - BUSINESS ENTERPRISE TAX BASE APPORTIONMENT**

See General Instructions

**DIVIDEND APPORTIONMENT**

ROUND TO THE NEAREST WHOLE DOLLAR

12	Dividends Paid	12	
13	LESS: Dividend Deduction	13	
14	Subtotal (Line 12 minus Line 13)	14	
15	Dividend Apportionment Factor (From Line 11)	15	0 . 1 1 4 7 3 4
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	
17	TOTAL TAXABLE DIVIDENDS (From Line 16) <b>IF NEGATIVE, ENTER ZERO.</b> Enter this amount on Form BET, Line 1.	17	

**COMPENSATION AND WAGES APPORTIONMENT**

18	Everywhere Compensation and Wages Paid or Accrued	18	2 2 6 7 1 6 7 8
19	LESS: Retained Compensation	19	
20	Subtotal (Line 18 minus Line 19)	20	2 2 6 7 1 6 7 8
21	Compensation Apportionment Factor (From Line 3)	21	0 . 0 2 7 5 1 1
22	Taxable Compensation (Line 20 multiplied by Line 21)	22	6 2 3 7 2 1
23	LESS: Dividend Offset (See Instructions)	23	
24	TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2.	24	6 2 3 7 2 1

**INTEREST APPORTIONMENT**

25	Interest Paid or Accrued	25	3 5 7 1 9 7
26	Interest Apportionment Factor (From Line 6)	26	0 . 3 0 9 0 8 5
27	Taxable Interest (Line 25 multiplied by Line 26)	27	1 1 0 4 0 4
28	LESS: Dividend Offset (See Instructions)	28	
29	TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3.	29	1 1 0 4 0 4





CORPORATE BUSINESS PROFITS TAX RETURN

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

and ending:

MMDDYYYY

1 - FEDERAL TAXABLE INCOME/(LOSS)

ROUND TO THE NEAREST WHOLE DOLLAR

Enter Amount Reported on:

If 1120, Federal Form 1120, Line 28

If 1120S, DP-120, Line 2 (attach DP-120 to tax return)

1

2 2 6 5 9 4 8

2 - INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH IRC

2(a) Add amount of IRC §179 expense taken on Federal Form 4562 in excess of the amount permitted pursuant to RSA 77-A:3-b, IV, including carryover amounts deducted in this taxable period 2(a)

1 3 7 0 0 9 7

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)

8 7 4 5 9 1

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)

3 5 8 7 4 2

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)

1 2 0 0

2(f) Increase or Decrease for the net gain or loss on the sale of assets used in the business which 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 6 0 2 2 3 0

3 Subtotal Line 1 adjusted by Line 2(g) 3

4 8 6 8 1 7 8

4 Separate entity items of income or expense (attach schedule) 4

5 Gross Business Profits (combine Line 3 and Line 4) 5

4 8 6 8 1 7 8

6 - ADDITIONS AND DEDUCTIONS (RSA 77-A:4)

6(a) Deduct interest on direct US Obligations (RSA 77-A:4, II) 6(a)

6(b) Add income taxes or franchise taxes measured by income (attach schedule of taxes by State) (RSA 77-A:4, VII) 6(b)

2 3 0 0

6(c) Add federal non-recognized IRC §337 Gain (RSA 77-A:4, VIII) 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 5 0 0 0

6(f) Deduct foreign dividend gross-up (IRC §78) (RSA 77-A:4, XI) 6(f)

6(g) Deduct research contribution (attach computation) (RSA 77-A:4, XII) 6(g)



CORPORATE BUSINESS PROFITS TAX RETURN

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

MMDDYYYY

and ending:

NH-1120 (continued)

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)

ROUND TO THE NEAREST WHOLE DOLLAR

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

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

6 5 7 0 0 1

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(h) - D

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

6(h)

6 5 7 0 0 1

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

6(i)

6(j) Deduct assistance payments under 12 USC §1823 (RSA 77-A:4, XVI)

6(j)

6(k) 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(k) - A

6 5 0 0

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(k) - A.

