

**New Hampshire BET and BPT Corporate Test Case 3 - 2018**

This test case is of a corporate 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 1120 (not included in test scenario). The tax due is \$941 prior to application of payments in the amount of \$1,520 resulting in an over payment of \$579.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, NH-1120, and DP-160

Taxpayer:

RST INC

1151 ELM ST

MANCHESTER, NH 03103

SSN: TAXPAYER: 00-4111120

Filing Status/Entity Type: CORPORATION

Other: Overpayment of \$579 – \$255 credit to next year's tax liability and a requested refund of \$324. No electronic funds transfer available..

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2018 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

For the CALENDAR year 2018 or other taxable period beginning: 0 1 0 1 2 0 1 8 and ending: 1 2 3 1 2 0 1 8

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

Proprietorship Last Name

First Name

MI

Social Security Number

Spouse's Last Name (If property jointly owned)

First Name

MI

Social Security Number

If issued a DIN, DO NOT enter SSN or FEIN

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

RST INC

Taxpayer Identification Number

0 0 4 1 1 1 1 2 0

Principal Business Activity Code (Federal)

2 3 1 7 6 1

Number & Street Address

1151 ELM ST

Address (continued)

City / Town

MANCHESTER

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 1 0 3

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)? Yes No

Are you required to file a BPT Return (Gross Business Income over \$50,000)? 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 12b on Schedule B of Federal Form 1065? Yes No

OR 2 - CORPORATION

2 - COMBINED GROUP

3 - PARTNERSHIP

5 - NON-PROFIT

1 - PROPRIETORSHIP

4 - FIDUCIARY

AMENDED RETURN

FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustment(s) for 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)

Check Appropriate Box:

Payment Required

Refund Request

Credit Next Year's Tax Liability

No Payment Required

BT-SUMMARY 2018 Version 1.1 7/2018

Do not use this form to report an IRS adjustment. See Step 2 instructions.



**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)                   |  |  |  |  | 9 | 4 | 1 |         |
| (c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))   |                        |  |  |  |  |   |   |   | 9 4 1   |
| <b>2 PAYMENTS</b>   |                        |  |  |  |  |   |   |   |         |
| (a) Tax paid with application for extension   | 2(a)                   |  |  |  |  | 5 | 0 | 0 |         |
| (b) Total of taxable period's estimated tax payments  | 2(b)                   |  |  |  |  | 1 | 0 | 0 | 0       |
| (c) Credit carryover from prior tax period  | 2(c)                   |  |  |  |  | 2 | 0 |   |         |
| (d) Tax paid with original return (Amended returns only)  | 2(d)                   |  |  |  |  |   |   |   |         |
| (e) Total of Lines 2(a) through 2(d)  | 2(e)                   |  |  |  |  |   |   |   | 1 5 2 0 |
| 3 TAX DUE: (Line 1(c) minus Line 2(e))  | 3                      |  |  |  |  |   |   |   | - 5 7 9 |
| <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)                   |  |  |  |  |   |   |   | - 5 7 9 |
| (b) Return Payment Made Electronically  | 5(b)                   |  |  |  |  |   |   |   |         |
| (c) <b>BALANCE DUE:</b> Line 5(a) minus 5(b). Make your payment on-line at <a href="http://www.revenue.nh.gov">www.revenue.nh.gov</a> or make check payable to: <b>STATE OF NEW HAMPSHIRE</b> | 5(c)                   |  |  |  |  |   |   |   | 0       |
| 6 <b>OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6   | 6                      |  |  |  |  | 5 | 7 | 9 |         |
| 7 Apply overpayment amount on Line 6 to:  |                        |  |  |  |  |   |   |   | 2 5 5   |
| (a) Credit - Next Year's Tax Liability  | <b>DO NOT PAY</b> 7(a) |  |  |  |  |   |   |   |         |
| (b) Refund  | <b>DO NOT PAY</b> 7(b) |  |  |  |  |   |   |   | 3 2 4   |

