

New Hampshire BET and BPT Fiduciary Test Case 1 - 2017

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 \$540 prior to application of payments in the amount of \$500 resulting in a balance due of \$40.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, NH-1041, DP-131-A, and DP-132

Taxpayer:

BARTLETT REVOCABLE TRUST

PO BOX 10

CONCORD, NH 03301

SSN: TAXPAYER: 26-8111111

Filing Status/Entity Type: FIDUCIARY

Other: Balance due \$40 after application of payments – electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2017 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDYYYYY

MMDYYYYY

For the CALENDAR year 2017 or other taxable period beginning:

0 1 0 1 2 0 1 7

and ending:

1 2 3 1 2 0 1 7

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

Empty box for former name

Proprietorship Last Name

Empty box for Proprietorship Last Name

First Name

MI

Social Security Number

Empty box for First Name

Empty box for MI

Empty box for Social Security Number

Spouse's Last Name (If property jointly owned)

Empty box for Spouse's Last Name

First Name

MI

Social Security Number

Empty box for First Name

Empty box for MI

Empty box for Social Security Number

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

BARTLETT REVOCABLE TRUST

Taxpayer Identification Number

Principal Business Activity Code (Federal)

2 6 8 1 1 1 1 1 1

1 2 3 4 5 6

Number & Street Address

PO BOX 10

Address (continued)

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 "yes" to the first two questions you must complete this BT-SUMMARY or your return will be considered incomplete and may be subject to penalties.

Are you required to file a BET Return (Gross Business Receipts over \$208,000, or Enterprise Value Tax Base over \$104,000)?

X Yes No

Are you required to file a BPT Return (Gross Business Income over \$50,000)?

X Yes No

Do you file a Form 990/990T?

Yes X No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 12b on Schedule B of Federal Form 1065?

Yes X No

OR

2 - CORPORATION

3 - PARTNERSHIP

1 - PROPRIETORSHIP

AMENDED RETURN

2 - COMBINED GROUP

5 - NON-PROFIT

X 4 - FIDUCIARY

FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustment(s) over any federal income tax return, which adjustment(s) has not been previously reported to New Hampshire. Do not use this form to report an IRS adjustment.

Enter Years Covered by IRS (MMYYYYMMYYYY)

Empty box for years covered by IRS

Check Appropriate Box:

Payment Required Refund Request Credit Next Year's Tax Liability No Payment Required



BUSINESS TAX RETURN SUMMARY - continued

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

0 3 1 0 2 0 1 8

Signature (in ink)

MMDDYYYY

Print Signatory Name & Title

T BARTLETT

Email Address

TBARTLETT@GMAIL.COM

Phone Number

6 0 3 2 2 4 1 2 1 1

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

0 3 1 0 2 0 1 8

Printed Name of Preparer

TAX PREP

Email Address

TAXES@YAHOO.COM

Phone Number

6 0 3 2 3 0 5 0 5 0

Preparer Identification Number

P 1 1 1 1 1 1 1 1

Preparer's Address

127 PLEASANT ST

Address (continued)

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 1

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE



BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

BARTLETT REVOCABLE TRUST

Taxpayer Identification #

2 6 8 1 1 1 1 1 1

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

0 1 0 1 2 0 1 7

and ending:

MMDDYYYY

1 2 3 1 2 0 1 7

You are required to file this return if the gross business receipts were greater than **\$208,000** or the enterprise value tax base is greater than **\$104,000**.

Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization

2 0 0 0 0 0 0

1. Dividends Paid

1 5 0 0 0 0

2. Compensation and Wages Paid or Accrued

2 7 0 0 0 0

3. Interest Paid or Accrued

3

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

4 7 5 0 0 0

5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0072) before credits

5 5 4 0

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

6

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

TAX DUE 7

5 4 0

BET CREDIT WORKSHEET

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms.

