

**New Hampshire BET and BPT Partnership Test Case 2 - 2016**

This test case is of a partnership Business Enterprise Tax and Business Profits Tax Return for a business organization doing business within and without NH. The amounts reported are carried over from the Federal Form 1065 (not included in test scenario). The tax due is \$2,425 prior to application of payments and penalties.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, BET-80, NH-1065, ADDLINFO, DP-80, and DP-2210/2220

Taxpayer:

GHI LLC

123 CENTER ST

CONCORD, NH 03301

SSN: TAXPAYER: 00-4111118

Filing Status/Entity Type: PARTNERSHIP

Other: Balance due \$2,496 after application of payments and penalties – electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2016 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2016 or other taxable period beginning:

0 1 0 1 2 0 1 6

and ending:

1 2 3 1 2 0 1 6

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

Empty text box for former name

Proprietorship Last Name

Empty text box for Proprietorship Last Name

First Name

MI

Social Security Number

Empty text box for First Name

Empty text box for MI

Empty text box for Social Security Number

Spouse's Last Name (If property jointly owned)

Empty text box for Spouse's Last Name

First Name

MI

Social Security Number

Empty text box for First Name

Empty text box for MI

Empty text box for Social Security Number

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

GHI LLC

Taxpayer Identification Number

0 0 4 1 1 1 1 1 8

Principal Business Activity Code (Federal)

2 4 4 1 3 3

Number & Street Address

123 CENTER ST

Address (continued)

Empty text box for address continuation

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 \$207,000, or Enterprise Value Tax Base over \$103,000)?

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

X 3 - PARTNERSHIP

1 - PROPRIETORSHIP

AMENDED RETURN

2 - COMBINED GROUP

5 - NON-PROFIT

4 - FIDUCIARY

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.

Enter Years Covered by IRS (MMYYYYMMYYYY)

Empty text box for years covered by IRS



**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)	2 4 2 5	
(b) Business Profits Tax Net of Statutory Credits	1(b)	0	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)	2 4 2 5	
<b>2 PAYMENTS</b>			
(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)		
<b>3 TAX DUE:</b> (Line 1(c) minus Line 2(e))	3	2 4 2 5	
<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)	7 1	
(e) Total of Lines 4(a) through 4(d)	4(e)	7 1	
<b>5 (a) Subtotal of Amount Due</b> (Line 3 plus Line 4(e))	5(a)	2 4 9 6	
(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>		<b>PAY THIS AMOUNT</b>	5(c) style="text-align: right;">2 4 9 6
<b>6 OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	6	0	
<b>7 Apply overpayment amount on Line 6 to:</b>			
(a) Credit - Next Year's Tax Liability	7(a)		
(b) Refund	7(b)	<b>DO NOT PAY</b>	

**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)

MMDYYYY

0	3	1	5	2	0	1	7
---	---	---	---	---	---	---	---

Signature (in ink)

MMDYYYY

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

Print Signatory Name & Title

Email Address

Phone Number

6	0	3	2	2	6	1	2	5	6
---	---	---	---	---	---	---	---	---	---

Check this box if you are filing as a surviving spouse

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDYYYY

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

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 APPORTIONMENT**

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2016**  
or other taxable period beginning:

0 1 0 1 2 0 1 6

and ending:

MMDDYYYY

1 2 3 1 2 0 1 6

**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	3 0 2 4 6 8
2	Everywhere Compensation and Wages Paid or Accrued	2	4 8 0 3 2 2
3	COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places	3	0 0 . 6 2 9 7 1 9

**Interest Factor**

4	Average of New Hampshire Property	4	2 2 3 1 1 5 6
5	Average of Everywhere Property	5	3 4 2 9 1 2 9
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26 below. Express to six decimal places	6	0 0 . 6 5 0 6 4 8

**Dividend Factor**

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



**BUSINESS ENTERPRISE TAX APPORTIONMENT - continued**

Business Organization Name

GHI LLC

Taxpayer Identification #

MMDDYYYY

MMDDYYYY

0 0 4 1 1 1 1 1 8

For the CALENDAR year **2016**  
or other taxable period beginning:

0 1 0 1 2 0 1 6

and ending: 1 2 3 1 2 0 1 6

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

See General Instructions

**Dividend Apportionment**

Round to the nearest whole dollar

12	Dividends Paid	12								2	0	0	0	0	0
13	LESS: Dividend Deduction	13													0
14	Subtotal (Line 12 minus Line 13)	14													2 0 0 0 0
15	Dividend Apportionment Factor (From Line 11 above)	15	0	0	.	6	0	7	2	9	9				
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16													1 2 1 4 6
17	TOTAL TAXABLE DIVIDENDS (From Line 16) <b>IF NEGATIVE, ENTER ZERO.</b> Enter this amount on Form BET, Line 1	17													1 2 1 4 6