6(k) - B

1 5 7 7 7

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(k) - C

Net Lines 6(k) - A through 6(k) - C

6(k)

9 2 7 7

6(l) Net Lines 6(a) through 6(k)

6(l)

7 6 3 5 7 8

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

7

5 6 3 1 7 5 6

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

0 . 0 0 7 6 0 7

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

9

4 2 8 4 1

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

NOLD available

10 - A

7 0 0 0

Less NOLD used this tax period

10

7 0 0 0

NOLD to be carried forward

10 - B



CORPORATE BUSINESS PROFITS TAX RETURN

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

MMDDYYYY

and ending:

NH-1120 (continued)

ROUND TO THE NEAREST WHOLE DOLLAR

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

11

3 5 8 4 1

12 Compute tax (Line 11 multiplied by 7.5%)

12

2 6 8 8

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

13(a)

-OR-

(b) Other credit including BET (attach Form DP-160)

13(b)

2 6 8 8

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

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



OTHER INTERNAL REVENUE CODE RECONCILING ADJUSTMENTS

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

and ending:

MMDDYYYY

This form must be completed by any business organization reporting any amounts on Lines 2(c) or 2(e) of Form NH-1120, NH-1040, NH-1041, or NH-1065; or Lines 10(c) or 10(e) of Form NH-1120-WE. Attach additional sheets if necessary.

PART A - ADDITIONS

Detail any amounts included on Line 2(c) of Form NH-1120, NH-1040, NH-1041, or NH-1065; or on Line 10(c) of Form NH-1120-WE.

The additions should equal amounts reported on the corresponding return.

Report all values as a positive number.  
Round to the nearest whole dollar.

1. Foreign dividends consisting of GILTI that were not previously subject to Business Profits Tax.	1																			
2. Foreign dividends consisting of deemed one-time repatriation under the Tax Cuts and Jobs Act of 2017 (TCJA) not previously subject to Business Profits Tax.	2																			
3. Charitable deductions in excess of the limitation in the TCJA.	3																			
4. Amounts deducted under IRC §181.	4																			
5. Amounts deducted under IRC §174 in excess of limits imposed under IRC in effect on 12/31/18.	5																			
6.	6																			
7.	7																			
8.	8																			
TOTAL ADDITIONS	9																			

PART B - DEDUCTIONS

Detail any amounts included on Line 2(e) of Form NH-1120, NH-1040, NH-1041, or NH-1065; or on Line 10(e) of Form NH-1120-WE.

The deductions should equal amounts reported on the corresponding return.

Report all values as a positive number.  
Round to the nearest whole dollar.

1. Global Intangible Low-Taxed Income (GILTI) deduction as determined under IRC §250(a).	1																							
2. CONTRIBUTION ADJUSTMENT	2																		1	2	0	0		
3.	3																							
4.	4																							
5.	5																							
TOTAL DEDUCTIONS	6																				1	2	0	0



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

XYZ INC

Taxpayer Identification #

MMDDYYYY

MMDDYYYY

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

and ending:

**YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME  
IS GREATER THAN \$109,000.**

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

REAL ESTATE DEVELOPM

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc.

☐ Check box and attach a list if more space is required

2 0 1 8 Year first NH return filed

DE State of Incorporation

City, State and Country where records are located

City / Town

State

Country

BOSTON

MA

UNITED STATES

Business locations outside of New Hampshire

☐ Check box and attach a list if more space is required

**Answer Yes or No**

City / Town

State

Registered to do  
business in state  
where located?

Files returns  
in state  
where located?

Apportion sales, payroll  
and/or property in state  
where located?

BOSTON

MA

YES

YES

YES

Type of Business

REAL ESTATE DEVELOPMENT / MANA

City / Town

State

Type of Business

City / Town

State

Type of Business



**BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued**

Business Organization Name

XYZ INC

Taxpayer Identification #

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

and ending:

MMDDYYYY

Is the business organization filing its tax return  
on an IRS approved 52/53 week tax year?

