

New Hampshire BET and BPT Proprietorship Test Case 4 - 2025

This test case is a proprietorship required to file Business Enterprise Tax and Business Profits Tax Return. The taxpayer will be filing Business Enterprise Tax and Business Profits Tax Return for a business enterprise/organization doing business within and without NH. Furthermore, the taxpayer utilizes credits other than BET Credits, which will require Form DP-160, Schedule of Credits to be included. The amounts reported are carried over from the Federal Form 1040 and supporting schedules (not included in this test scenario). The tax due is \$93,412 prior to Interest in the amount of \$375 and a Failure to Pay penalty in the amount of \$9,341 resulting in a balance due of \$103,218.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET Credit Worksheet, BET-80, NH-1040, ADDL INFO, DP-80 and DP-160

Taxpayer:

BARBARA THOMPSON

9835 RIVER RD SUITE 3

UTICA NY, 13502-2351

SSN: TAXPAYER: 002-44-7888

Filing Status/Entity Type: PROPRIETORSHIP

Other: Balance due \$103,128 – electronic funds withdrawal available via ACH Debit.

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:

1 1 1 1 1 1 1 1

and ending:

1 1 1 1 1 1 1 1

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

Proprietor's Last Name

THOMPSON

First Name

BARBARA

MI

Social Security Number

0 0 1 4 4 7 8 8 8

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

Taxpayer Identification Number

1 1 1 1 1 1 1 1

Principal Business Activity Code (Federal)

1 2 3 4 5 6

Number & Street Address

9835 RIVER RD

Address (continued)

Unit Type

Suite

Unit #

3

City / Town

UTICA

State

NY

Zip Code + 4 (or Canadian Postal Code)

1 3 5 0 2 - 2 3 5 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

☐ PARTNERSHIP

☒ PROPRIETORSHIP

☐ AMENDED RETURN

☐ LLC

☐ COMBINED GROUP

☐ NON-PROFIT

☐ FIDUCIARY

☐ FINAL RETURN

☐ 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) 1 3 2 5

(b) Business Profits Tax Net of Statutory Credits 1(b) 9 2 0 8 7

(c) Subtotal of Business Tax Due (Line 1(a) plus Line 1(b)) 1(c) 9 3 4 1 2

2 PAYMENTS

(a) Tax paid with application for extension 2(a)

(b) Total of taxable period's estimated tax payments 2(b)

(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)

3 TAX DUE: (Line 1(c) minus Line 2(e)) 3 9 3 4 1 2

4 ADDITIONS TO TAX

(a) Interest (See instructions) 4(a) 3 7 5

(b) Failure to Pay (See instructions) 4(b) 9 3 4 1

(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) 9 7 1 6

5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e)) 5(a) 1 0 3 1 2 8

(b) Return Payment Made Electronically 5(b)

(c) **BALANCE DUE:** Line 5(a) minus 5(b). Make your payment online at gtc.revenue.nh.gov/TAP or make check payable to: **STATE OF NEW HAMPSHIRE** **PAY THIS AMOUNT** 5(c) 1 0 3 1 2 8

6 **OVERPAYMENT:** 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%). 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)) **(Not available for Federal RAR)** 7(a)

(b) Refund **(Only option available for Federal RAR)** **DO NOT PAY** 7(b)



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**

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



BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

BARBARA THOMPSON

Taxpayer Identification Number

0 0 2 4 4 7 8 8 8

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

4 8 0 5 6 5 1

1. Dividends Paid

1

2. Compensation and Wages Paid or Accrued

2

7 5 2 9 2

3. Interest Paid or Accrued

3

1 6 5 5 4 9

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

4

2 4 0 8 4 1

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

5

1 3 2 5

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

1 3 2 5



2025
BET CREDIT
WORKSHEET



0BETCW2511862

BUSINESS ENTERPRISE TAX CREDIT WORKSHEET

Taxpayer Name

BARBARA THOMPSON

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

0 0 2 4 4 7 8 8 8

For the CALENDAR year **2025** 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	1 2 5 6 1 9
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.	3 3 5 3 2	
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.	1 3 2 5	1 3 2 5
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

BARBARA THOMPSON

Taxpayer Identification #

0 0 2 4 4 7 8 8 8

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	7 5 2 9 2
2	Everywhere Compensation and Wages Paid or Accrued	2	5 0 0 0 0 0
3	COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21. Express to six decimal places.	3	0 . 1 5 0 5 8 4

INTEREST FACTOR

4	Average of New Hampshire Property	4	5 7 3 2 7 7 7
5	Average of Everywhere Property	5	2 2 7 9 4 0 6 3
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places.	6	0 . 2 5 1 5 0 3