**Compensation and Wages Apportionment**

18	Everywhere Compensation and Wages Paid or Accrued	18													4 8 0 3 2 2
19	LESS: Retained Compensation	19													0
20	Subtotal (Line 18 minus Line 19)	20													4 8 0 3 2 2
21	Compensation Apportionment Factor (From Line 3 above)	21	0	0	.	6	2	9	7	1	9				
22	Taxable Compensation (Line 20 multiplied by Line 21)	22													3 0 2 4 6 8
23	LESS: Dividend Offset	23													0
24	TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2	24													3 0 2 4 6 8

**Interest Apportionment**

25	Interest Paid or Accrued	25													3 4 1 7 3
26	Interest Apportionment Factor (From Line 6 above)	26	0	0	.	6	5	0	6	4	8				
27	Taxable Interest (Line 25 multiplied by Line 26)	27													2 2 2 3 5
28	LESS: Dividend Offset	28													0
29	TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3	29													2 2 2 3 5









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**BUSINESS PROFITS TAX RETURN**  
**ADJUSTMENTS TO GROSS BUSINESS PROFITS**

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

Business Organization Name  
GHI LLC

Taxpayer Identification # 0 0 4 1 1 1 1 1 8  
For the CALENDAR year **2016** or other taxable period beginning: MMDDYYYY 0 1 0 1 2 0 1 6 and ending: MMDDYYYY 1 2 3 1 2 0 1 6

**1065 continued**

Round to the nearest whole dollar

6(i) 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(i) - 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(i) - 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(i) - 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(i) - D

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

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

6(k) Net Lines 6(a) through 6(j) 6(k) - 7 5 0 0 0

7 Adjusted Gross Business Profits (Sum of Lines 5 and 6k) 7 2 0 5 9 7 9

8 New Hampshire Apportionment (If applicable, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 5.) Exempt under P.L. 86-272  8 0 0 . 5 9 0 8 5 8

9 New Hampshire Taxable Business Profits (Line 7 multiplied by Line 8. If negative, enter zero.) 9 1 2 1 7 0 4

10 Compute tax (Line 9 multiplied by 8.2%) 10 9 9 8 0

11(a) BET Credit only - see BET Credit Worksheet 11(a) 9 9 8 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



**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

GHILLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2016**  
or other taxable period beginning:

0 1 0 1 2 0 1 6

MMDDYYYY

and ending: 1 2 3 1 2 0 1 6

**YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME IS GREATER THAN \$50,000.**

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

RESIDENTIAL RENTAL

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

Check box and attach a list if more space is required

123 MAIN ST CONCORD

125 MAIN ST CONCORD

127 MAIN ST CONCORD

1 9 9 9 Year first NH return filed

NH State of Incorporation

City, State and Country where records are located

City / Town

CONCORD

State

NH

Country

USA

Business locations outside of New Hampshire

Check box and attach a list if more space is required

City / Town

LOWELL

State

MA

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

RESIDENTIAL RENTAL

City / Town

State

Type of Business

City / Town

State

Type of Business



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

Business Organization Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2016**  
or other taxable period beginning:

0 1 0 1 2 0 1 6

and ending:

MMDDYYYY

1 2 3 1 2 0 1 6

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

MMDDYYYY

and  
ends

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

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 3 1 2

If YES, provide YEAR  
registered

1 9 9 9

In which state is the business organization domiciled?:

State

NH

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.

[Empty text box for providing details]



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

Business Organization Name

GHI LLC

Taxpayer Identification #

MMDDYYYY

MMDDYYYY

0 0 4 1 1 1 1 1 8

For the CALENDAR year **2016**  
or other taxable period beginning:

0 1 0 1 2 0 1 6

and ending:

1 2 3 1 2 0 1 6

	<b>1(a) Everywhere (Denominator)</b>	<b>1(b) New Hampshire (Numerator)</b>	<b>1(c) Sales/Receipts Factor</b>
<b>1 SALES/RECEIPTS FACTOR</b>	5 2 5 1 3 3	2 8 4 3 7 6	

1(c) Divide 1(b) by 1(a) and multiply by 2

(Express as a decimal to 6 places)

0 1 . 0 8 3 0 6 2

	<b>2(a) Everywhere (Denominator)</b>	<b>2(b) New Hampshire (Numerator)</b>	<b>2(c) Payroll Factor</b>
<b>2 PAYROLL FACTOR</b>	4 8 0 3 2 2	3 0 2 4 6 8	

2(c) Divide 2(b) by 2(a)

(Express as a decimal to 6 places)

0 0 . 6 2 9 7 1 9

<b>3</b>	<b>PROPERTY FACTOR</b>	<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	78 12	7644	Inventory	45 16 48 10
	Buildings	22 16805	230 16 15	Buildings	1500263 1600 12 1
	Furniture & Fixtures	48 134	493 16	Furniture & Fixtures	25 136 24833
	Leasehold Improvements			Leasehold Improvements	
	Land	1 113466	1 113466	Land	65 13 16 65 13 16
	Other Tangible Assets			Other Tangible Assets	