☐

Yes

☒

No

If yes, provide the date  
the period begins

MMDDYYYY

and  
ends

MMDDYYYY

Is this business organization affiliated with any other business organization that files business tax returns with this Department?

☐

Yes

☒

No

Identify affiliated business organization by name and FEIN

☐

Check box and attach a list if more space is required

FEIN

Does the business organization file as part of a unitary group in any other jurisdiction?

☐

Yes

☒

No

Is the business organization  
registered with the NH Secretary of State?

☒

Yes

☐

No

If YES, provide  
Business ID

1

2

3

4

5

6

If YES, provide YEAR  
registered

2

0

1

8

In which state is the business organization domiciled?:

State

MA

Did the business organization have a change in income due to a final adjustment determined by a court, the Internal Revenue Service, or another state's taxing authority since its most recent filing of a NH BPT return (prior to this return)?

☐

Yes

☒

No

If yes, provide full details. Use additional sheet(s) if necessary.



**BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT**

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

MMDDYYYY

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

and ending:

	<b>1(a) Everywhere (Denominator)</b>	<b>1(b) New Hampshire (Numerator)</b>	<b>1(c) Sales/Receipts Factor</b>
1 SALES/RECEIPTS FACTOR	1 1 1 7 3 8 7 2 0	8 5 0 0 0 0	
<b>1(c) Divide 1(b) by 1(a) (Express as a decimal to 6 places) This is your New Hampshire BPT Apportionment</b>			0 . 0 0 7 6 0 7

	<b>2(a) Everywhere (Denominator)</b>	<b>2(b) New Hampshire (Numerator)</b>	<b>2(c) Payroll Factor</b>
2 PAYROLL FACTOR	2 2 6 7 1 6 7 8	6 2 3 7 2 3	
<b>2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)</b>			0 . 0 2 7 5 1 1

3 PROPERTY FACTOR	<b>3(a) Everywhere (Denominator)</b>			<b>3(b) New Hampshire (Numerator)</b>	
	Beginning of Period	End of Period		Beginning of Period	End of Period
Inventory	179 154 7	259652 1	Inventory	145678 1	1507000
Buildings			Buildings		
Furniture & Fixtures			Furniture & Fixtures		
Leasehold Improvements			Leasehold Improvements		
Land			Land		
Other Tangible Assets	2054285	3 146528	Other Tangible Assets		
Subtotal	3 8 4 5 8 3 2	5 7 4 3 0 4 9	Subtotal	1 4 5 6 7 8 1	1 5 0 7 0 0 0
Average of Subtotals		4 7 9 4 4 4 1	Average of Subtotals		1 4 8 1 8 9 1
Rented Property (annual rate x 8)			Rented Property (annual rate x 8)		
Total Everywhere Property		4 7 9 4 4 4 1	Total New Hampshire Property		1 4 8 1 8 9 1
<b>3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)</b>			0 . 3 0 9 0 8 5		



COMPUTATION OF S-CORPORATION GROSS BUSINESS PROFITS

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

MMDDYYYY

and ending:

WERE ANY DISTRIBUTIONS MADE TO NEW  
HAMPSHIRE SHAREHOLDERS / MEMBERS?

☒ Yes ☐ No

If yes, then file Form DP-9 under separate cover on or before May 1st  
after the end of the calendar year to report actual distributions to  
New Hampshire shareholders / members.