**STEP 5**

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



**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)

MDDYYYY

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 0 | 4 | 1 | 0 | 2 | 0 | 1 | 9 |
|---|---|---|---|---|---|---|---|

Signature (in ink)

MDDYYYY

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Print Signatory Name & Title

Email Address

Phone Number

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 3 | 6 | 2 | 7 | 4 | 3 | 3 | 3 |
|---|---|---|---|---|---|---|---|---|---|

Check this box if you are filing as a surviving spouse

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MDDYYYY

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

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**



**BUSINESS ENTERPRISE TAX RETURN**

Taxpayer Name

RST INC

Taxpayer Identification #

0 0 4 1 1 1 1 2 0

MMDDYYYY

For the CALENDAR year **2018**  
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDDYYYY

1 2 3 1 2 0 1 8

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**

1 0 0 0 0 0 0

1. Dividends Paid

1

2. Compensation and Wages Paid or Accrued

2

7 4 0 7 4

3. Interest Paid or Accrued

3

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

4

7 4 0 7 4

5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .00675) before credits

5

5 0 0

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

6

5 0 0

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

**TAX DUE** 7

**BET CREDIT WORKSHEET**

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

1

3 2 7 6

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.

2 3 3 5

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.

0

4. Carry over BET from fifth prior taxable period

5 0

5 0

5. Carry over BET from fourth prior taxable period

5 0

5 0

0

6. Carry over BET from third prior taxable period

5 0

5 0

0

7. Carry over BET from second prior taxable period

5 0

5 0

0

8. Carry over BET from first prior taxable period

1 3 5

1 3 5

0



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

RST INC

Taxpayer Identification #

0 0 4 1 1 1 1 2 0

For the CALENDAR year **2018**  
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 8

and ending: MMDDYYYY

1 2 3 1 2 0 1 8

**USE FORM DP-87 TO REPORT IRS ADJUSTMENTS**

**1 FEDERAL TAXABLE INCOME/(LOSS)**

Round to the nearest 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 1 5 4 6 3

**2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH IRC PURSUANT TO RSA 77-A:1, XX**

|  |          |           |
|--|----------|-----------|
| 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, including carryover amounts deducted in this taxable period                   | 2(a)     | 2 0 0 0 0 |
| 2(b) Add the amount of bonus depreciation taken on the federal return for assets placed in service this period   | 2(b)     | 1 0 0 0 0 |
| 2(c) Add the amount of Domestic Production Activities deduction taken on the federal return this taxable period (does not apply to 1120S)  | 2(c)     |           |
| 2(d) Add any other deductions 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 <input type="checkbox"/> Check here and attach Schedule IV | 2(d)     |           |
| 2(e) Deduct regular depreciation related to IRC §179 and bonus depreciation not allowed for this taxable period or for prior taxable periods   | 2(e)     | 6 0 0 0 0 |
| 2(f) Deduct any other items included on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX <input type="checkbox"/> Check here and attach Schedule IV                  | 2(f)     |           |
| 2(g) 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(g)     |           |
| 2(h) Net 2(a) through 2(g)   | 2(h)     | 2 4 0 0 0 |
| <b>3</b> Subtotal Line 1 adjusted by Line 2(h)   | <b>3</b> | 3 9 4 6 3 |
| <b>4</b> Separate entity items of income or expense (attach schedule)  | <b>4</b> |           |
| <b>5</b> Gross Business Profits (combine Line 3 and Line 4)  | <b>5</b> | 3 9 4 6 3 |

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

|   |      |           |
|---|------|-----------|
| 6(a) Deduct interest on direct US Obligations not subject to tax under RSA 77 (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 0 0 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) |           |
| 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) |           |









**New Hampshire**  
Department of  
Revenue Administration

**2018**  
**DP-160**



**SCHEDULE OF CREDITS**

Business Organization Name

RST INC

Taxpayer Identification #

0 0 4 1 1 1 1 2 0

For the CALENDAR year **2018**  
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 8

and ending:

MMDDYYYY

1 2 3 1 2 0 1 8

**APPLICATION OF CREDITS TO BET AND BPT**

**A. BET Summary of Credits**

Round to the nearest whole dollar

|   |   |  |  |  |  |  |  |   |   |   |
|---|---|--|--|--|--|--|--|---|---|---|
| 1. Coos County Credit Part F, Line 3  | 1 |  |  |  |  |  |  |   |   |   |
| 2. ERZ Credit Part D, Line 4  | 2 |  |  |  |  |  |  |   |   |   |
| 3. ITC Part E, Line 4   | 3 |  |  |  |  |  |  |   |   |   |
| 4. Subtotal, Add Lines 1, 2 and 3   | 4 |  |  |  |  |  |  |   |   |   |
| 5. R&D Part C, Line 3   | 5 |  |  |  |  |  |  |   |   |   |
| 6. Education Tax Credit Part G, Line 3  | 6 |  |  |  |  |  |  | 5 | 0 | 0 |
| 7. Subtotal (Sum Lines 5 and 6)   | 7 |  |  |  |  |  |  | 5 | 0 | 0 |
| 8. Credits against BET that has been paid. Add Lines 4 and 7 (and apply on the BET Return)<br>(BET Credit applicable to BPT, but only if the BET has been paid) | 8 |  |  |  |  |  |  | 5 | 0 | 0 |

**B. BPT Summary of Credits**

Round to the nearest whole dollar

|   |   |  |  |  |  |  |  |   |   |   |   |   |
|---|---|--|--|--|--|--|--|---|---|---|---|---|
| 1. R&D Part C, Line 2   | 1 |  |  |  |  |  |  |   |   |   |   |   |
| 2. ERZ Credit Part D, Line 3  | 2 |  |  |  |  |  |  |   |   |   |   |   |
| 3. ITC Part E, Line 3   | 3 |  |  |  |  |  |  |   |   |   |   |   |
| 4. Coos County Credit Part F, Line 4  | 4 |  |  |  |  |  |  | 1 | 5 | 0 | 0 |   |
| 5. Insurance Premium Tax Part H, Line 2   | 5 |  |  |  |  |  |  |   |   |   |   |   |
| 6. Education Tax Credit Part G, Line 2  | 6 |  |  |  |  |  |  |   | 5 | 0 | 0 |   |
| 7. BET credit (Line 3, Column B of BET Credit Worksheet)  | 7 |  |  |  |  |  |  |   |   |   |   |   |
| 8. Credits applied to BPT Add Lines 1 through 7<br>(Apply to BPT forms if no BET carryover credit, if BET carryover credit complete Lines 9(a) through Line 9(f)) | 8 |  |  |  |  |  |  |   | 2 | 0 | 0 | 0 |



