

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2019 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2019 or other taxable period beginning:

MMDDYYYY input boxes

and ending:

MMDDYYYY input boxes

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

Text box for former name

Proprietor's Last Name

Text box for Proprietor's Last Name

First Name

MI

Social Security Number

Text box for Proprietor's First Name

MI input box

Social Security Number input boxes

Spouse's Last Name (If property jointly owned)

Text box for Spouse's Last Name

First Name

MI

Social Security Number

Text box for Spouse's First Name

MI input box

Social Security Number input boxes

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

Text box for Corporate/Partnership/etc Name

Taxpayer Identification Number

Principal Business Activity Code (Federal)

TIN input boxes

Business Activity Code input boxes

Number & Street Address

Text box for Number & Street Address

Address (continued)

Text box for Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

City / Town input box

State input box

Zip Code + 4 input boxes

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN if you have a DIN

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 \$217,000, or Enterprise Value Tax Base over \$108,000)?

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 10b on Schedule B of Federal Form 1065?

Yes No

OR 2 - CORPORATION

3 - PARTNERSHIP

1 - PROPRIETORSHIP

AMENDED RETURN

LLC

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. Do not use this form to report an IRS adjustment.

Enter Years Covered by IRS (MMYYYYMMYYYY)

Text box for Years Covered by IRS

Check Appropriate Box(es):

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Payment Required

Refund Request

Credit Next Year's Tax Liability

No Payment Required

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)	<input type="text"/>	
(b) Business Profits Tax Net of Statutory Credits	1(b)	<input type="text"/>	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))			1(c) <input type="text"/>
<b>2 PAYMENTS</b>			
(a) Tax paid with application for extension	2(a)	<input type="text"/>	
(b) Total of taxable period's estimated tax payments	2(b)	<input type="text"/>	
(c) Credit carryover from prior tax period	2(c)	<input type="text"/>	
(d) Tax paid with original return (Amended returns only)	2(d)	<input type="text"/>	
(e) Total of Lines 2(a) through 2(d)			2(e) <input type="text"/>
<b>3 TAX DUE: (Line 1(c) minus Line 2(e))</b>			<b>3</b> <input type="text"/>
<b>4 ADDITIONS TO TAX</b>			
(a) Interest (See instructions)	4(a)	<input type="text"/>	
(b) Failure to Pay (See instructions)	4(b)	<input type="text"/>	
(c) Failure to File (See instructions)	4(c)	<input type="text"/>	
(d) Underpayment of Estimated Tax (See instructions)	4(d)	<input type="text"/>	
(e) Total of Lines 4(a) through 4(d)			4(e) <input type="text"/>
<b>5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))</b>			<b>5(a)</b> <input type="text"/>
(b) Return Payment Made Electronically	5(b)	<input type="text"/>	
<b>(c) 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>			<b>5(c)</b> <input type="text"/>
<b>6 OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	<b>6</b>	<input type="text"/>	
<b>7 Apply overpayment amount on Line 6 to:</b>			
(a) Credit - Next Year's Tax Liability			<b>DO NOT PAY</b> 7(a) <input type="text"/>
(b) Refund			<b>DO NOT PAY</b> 7(b) <input type="text"/>

**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)

MMDDYYYY

Signature (in ink)

MMDDYYYY

Print Signatory Name & Title

Email Address

Phone Number

Check this box if you are filing as a surviving spouse

**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**