DIVIDEND FACTOR

7	New Hampshire Sales	7	7 2 3 6 5 2
8	Everywhere Sales	8	4 8 0 5 6 5 1
9	SALES FACTOR (Line 7 divided by Line 8). Express to six decimal places.	9	0 . 1 5 0 5 8 4
10	Subtotal (Sum of Lines 3, 6 and 9)	10	0 . 5 5 2 6 7 1
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 8 4 2 2 4



BUSINESS ENTERPRISE TAX APPORTIONMENT (continued)

Business Enterprise Name

BARBARA THOMPSON

Taxpayer Identification #

MMDDYYYY

MMDDYYYY

0 0 2 4 4 7 8 8 8

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

and ending:

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 8 4 2 2 4
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	
17	TOTAL TAXABLE DIVIDENDS (From Line 16) IF NEGATIVE, ENTER ZERO. Enter this amount on Form BET, Line 1.	17	

COMPENSATION AND WAGES APPORTIONMENT

18	Everywhere Compensation and Wages Paid or Accrued	18	
19	LESS: Retained Compensation	19	
20	Subtotal (Line 18 minus Line 19)	20	
21	Compensation Apportionment Factor (From Line 3)	21	0 . 1 5 0 5 8 4
22	Taxable Compensation (Line 20 multiplied by Line 21)	22	
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	

INTEREST APPORTIONMENT

25	Interest Paid or Accrued	25	
26	Interest Apportionment Factor (From Line 6)	26	0 . 2 5 1 5 0 3
27	Taxable Interest (Line 25 multiplied by Line 26)	27	
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	



PROPRIETORSHIP BUSINESS PROFITS TAX RETURN

Proprietor's Name / Business Organization Name

BARBARA THOMPSON

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

0 0 2 4 4 7 8 8 8

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

and ending:

1 - GROSS BUSINESS PROFITS Each business organization must file a separate return.

ROUND TO THE NEAREST WHOLE DOLLAR

1(a) Net profit or loss reported on proprietor Federal Schedule C, Line 31	1(a)																			
1(b) Net rental profit or loss reported on Federal Schedule E, Line 21	1(b)																			
1(c) Net farm rental profit or loss reported on Federal Form 4835, Line 32	1(c)																			
1(d) Net farm profit or loss reported on Federal Schedule F, Line 34	1(d)																			
1(e) Net gain or loss from the sale of business assets reported on Federal Form 4797, Lines 2(g), 3, 5, 10(g), 14, 16 and 30	1(e)																			
1(f) Net gain or loss from sale of investment assets used in business activity reported on Federal Schedule D, Lines 1(h), 2(h), 3(h), 8(h), 9(h) and 10(h)	1(f)																			
1(g) Installment sale gains from the sale of business assets recognized during the period on Federal Form 6252, Line 24	1(g)																			
1(h) Other net business income (attach schedule) attributable to this business organization as adjusted accordingly from Federal Form 1040, Schedule B	1(h)																			
1(i) Other business income attributable to this business organization included on Federal Form 1040, Schedule 1, line 9 and adjusted accordingly.	1(i)																			
1(j) Subtotal Lines 1(a) through 1(i)	1(j)																			

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

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



PROPRIETORSHIP BUSINESS PROFITS TAX RETURN

Proprietor's Name / Business Organization Name

BARBARA THOMPSON

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

0 0 2 4 4 7 8 8 8

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

and ending:

NH-1040 (continued)

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

ROUND TO THE NEAREST WHOLE DOLLAR

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

6(a)

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

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)

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 the sale or
exchange of an interest in the business organization (RSA 77-A:4, XIV)

Add the amount of the increase in the basis of assets federally, due to
the sale or exchange of interest in the business organization

6(g) - 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(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)

6(i) 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(i) - A

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(i) - A.

6(i) - B

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(i) - C

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

6(i)

6(j) Net Lines 6(a) through 6(i)

6(j)

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

7



PROPRIETORSHIP BUSINESS PROFITS TAX RETURN

Proprietor's Name / Business Organization Name

BARBARA THOMPSON

Taxpayer Identification Number

MMDDYYYY

MMDDYYYY

0 0 2 4 4 7 8 8 8

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

and ending:

NH-1040 (continued)

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 . 1 5 0 5 8 4

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

9 1 6 7 4 9 1 6

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 1 6 7 4 9 1 6

12 Compute tax (Line 11 multiplied by 7.5%)

12 1 2 5 6 1 9

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

13(a)

-OR-

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

13(b)

3 3 5 3 2

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 9 2 0 8 7

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



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

BARBARA THOMPSON

Taxpayer Identification #

MMDDYYYY

MMDDYYYY

0 0 2 4 4 7 8 8 8

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

COMMERCIAL REAL ESTA

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

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

450 HANOVER ST MANCHESTER NH

913 ELM ST MANCHESTER NH

548 DONALD ST BEDFORD NH

2 0 0 0

Year first NH return filed

NY

State of Incorporation

City, State and Country where records are located

City / Town

UTICA

State

NY

Country

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

UTICA

State

NC

Registered to do
business in state
where located?