1 INCOME AND DEDUCTIONS FROM FEDERAL FORM 1120S, SCHEDULE K

S-CORP

ROUND TO THE NEAREST WHOLE DOLLAR

1(a) Enter the amount of ordinary business income (loss) reported on Federal Form 1120S, Schedule K, Line 1	1(a)						6	5	4	8	7			
1(b) Enter the amount of net rental real estate income (loss) reported on Federal Form 1120S, Schedule K, Line 2	1(b)				1	9	5	8	7	4	6			
1(c) Enter the amount of other net rental income (loss) reported on Federal Form 1120S, Schedule K, Line 3(c)	1(c)													
1(d) Enter the amount of interest income reported on Federal Form 1120S, Schedule K, Line 4	1(d)						1	6	5	8	7	4		
1(e) Enter the amount of dividend income reported on Federal Form 1120S, Schedule K, Line 5(a)	1(e)							7	5	8	4	1		
1(f) Enter the amount of royalty income reported on Federal Form 1120S, Schedule K, Line 6	1(f)													
1(g) Enter the amount of net short-term capital gain reported on Federal Form 1120S, Schedule K, Line 7, less the amount of net long-term capital loss reported on Federal Form 1120S, Schedule K, Line 8(a), but not less than zero	1(g)													
1(h) Enter the amount of net long-term capital gain reported on Federal Form 1120S, Schedule K, Line 8(a), less the amount of net short-term capital loss reported on Federal Form 1120S, Schedule K, Line 7, but not less than zero	1(h)													
If the sum of Federal Form 1120S, Schedule K, Lines 7 and 8(a) gains and losses is less than zero, enter net loss								6	7	0	0			
1(i) Enter the amount of net §1231 gain (loss) reported on Federal Form 1120S, Schedule K, Line 9	1(i)													
1(j) Enter the amount of other income (loss) reported on Federal Form 1120S, Schedule K, Line 10	1(j)													
1(k) Enter the amount of any other item of income (loss) not reported on Federal Form 1120S, Schedule K, that should be included in gross business profits, including global intangible low-taxed income	1(k)													
1(l) Enter the amount of Section 179 deduction reported on Federal Form 1120S, Schedule K, Line 11	1(l)													
1(m) Enter the amount of charitable contributions reported on Federal Form 1120S, Schedule K, Line 12(a) and 12(b) Form 1120S must follow C-CORP limitations	1(m)													
1(n) Enter the amount of investment interest expense reported on Federal Form 1120S, Schedule K, Line 12(c)	1(n)													
1(o) Enter the amount of IRC §59(e)(2) expenditures reported on Federal Form 1120S, Schedule K, Line 12(d)	1(o)													
1(p) Enter the amount of other deductions reported on Federal Form 1120S, Schedule K, Line 12(e)	1(p)													
1(q) Enter the amount of foreign taxes paid or accrued as reported on Federal Form 1120S, Schedule K, Line 16(f)	1(q)													
2 Combine Lines 1(a) through 1(k) and from the result subtract the sum of Lines 1(l) through 1(q). Report on NH-1120-WE, Schedule I-A, Line 2 or NH-1120 Line 1	2							2	2	6	5	9	4	8

File only one form combining all S-Corp entities reporting as part of the combined returns. Include a statement detailing each entity separately, similar to the method used for consolidated federal pages.





NET OPERATING LOSS (NOL) DEDUCTION

Business Organization Name

XYZ INC

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

4 1 1 4 1 1 4 1 1

For the CALENDAR year **2025** or  
other taxable period beginning:

and ending:

	COLUMN A Ending date of taxable period in which NOL occurred.	COLUMN B New Hampshire NOL available for carry forward 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)	COLUMN E Amount of NOL to carry forward to future taxable period.
1	1 2 3 1 2 0 2 0	1 5 0 0 0	1 0 0 0 0	5 0 0 0	
2	1 2 3 1 2 0 1 8	2 0 0 0 0	1 8 0 0 0	2 0 0 0	
3					
4					
5					
6					
7					
8					
9					
10					
11		3 5 0 0 0	2 8 0 0 0	7 0 0 0	

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

Subtract Line 11, Column C from Line 11, Column B to obtain the NOL available to be reported on the applicable Business Profits Tax return.

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

Line 11, Column D and Column E are the amounts to be reported on the applicable Business Profits Tax return for NOL to be used as a deduction in this taxable period and NOL carryforward, respectively.

