

BT-SUMMARYNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

FOR DRA USE ONLY

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year**SEQUENCE # 1**

STEP 1 Print or Type <input type="checkbox"/> Check box if there has been a name change since last filing	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER (DIN)
	ADDRESS (continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		
			PRINCIPAL BUSINESS ACTIVITY CODE (Federal)

STEP 2 Return Type and Federal Information	If yes to one or both of the following 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 \$150,000, or Enterprise Value Tax Base over \$75,000)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Are You Required To File A BPT Return (Gross Business Income Over \$50,000)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> ② CORPORATION <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ① PROPRIETORSHIP <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> ② COMBINED GROUP <input type="checkbox"/> ⑤ NON-PROFIT <input type="checkbox"/> ④ FIDUCIARY <input type="checkbox"/> FINAL RETURN			
	<input type="checkbox"/> Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to New Hampshire. Enter years covered by IRS _____ DO NOT USE THIS FORM TO REPORT AN IRS ADJUSTMENT. See Step 2 instructions.			

STEP 3	COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY			
STEP 4 Figure Your Balance Due or Over-payment	1	(a) Business Enterprise Tax Net of Statutory Credits	1(a)	
		(b) Business Profits Tax Net of Statutory Credits	1(b)	1
	2	PAYMENTS:		
		(a) Tax paid with application for extension	2(a)	
		(b) Total of this year's estimated tax payments	2(b)	
		(c) Credit carryover from prior tax period	2(c)	
		(d) Paid with original return (Amended returns only)	2(d)	2
	3	TAX DUE: (Line 1 minus Line 2)		3
	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)	4
	5	(a) Subtotal of Amount Due (Line 3 plus Line 4)		5(a)
		(b) Return Payment Made Electronically	5(b)	
	5 BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.nh.gov/revenue or make check payable to: STATE OF NEW HAMPSHIRE. Enclose, but do not staple or tape your payment with this return.		PAY THIS AMOUNT → 5	
6	OVERPAYMENT: [Line 1 plus Line 4 minus Lines 2 and 5(b)]	6		
7	Apply overpayment amount on Line 6 to:			
	(a) Credit - Next Year's Tax Liability		7(a)	
	(b) Refund (Allow 12 weeks for processing)		7(b)	
THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.				

STEP 5	Under penalties of perjury, I declare that I have examined this 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.
--------	--

FOR DRA USE ONLY

☐ POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.**X**

Signature (in ink) and Title if Fiduciary

Date

Preparer's Tax Identification Number

Preparer's Telephone Number

X

If joint return, BOTH parties must sign, even if only one had income

Date

Signature (in ink) of Paid Preparer

Date

☐ Filing as surviving spouse/CU Partner

Printed Name of Preparer

Print Signatory Name

Preparer's Address

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

Taxpayer's Telephone Number

City/Town, State & Zip Code