YES

Files returns
in state
where located?

YES

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

YES

Type of Business

COMMERCIAL REAL ESTATE RENTAL

City / Town

MARSHFIELD

State

MA

YES

YES

YES

Type of Business

COMMERCIAL REAL ESTATE RENTAL

City / Town

WIISTON

State

VT

YES

YES

YES

Type of Business

COMMERCIAL REAL ESTATE RENTAL



BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued

Business Organization Name

BARBARA THOMPSON

Taxpayer Identification #

0 0 2 4 4 7 8 8 8

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

0

0

In which state is the business organization domiciled?:

State

NY

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

BARBARA THOMPSON

Taxpayer Identification Number

0 0 2 4 4 7 8 8 8

MMDDYYYY

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

and ending:

MMDDYYYY

	1(a) Everywhere (Denominator)	1(b) New Hampshire (Numerator)	1(c) Sales/Receipts Factor
1 SALES/RECEIPTS FACTOR	4 8 0 5 6 5 1	7 2 3 6 5 2	
1(c) Divide 1(b) by 1(a) (Express as a decimal to 6 places) This is your New Hampshire BPT Apportionment			0 . 1 5 0 5 8 4

	2(a) Everywhere (Denominator)	2(b) New Hampshire (Numerator)	2(c) Payroll Factor
2 PAYROLL FACTOR			
2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)			

3 PROPERTY FACTOR	3(a) Everywhere (Denominator)			3(b) New Hampshire (Numerator)	
	Beginning of Period	End of Period		Beginning of Period	End of Period
Inventory			Inventory		
Buildings	15 12332 1	1532 1 123	Buildings	3 12332 1	323 1 123
Furniture & Fixtures			Furniture & Fixtures		
Leasehold Improvements			Leasehold Improvements		
Land	7456658	7654456	Land	2456654	2654456
Other Tangible Assets		32567	Other Tangible Assets		
Subtotal	2 2 5 7 9 9 7 9	2 3 0 0 8 1 4 6	Subtotal	5 5 7 9 9 7 5	5 8 8 5 5 7 9
Average of Subtotals		2 2 7 9 4 0 6 3	Average of Subtotals		5 7 3 2 7 7 7
Rented Property (annual rate x 8)			Rented Property (annual rate x 8)		
Total Everywhere Property		2 2 7 9 4 0 6 3	Total New Hampshire Property		5 7 3 2 7 7 7
3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)				0 . 2 5 1 5 0 3	



SCHEDULE OF CREDITS

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

Business Organization Name

BARBARA THOMPSON

Taxpayer Identification Number

0 0 2 4 4 7 8 8 8

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									1	2	0	0	0						
3. ITC (Part E, Line 3)	3										5	1	0	2						
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										1	5	0	0	0					
7. BET credit (Sum of BET Credit Worksheet, Column B)	7											1	3	2	5					
8. CTE Centers Tax Credit (Part I, Line 2)	8																			
9. Granite Patron of the Arts Tax Credit (Part K, Line 2)	9														1	0	5			
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												3	3	5	3	2			



SCHEDULE OF CREDITS (continued)

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

Business Organization Name

BARBARA THOMPSON

Taxpayer Identification Number

0 0 2 4 4 7 8 8 8

C. Research and Development Credit (R&D)

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 the 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	2	0	0	0
2. Carryover credit from a prior year, use earliest first	2													
3. ERZ credit must be used against the BPT first	3									1	2	0	0	0
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	2	0	0	0
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									5	1	0	2
2. Carryover credit from a prior year, use earliest year first	2												
3. Amount used for BPT	3									5	1	0	2
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									5	1	0	2
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

BARBARA THOMPSON

Taxpayer Identification Number

0 0 2 4 4 7 8 8 8

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									1	5	0	0	0						
2. Amount used for BPT	2									1	5	0	0	0						
3. Amount used for BET	3																			
4. Total credit used this year (Sum of Lines 2 and 3)	4									1	5	0	0	0						
5. Education Tax Credit available for carry forward (Line 1 minus Line 4)	5																			

H. Insurance Premium Tax Credit

ROUND TO THE NEAREST WHOLE DOLLAR.

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



SCHEDULE OF CREDITS (continued)

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

Business Organization Name

BARBARA THOMPSON

Taxpayer Identification Number

0 0 2 4 4 7 8 8 8

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

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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

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

2

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

ROUND TO THE NEAREST WHOLE DOLLAR.

1. GPA Credit available

1

																		1	0	5
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2. GPA must be used against the BPT first

2

																		1	0	5
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3. Unused GPA applied to the BET

3

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