

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2020 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

For the CALENDAR year 2020 or other taxable period beginning: [MMDDYYYY] and ending: [MMDDYYYY]

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

[Name change field]

Proprietor's Last Name

[Proprietor's Last Name field]

First Name

MI

Social Security Number

[First Name, MI, Social Security Number fields]

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

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

[Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name field]

Taxpayer Identification Number

Principal Business Activity Code (Federal)

[Taxpayer Identification Number, Principal Business Activity Code fields]

Number & Street Address

[Number & Street Address field]

Address (continued)

Unit Type

Unit #

[Address (continued), Unit Type, Unit # fields]

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

[City / Town, State, Zip Code + 4 fields]

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... Are you required to file a BPT Return... Do you file a Form 990/990T? Do you file a Federal Form 8023... Is the business organization filing its return on an IRS approved 52/53 week tax year?

OR [2 - CORPORATION] [3 - PARTNERSHIP] [1 - PROPRIETORSHIP] [AMENDED RETURN] [6 - COMBINED GROUP] [5 - NON-PROFIT] [4 - FIDUCIARY] [FINAL RETURN] [LLC]

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. See instructions.

Enter Years Covered by IRS (MMYYYY,MMYYYY)

[Enter Years Covered by IRS field]

Check Appropriate Box(es):

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



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"/>	
2 PAYMENTS			
(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"/>	
3 TAX DUE: (Line 1(c) minus Line 2(e))	3	<input type="text"/>	
4 ADDITIONS TO TAX			
(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"/>	
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)	<input type="text"/>	
(b) Return Payment Made Electronically	5(b)	<input type="text"/>	
(c) BALANCE DUE: Line 5(a) minus 5(b). Make your payment online at www.revenue.nh.gov/gtc or make check payable to: STATE OF NEW HAMPSHIRE		PAY THIS AMOUNT	5(c)
6 OVERPAYMENT: If balance due is less than zero, enter on Line 6	6	<input type="text"/>	
7 Apply overpayment amount on Line 6 to:			
(a) Credit - Next Year's Tax Liability	DO NOT PAY	7(a)	<input type="text"/>
(b) Refund	DO NOT PAY	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

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
Enclose but **DO NOT** staple or tape your
attachments

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