**New Hampshire**  
Department of  
Revenue Administration

**2018**  
**DP-160**



**SCHEDULE OF CREDITS - continued**

Business Organization Name

RST INC

Taxpayer Identification #

0 0 4 1 1 1 1 2 0

**APPLICATION OF CREDITS TO BET AND BPT (continued)**

**B. BPT Summary of Credits - continued**

Round to the nearest whole dollar

|   |      |  |  |  |  |  |  |  |  |   |   |   |   |
|---|------|--|--|--|--|--|--|--|--|---|---|---|---|
| 9. (a) Carryover BET from fifth prior taxable period (Line 4, Column B of BET Credit Worksheet)   | 9(a) |  |  |  |  |  |  |  |  | 5 | 0 |   |   |
| (b) Carryover BET from fourth prior taxable period (Line 5, Column B of BET Credit Worksheet)   | 9(b) |  |  |  |  |  |  |  |  | 5 | 0 |   |   |
| (c) Carryover BET from third prior taxable period (Line 6, Column B of BET Credit Worksheet)  | 9(c) |  |  |  |  |  |  |  |  | 5 | 0 |   |   |
| (d) Carryover BET from second prior taxable period (Line 7, Column B of BET Credit Worksheet)   | 9(d) |  |  |  |  |  |  |  |  | 5 | 0 |   |   |
| (e) Carryover BET from first prior taxable period (Line 8, Column B of BET Credit Worksheet)  | 9(e) |  |  |  |  |  |  |  |  | 1 | 3 | 5 |   |
| (f) BET credit carryover (Sum Lines (a) through (e))  | 9(f) |  |  |  |  |  |  |  |  | 3 | 3 | 5 |   |
| 10. Line 8 plus Line 9(f). Not to exceed current period BPT liability. (Enter on BPT Return, Line 19(b) NH-1120-WE, Line 11(b) all other forms) | 10   |  |  |  |  |  |  |  |  | 2 | 3 | 3 | 5 |

**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) Beginning for tax years commencing 7/1/07**

Round to the nearest whole dollar

|   |   |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
| 1. ERZ credit available   | 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2. Carryover credit from a prior year, use earliest first             | 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3. ERZ credit must be used against the BPT first                      | 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4. Amount elected to be applied to the BET                            | 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5. Total credit used this year (Sum Lines 3 and 4)                    | 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6. ERZ credit available for carry forward (Line 1 plus 2 less Line 5) | 6 |  |  |  |  |  |  |  |  |  |  |  |

**APPLICATION OF CREDITS TO BET AND BPT**

**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 |  |  |  |  |  |  |  |  |  |  |  |



**New Hampshire**  
Department of  
Revenue Administration

**2018**  
**DP-160**



**SCHEDULE OF CREDITS - continued**

|                            |                           |
|----------------------------|---------------------------|
| Business Organization Name | Taxpayer Identification # |
| RST INC                    | 0 0 4 1 1 1 1 2 0         |

**APPLICATION OF CREDITS TO BET AND BPT (continued)**

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

|   |   |                                   |
|---|---|-----------------------------------|
|   |   | Round to the nearest whole dollar |
| 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 |                                   |

**F. Coos County Tax Credit**

|   |   |                                   |
|---|---|-----------------------------------|
|   |   | Round to the nearest whole dollar |
| 1. Coos County Tax Credit available   | 1 | 1 0 0 0                           |
| 2. Carryover credit from prior year, use earliest year first  | 2 | 5 0 0                             |
| 3. Amount applied against the BET   | 3 |                                   |
| 4. Unused credit applied to the BPT   | 4 | 1 5 0 0                           |
| 5. Total credit used this year (Sum Line 3 and 4)   | 5 | 1 5 0 0                           |
| 6. Any unused credit must be carried forward as a priority to other credits (Sum Lines 1 and 2 less Line 5) | 6 | 0                                 |

**G. Education Tax Credit**

|   |   |                                   |
|---|---|-----------------------------------|
|   |   | Round to the nearest whole dollar |
| 1. Education Tax Credit available   | 1 | 1 0 0 0                           |
| 2. Amount used for BPT  | 2 | 5 0 0                             |
| 3. Amount used for BET  | 3 | 5 0 0                             |
| 4. Amount used for New Hampshire Interest and Dividends Tax               | 4 |                                   |
| 5. Total credit used this year (Sum Lines 2 through 4)                    | 5 | 1 0 0 0                           |
| 6. Education Tax Credit available for carry forward (Line 1 minus Line 5) | 6 |                                   |

**H. Insurance Premium Tax Credit**

|  |   |                                   |
|--|---|-----------------------------------|
|  |   | Round to the nearest whole dollar |
| 1. Insurance Credit available  | 1 |                                   |
| <b>This is a Net Amount if BET was taken as a credit against the Insurance Premium Tax</b> |   |                                   |
| 2. Amount used for BPT   | 2 |                                   |