Subtotal 33862 17 347204 1 Subtotal 2 18 123 1 228 1080

Average of Subtotals 3429 129 Average of Subtotals 223 1156

Rented Property (annual rate x 8) Rented Property (annual rate x 8)

Total EVERYWHERE Property 3429 129 Total NEW HAMPSHIRE Property 223 1156

3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places) 0 0 . 6 5 0 6 4 8

<b>4</b>	<b>TOTAL OF LINES 1(c), 2(c) and 3(c)</b>	<b>4</b>	<b>0 2 . 3 6 3 4 2 9</b>
<b>5</b>	<b>NEW HAMPSHIRE APPORTIONMENT:</b> Line 4 divided by 4 and expressed as a decimal to 6 places. If there are only one or two factors with an "Everywhere" denominator, see instructions.	<b>5</b>	<b>0 0 . 5 9 0 8 5 7</b>



**EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX**

Taxpayer Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

MMDDYYYY

For the CALENDAR year **2016**  
or other taxable period beginning:

0 1 0 1 2 0 1 6

MMDDYYYY

and ending: 1 2 3 1 2 0 1 6

**Check One:**

Business Tax Return(s)

Interest & Dividends Tax Return

Other

**PART I - CALCULATE YOUR UNDERPAYMENT**

Round to the nearest whole dollar

1 Current year tax

\$ 2 4 2 5

2 90% of Line 1 (Line 1 x .90)

\$ 2 1 8 3

3(a) Enter in Columns A through D the installment dates that correspond to the 15th of the 4th, 6th, 9th, and 12th months of your tax period or specify statutory due dates. (I&D filers see instructions)	A	B	C	D
	0 4 1 5 2 0 1 6	0 6 1 5 2 0 1 6	0 9 1 5 2 0 1 6	1 2 1 5 2 0 1 6
3(b) Applicable percentages	25%	25%	25%	25%
3(c) Enter Line 2 multiplied by Line 3(b) for Columns A through D	5 4 6	5 4 6	5 4 6	5 4 5
4 Amount paid timely or credited for each period	0	0	0	0
5 Overpayment of previous installment	0			
6 Total (Line 4 plus Line 5)	0			
7 Overpayment (Line 6 minus Line 3(c)). Enter in Line 5 next column				
8 Underpayment (Line 3(c) minus Line 6)	5 4 6	5 4 6	5 4 6	5 4 5

**PART II - EXCEPTIONS TO PENALTY - See Instructions**

	A	B	C	D
9 Cumulative amount paid or credited from the beginning of the tax year through the installment dates (see instructions)	0	0	0	0
10 Applicable percentages	25%	50%	75%	100%
11 Exception, prior period's tax (prior year must be 12 full months) (RSA 21-J:32,IV(a))	2 0 0	2 0 0	2 0 0	2 0 0
12 Applicable percentages	25%	50%	75%	100%
13 Exception, prior period's tax base and facts using current years tax rate (RSA 21-J:32,IV(b))	1 9 2	1 9 2	1 9 2	1 9 2
14 Applicable percentages	22.5%	45%	67.5%	90%
15 Exception, tax on annualized income (RSA 21-J:32,IV(c)) (Attach schedule)	2 0 0	2 0 0	2 0 0	2 0 0



**EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX - continued**

Taxpayer Name

GHI LLC

Taxpayer Identification #

0 0 4 1 1 1 1 1 8

For the CALENDAR year **2016**  
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 6

and ending:

MMDDYYYY

1 2 3 1 2 0 1 6

**PART III - CALCULATE THE PENALTY**

	A	B	C	D
16 Amount of underpayment from Part I, Line 8	5 4 6	5 4 6	5 4 6	5 4 5
17 Enter the date of payment or statutory due date of tax, whichever is earlier	0 3 1 5 2 0 1 7	0 3 1 5 2 0 1 7	0 3 1 5 2 0 1 7	0 3 1 5 2 0 1 7
18 Enter the number of days from installment date (Line 3(a)) to date shown on Line 17	3 3 4	2 7 3	1 8 1	9 0
19 Interest due through 12/31/16 at 5%: <small>Number of Days x 5% x Underpayment amount (Line 16)</small> <small>366</small>	19	15	8	1
20 Interest due after 12/31/16 at 6%: <small>Number of Days x 6% x Underpayment amount (Line 16)</small> <small>365</small>	7	7	7	7
21 Penalty for Underpayment of Estimated Tax (Line 19 plus Line 20)	2 6	2 2	1 5	8
22 Total Penalty for Underpayment of Estimated Tax (Total of Columns A through D, Line 21).				7 1

**Note:** For interest rate in other years see instructions