1 1 2 3 0

2. Sum the amounts from Lines 3 through 8, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.

1 2 3 0

Use carry forward amounts in the following order for this taxable period

A
Apply Credits Here

B
Sum of Credit to BPT

C
Excess Credits

3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.

5 4 0

5 4 0

4. Carry over BET from fifth prior taxable period

4 8 0

4 8 0

5. Carry over BET from fourth prior taxable period

3 9 0

2 1 0

1 8 0

6. Carry over BET from third prior taxable period

4 1 0

0

4 1 0

7. Carry over BET from second prior taxable period

3 7 0

0

3 7 0

8. Carry over BET from first prior taxable period

2 9 0

0

2 9 0



BUSINESS PROFITS TAX RETURN
ADJUSTMENTS TO GROSS BUSINESS PROFITS

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Business Organization Name

BARTLETT REVOCABLE TRUST

Taxpayer Identification #

2 6 8 1 1 1 1 1 1

For the CALENDAR year **2017**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 7

and ending:

MMDDYYYY

1 2 3 1 2 0 1 7

1041 continued

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

Round to the nearest whole dollar

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)	7 5 0 0 0
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 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) Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA 77-A:4, XIII)		
NOLD available	6(g) - A	1 0 0 0 0
Less NOLD used this tax period	6(g)	1 0 0 0 0
NOLD to be carried forward	6(g) - B	0
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)		
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(h) - A	
Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above	<input type="checkbox"/> Yes	Multiple Transactions (schedule attached) <input type="checkbox"/> 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	
Upon the sale of assets, adjust the net gain or loss attributable to an increase in the basis of assets that was not recognized for NH purposes	6(h) - D	
Net Lines 6(h) - A through 6(h) - D	6(h)	



BUSINESS PROFITS TAX RETURN
ADJUSTMENTS TO GROSS BUSINESS PROFITS

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

6(i) Add Qualified Investment Company (QIC) holders' proportional share of QIC profits (RSA 77-A:4, XV)	6(i)									5	0	0	0
6(j) Deduct assistance payments under 12 USC § 1823 (RSA 77-A:4, XVI)	6(j)												
6(k) Net Lines 6(a) through 6(j)	6(k)									-	8	0	0
7 Adjusted Gross Business Profits (Sum of Lines 5 and 6(k))	7									1	5	0	0
8 New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 5)	8									0	1	.	0
Exempt under P.L. 86-272 <input type="checkbox"/>													
9 New Hampshire Taxable Business Profits (Line 7 multiplied by Line 8. If negative, enter zero.)	9									1	5	0	0
10 Compute tax (Line 9 multiplied by 8.2%)	10									1	2	3	0
11(a) BET Credit only - see BET Credit Worksheet	11(a)									1	2	3	0
-OR-													
11(b) Other credits including BET (attach Form DP-160)	11(b)												
12 New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 11(a) or 11(b), as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)	12												



NET OPERATING LOSS (NOL) DEDUCTION

Business Organization Name

BARTLETT REVOCABLE TRUST

Taxpayer Identification #

2 6 8 1 1 1 1 1 1

For the CALENDAR year **2017**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 7

and ending: MMDDYYYY

MMDDYYYY

1 2 3 1 2 0 1 7

	Column A Ending date of taxable period in which NOL occurred.	Column B New Hampshire NOL available for carryforward from DP-131-A	Column C Amount of NOL carry forward which has been used in taxable periods prior to this taxable period	Column D Amount of NOL to be used as a deduction in this taxable period	Column E Amount of NOL to carryforward to future taxable period
1	1 2 3 1 2 0 1 6	10 000		10 000	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11		10 000		10 000	0

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

The amount of NOL carryforward deducted this taxable period is Column D, Lines 11.

This is the amount to be reported on the applicable Business Profits Tax return.

NOTE: Column B less Column C should equal the sum of Column D plus Column E. This amount cannot reduce New Hampshire Adjusted Gross Business Profits below zero.