

2024 DP-160

## **SCHEDULE OF CREDITS**

### DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

| Business Organization Name   |                                    |  |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|--|
| Taxpayer Identification Number MMDDYYYY  | MMDDYYYY                           |  |  |  |  |  |  |
| For the CALENDAR year <b>2024</b> or other taxable period beginning:   | and ending:                        |  |  |  |  |  |  |
| APPLICATION OF CREDITS TO BET AND BPT  |                                    |  |  |  |  |  |  |
| A. BET Summary of Credits  | ROUND TO THE NEAREST WHOLE DOLLAR. |  |  |  |  |  |  |
| 1. Coos County Credit (Part F, Line 3)   | 1                                  |  |  |  |  |  |  |
| 2. ERZ Credit (Part D, Line 4)   | 2                                  |  |  |  |  |  |  |
| 3. ITC (Part E, Line 4)  | 3                                  |  |  |  |  |  |  |
| 4. Subtotal (Add Lines 1, 2 and 3)   | 4                                  |  |  |  |  |  |  |
| 5. R&D (Part C, Line 3)  | 5                                  |  |  |  |  |  |  |
| 6. Education Tax Credit (Part G, Line 3)   | 6                                  |  |  |  |  |  |  |
| 7. Granite State Paid Family and Medical Leave Plan Tax Credit (Part J, Line 2)  | 7                                  |  |  |  |  |  |  |
| 8. Subtotal (Sum Lines 5 through 7)  | 8                                  |  |  |  |  |  |  |
| 9. Paid credits to apply to BET. Add Lines 4 and 8 (Enter on BET Return, Line 6) (BET Credit applicable to BPT, but only if the BET has been paid)   | 9                                  |  |  |  |  |  |  |
| Control Programme Control Prog |                                    |  |  |  |  |  |  |
| B. BPT Summary of Credits  | ROUND TO THE NEAREST WHOLE DOLLAR. |  |  |  |  |  |  |
| 1. R&D (Part C, Line 2)  | 1                                  |  |  |  |  |  |  |
| 2. ERZ Credit (Part D, Line 3)   | 2                                  |  |  |  |  |  |  |
| 3. ITC (Part E, Line 3)  | 3                                  |  |  |  |  |  |  |
| 4. Coos County Credit (Part F, Line 4)   | 4                                  |  |  |  |  |  |  |
| 5. Insurance Premium Tax (Part H, Line 2)  | 5                                  |  |  |  |  |  |  |
| 6. Education Tax Credit (Part G, Line 2)   | 6                                  |  |  |  |  |  |  |
| 7. BET credit (Sum of BET Credit Worksheet, Column B)  | 7                                  |  |  |  |  |  |  |
| 8. CTE Centers Tax Credit (Part I, Line 2)   | 8                                  |  |  |  |  |  |  |
| 9. Credits applied to BPT. Add Lines 1 through 8. Not to exceed current period BPT Liability.  (Enter on BPT Return, Line 20(b) NH-1120-WE, Line 13(b) all other forms.)   | 9                                  |  |  |  |  |  |  |



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# **SCHEDULE OF CREDITS - continued**

#### DO NOT COMPLETE FORM DP-160 IF THE ONLY CREDIT AVAILABLE IS THE BET CREDIT

| Business Organization Name  |   | Taxpayer Identification Number     |  |  |  |  |  |  |  |
|---|---|------------------------------------|--|--|--|--|--|--|--|
|   |   |                                    |  |  |  |  |  |  |  |
| C. Research and Development Credit  |   | ROUND TO THE NEAREST WHOLE DOLLAR  |  |  |  |  |  |  |  |
| 1. R&D credit available   | 1 |                                    |  |  |  |  |  |  |  |
| 2. R&D must be used against the BPT first   | 2 |                                    |  |  |  |  |  |  |  |
| 3. Unused R&D applied to BET  | 3 |                                    |  |  |  |  |  |  |  |
| 4. Total credit used this year (Sum Lines 2 and 3)                                      | 4 |                                    |  |  |  |  |  |  |  |
| 5. R&D credit not applied and available for offset in future (Line 1 less Line 4)       | 5 |                                    |  |  |  |  |  |  |  |
| D. Economic Revitalization Zone Tax Credit (ERZ)  |   | ROUND TO THE NEAREST WHOLE DOLLAR. |  |  |  |  |  |  |  |
| 1. ERZ credit available   | 1 |                                    |  |  |  |  |  |  |  |
| 2. Carryover credit from a prior year, use earliest first                               | 2 |                                    |  |  |  |  |  |  |  |
| 3. ERZ credit must be used against the BPT first  | 3 |                                    |  |  |  |  |  |  |  |
| 4. Amount elected to be applied to the BET  | 4 |                                    |  |  |  |  |  |  |  |
| 5. Total credit used this year (Sum Lines 3 and 4). This amount cannot exceed \$40,000. | 5 |                                    |  |  |  |  |  |  |  |
| 6. ERZ credit available for carry forward (Line 1 plus Line 2 less Line 5)              | 6 |                                    |  |  |  |  |  |  |  |
| E. CDFA - New Investment Tax Credit (ITC)   |   | ROUND TO THE NEAREST WHOLE DOLLAR. |  |  |  |  |  |  |  |
| 1. ITC Credit Available   | 1 |                                    |  |  |  |  |  |  |  |
| 2. Carryover credit from a prior year, use earliest year first                          | 2 |                                    |  |  |  |  |  |  |  |
| 3. Amount used for BPT  | 3 |                                    |  |  |  |  |  |  |  |
| 4. Amount used for BET  | 4 |                                    |  |  |  |  |  |  |  |
| 5. Amount used for Insurance Premium Tax  | 5 |                                    |  |  |  |  |  |  |  |
| 5. Total credit used this year (Sum Lines 3, 4 and 5)                                   | 6 |                                    |  |  |  |  |  |  |  |
| 7. ITC available for carry forward (Sum Lines 1 and 2, less Line 6)                     | 7 |                                    |  |  |  |  |  |  |  |