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



SCHEDULE OF CREDITS

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

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

MMDDYYYY

For the CALENDAR year **2025** or  
other taxable period beginning:

MMDDYYYY

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																			
7. Granite State Paid Family and Medical Leave Plan Tax Credit (Part J, Line 2)	7																			
8. Granite Patron of the Arts Tax Credit (Part K, Line 3)	8																			
9. Subtotal (Sum Lines 5 through 8)	9																			
10. Paid credits to apply to BET. Add Lines 4 and 9 (Enter on BET Return, Line 6) (BET Credit applicable to BPT, but only if the BET has been paid)	10																			

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															1	1	0	0	
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																			
7. BET credit (Sum of BET Credit Worksheet, Column B)	7															1	5	8	8	
8. CTE Centers Tax Credit (Part I, Line 2)	8																			
9. Granite Patron of the Arts Tax Credit (Part K, Line 2)	9																			
10. Credits applied to BPT. Add Lines 1 through 9. Not to exceed current period BPT Liability. (Enter on BPT Return, Line 20(b) NH-1120-WE, Line 13(b) all other forms.)	10															2	6	8	8	



**SCHEDULE OF CREDITS (continued)**

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

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

**C. Research and Development Credit (R&D)**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

1. R&D credit available	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. R&D must be used against the BPT first	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Unused R&D applied to the BET	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Total credit used this year (Sum Lines 2 and 3)	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. R&D credit not applied and available for offset in future (Line 1 less Line 4)	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**D. Economic Revitalization Zone Tax Credit (ERZ)**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

1. ERZ credit available	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Carryover credit from a prior year, use earliest first	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. ERZ credit must be used against the BPT first	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Amount elected to be applied to the BET	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total credit used this year (Sum Lines 3 and 4). This amount cannot exceed \$40,000.	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. ERZ credit available for carry forward (Line 1 plus Line 2 less Line 5)	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**ROUND TO THE NEAREST WHOLE DOLLAR.**

1. ITC Credit Available	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Carryover credit from a prior year, use earliest year first	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Amount used for BPT	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Amount used for BET	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Amount used for Insurance Premium Tax	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Total credit used this year (Sum Lines 3, 4 and 5)	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. ITC available for carry forward (Sum Lines 1 and 2, less Line 6)	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**SCHEDULE OF CREDITS (continued)**

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

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

**F. Coos County Tax Credit**

ROUND TO THE NEAREST WHOLE DOLLAR.

1. Coos County Tax Credit available	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Carryover credit from prior year, use earliest year first	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Amount applied against the BET	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Unused credit applied to the BPT	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total credit used this year (Sum of Line 3 and 4)	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Any unused credit must be carried forward as a priority to other credits (Sum of Lines 1 and 2, less Line 5)	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**G. Education Tax Credit**

ROUND TO THE NEAREST WHOLE DOLLAR.

1. Education Tax Credit available	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Amount used for BPT	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Amount used for BET	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Total credit used this year (Sum of Lines 2 and 3)	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Education Tax Credit available for carry forward (Line 1 minus Line 4)	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**H. Insurance Premium Tax Credit**

ROUND TO THE NEAREST WHOLE DOLLAR.

1. Insurance Premium Tax Credit available	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Amount used for BPT	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**SCHEDULE OF CREDITS (continued)**

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

Business Organization Name

XYZ INC

Taxpayer Identification Number

4 1 1 4 1 1 4 1 1

**I. CTE Centers Tax Credit**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

1. CTE Centers Tax Credit available

1

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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

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

2. Granite State Paid Family and Medical Leave Plan tax credit used for BET (50% of Line 1)

2

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

**K. Granite Patron of the Arts Tax Credit (GPA)**

**ROUND TO THE NEAREST WHOLE DOLLAR.**

1. GPA Credit available

1

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

2. GPA must be used against the BPT first

2

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

3. Unused GPA applied to the BET

3

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