### DO NOT STAPLE



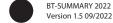
# New Hampshire

Department of Revenue Administration

# 2022 BT-SUMMARY



### **BUSINESS TAX RETURN SUMMARY** STEP 1 - PRINT OR TYPE **MMDDYYYY MMDDYYYY** For the CALENDAR year 2022 or other taxable period beginning: and ending: Check box if there has been a name change since last filing. List former name. Proprietor's Last Name If issued a DIN. use the DIN in the appropriate taxpayer First Name Social Security Number identification box. DO NOT enter SSN or FEIN if you have a DIN Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name Principal Business Activity Code (Federal) Taxpayer Identification Number **Number & Street Address** Address (continued) Unit# **Unit Type** City / Town State Zip Code + 4 (or Canadian Postal Code) STEP 2 - Return Type and Federal Information Are you required to file a BET Return (Gross Business Receipts No Yes over \$250,000, or Enterprise Value Tax Base over \$250,000)? If you checked "yes" to one or both of the first two Are you required to file a BPT Return (Gross Business Income over \$92,000)? Yes questions, you must file the completed corresponding return(s) with this BT-Summary. Do you file a Form 990/990T? Yes No Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box Yes No 10b on Schedule B of Federal Form 1065? Is the business organization filing its return on an IRS approved 52/53 week Yes No tax year? AMENDED RETURN 3 - PARTNERSHIP 2 - CORPORATION 1 - PROPRIETORSHIP LLC OR 4 - FIDUCIARY 5 - NON-PROFIT FINAL RETURN 6 - COMBINED GROUP IRS Adjustment: A complete federal Revenue Agent Report (RAR) with all applicable Schedules must be included with a complete amended NH tax return. Do not use this form to report IRS adjustments for taxable periods ending on or before December 31, 2020. **Check Appropriate Box(es):**



Payment Required

**Refund Request** 

Credit Next Year's Tax Liability

No Payment Required



# 2022 BT-SUMMARY



# **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)	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)
2 PAYMENTS	
(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)
3 TAX DUE: (Line 1(c) minus Line 2(e))	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)	
(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)
(b) Return Payment Made Electronically 5(b)	
(c) <b>BALANCE DUE</b> : Line 5(a) minus 5(b). Make your payment online at <a href="www.revenue.nh.gov/gtc">www.revenue.nh.gov/gtc</a> or make check payable to: <b>STATE OF NEW HAMPSHIRE PAY THIS AMOUNT</b>	5(c)
6 <b>OVERPAYMENT</b> : If balance due is less than zero, enter on Line 6 6	
(a) Any amount of overpayment in excess of 500% of Line 1(c) shall be refunded (Line 1(c) X 500%).	0
7 Apply overpayment amount on Line 6 to: (a) Credit - Next Year's Tax Liability (amount entered shall not exceed Line 6(a)) (Not available for Fe	DO NOT PAY ederal RAR) 7(a)
(b) Refund (Only option available for Federal RAR)	DO NOT PAY 7(b)





# 2022 **BT-SUMMARY**



### **BUSINESS TAX RETURN SUMMARY - Continued**

#### STEP 5

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.

Signature (in ink)		MMDDYYYY
rint Signatory Name & Title		
mail Address		
hone Number  Check this box if y	ou are filing as a sur	rviving spouse
AID PREPARER'S SIGNATURE & INFORMATION		
ignature of Preparer		MMDDYYYY
Printed Name of Preparer		
Email Address		
Phone Number Preparer Identification Nu	ımber	
Preparer's Address		
Address (continued)		
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

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