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## **SCHEDULE OF CREDITS - continued**

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| Business Organization Name  |   | Taxpayer Identification Number   |       |       |        |         |        |      |  |  |
|---|---|----------------------------------|-------|-------|--------|---------|--------|------|--|--|
|   |   | Ш                                |       |       |        |         |        |      |  |  |
| F. Coos County Tax Credit   |   | ROUND TO THE NEAREST WHOLE DOLLA |       |       |        | LAR.    |        |      |  |  |
| 1. Coos County Tax Credit available   | 1 |                                  |       |       |        |         |        |      |  |  |
| 2. Carryover credit from prior year, use earliest year first  | 2 |                                  |       |       |        |         |        |      |  |  |
| 3. Amount applied against the BET   | 3 |                                  |       |       |        |         |        |      |  |  |
| 4. Unused credit applied to the BPT   | 4 |                                  |       |       |        |         |        |      |  |  |
| 5. Total credit used this year (Sum of Line 3 and 4)  | 5 |                                  |       |       |        |         |        |      |  |  |
| 6. Any unused credit must be carried forward as a priority to other credits (Sum of Lines 1 and 2, less Line 5) | 6 |                                  |       |       |        |         |        |      |  |  |
| G. Education Tax Credit   |   |                                  |       |       |        |         |        |      |  |  |
| Education Tax Credit available  | 1 | ROUI                             | ND IO | IHEN  | EARES  | T WHOL  | E DOLL | AK.  |  |  |
| 2. Amount used for BPT  | 2 |                                  |       |       |        |         |        |      |  |  |
| 3. Amount used for BET  | 3 |                                  |       |       |        |         |        |      |  |  |
| 4. Amount used for New Hampshire Interest and Dividends Tax   | 4 |                                  |       |       |        |         |        |      |  |  |
| 5. Total credit used this year (Sum of Lines 2 through 4)   | 5 |                                  |       |       |        |         |        |      |  |  |
| 6. Education Tax Credit available for carry forward (Line 1 minus Line 5)                                       | 6 |                                  |       |       |        |         |        |      |  |  |
| H. Insurance Premium Tax Credit   |   | ROU                              | ND TO | THE   | IEARES | ST WHOL | E DOL  | LAR. |  |  |
| 1. Insurance Credit available   | 1 |                                  |       |       |        |         |        |      |  |  |
| 2. Amount used for BPT  | 2 |                                  |       |       |        |         |        |      |  |  |
| I. CTE Centers Tax Credit   |   | ROU                              | ND TO | THE N | IEARES | T WHOL  | E DOLI | LAR. |  |  |
| 1. CTE Centers Tax Credit available   | 1 |                                  |       |       |        |         |        |      |  |  |
| 2. Amount used for BPT (Shall not exceed 25% of BPT before credits)   | 2 |                                  |       |       |        |         |        |      |  |  |
| J. Granite State Paid Family and Medical Leave Plan Tax Credit  |   | ROU                              | ND TO | THE N | EARES  | T WHOL  | E DOLI | AR.  |  |  |
| Premium paid for family and medical leave insurance coverage offered to employees (see instructions)            | 1 |                                  |       |       |        |         |        |      |  |  |
| 2. Granite State Paid Family and Medical Leave Plan tax credit used for BET (50% of Line 1)                     | 2 |                                  |       |       |        |         |        |      |  |  |