# New Hampshire Interest and Dividends Tax Individual Refund Test Case 3 - 2023

This test case is of an individual Interest and Dividends Tax Return with interest, dividend, and tax-exempt interest income amounts carried over from the Federal Return (not included in test scenario). In addition, there are no distributions from other entities reported on Line 2 and tax exempt amounts reported on Line 4. After exemptions, Net Taxable Income is \$24,179 resulting in tax of \$967 prior to application of payments of \$1,380.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

ELLEN M JOHNSTON

529 W SWANZEY RD

SWANZEY, NH 03446

SSN: TAXPAYER: 001-22-4578

DOB: N/A

Filing Status/Entity Type: Individual

Other: Overpayment of \$413 – requested refund of \$413. Electronic funds transfer available.

# **DO NOT STAPLE**



Department of Revenue Administration



#### 

	<b>2</b>	MMDDYYYY		and ending:	MMDDYYYY		
For the CALENDAR year <b>202</b>	<b>3</b> or other taxable period beginning:			and ending:			
STEP 1 - PRINT OR TY Last Name	PE Check box if t	there has been a i	name change s	ince last filing.		year filers i April	or CALENDAR s on or before 15, 2024
First Name	MI	Social Sec	urity Number			filers is the 4th me the cle	or FISCAL year 15th day of the onth after ose of the le period.
Spouse's Last Name						If you have a in the tax	DIN, use the DIN payer ID box. se FEIN or SSN
First Name	MI	Social Sect	urity Number				tification Number
Name of Partnership, Estate,	or LLC						
Number & Street Address							
Address (continued)						Unit Type	Unit #
City / Town			State	Zip Code + 4 (c	or Canadian F	Postal Code)	
	and Alternate Address					Ownership	
ENTITY TYPE - Check Or		ERSHIP/LLC	<b>4</b> - ESTATE	Interest in	Entity Type		
INITIAL RETURN	MMDDYYYY Estab	blished NH Resider	ncy FIN/	AL DECEASED	Date of Dea	ath	
FINAL RETURN	MMDDYYYY Abar	ndoned NH Reside	ncy		Social Secu	rity Number	
AMENDED RETURN	IRS ADJUSTMENT: A complete f tax return. <b>Do not use this form</b>						



### STEP 3 - Read instructions before you begin

### **INTEREST & DIVIDENDS FROM ALL SOURCES**

1	From Your Federal Income Tax Return: (See Instructions) (a) Interest Income. Enter the amount from Line 2(b) of your federal return		1(a)					
	(b) Dividend Income. Enter the amount from Line 3(b) of your federal return		1(b)					
	(c) Federal Tax-Exempt Interest Income. Enter the amount from Line 2(a) of your federal return		1(c)					
	(d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	ubtotal	1(d)					

2 List Taxable Annuities or Actual Cash & Property Distributions From S-Corporations, Trusts/Estates, Partnerships, and LLCs:

### Entity Codes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES; 5 = LLC; 6 = FOUNDATIONS; 7 = OTHER

<b>I</b> Entity Code	<b>II</b> Name of Payor	III Payor's ID Number	<b>IV</b> Distribution Amount				
	Total from supplemental schedule attached						

2 Total Distributions (Sum of Column IV above)

3

Subtotal Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2)

Subtotal 3

#### 4 List payors and amounts of interest and/or dividends NOT TAXABLE to New Hampshire included on Lines 1(a), 1(b), 1(c) and/or 2:

2

l Reason Code	<b>II</b> Name of Payor	<b>III</b> Payor's ID Number	<b>IV</b> Non-Taxable Amount

(a) Subtotal of non-taxable income above (Sum of Column IV)	4(a)	
(b) Total non-taxable income from supplemental schedule (Attached)	4(b)	
(c) Non-taxable income (Subtotal of Lines 4(a) plus 4(b))	4(c)	
(d) Part-year resident non-taxable income pro rata share	4(d)	



Round to the nearest whole dollar



### STEP 3 - (continued) Read instructions before you begin

	INTEREST & DIVIDENDS FROM ALL SOURCES				Rou	nd to	the n	earest	whole	dolla	r
4	Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d))		4								
5	Gross Taxable Income (Line 3 minus Line 4) 5										
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers							6			
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign. 7										
_	Year of Birth   Blind Spouse Blind 65 (or over) or disabled Spouse 65	5 (o	r ove	er) or	disab	led	Year	of Birth			
8	Check the exemptions that apply. Total number of boxes checked x \$1200 =		8								
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.   9										





<b>S</b> 1	TEP 4 - Calculate Your Tax, Credits, Interest and	d Penalties	Round to the nearest whole d	ollar
10	<b>New Hampshire Interest and Dividends Tax</b> (Line 9 multiplied by 4%)		10	
11	RSA 77-G Education Tax Credit	11		
12	New Hampshire Interest and Dividends Tax Net of Educat Credit (Line 10 minus Line 11. If negative enter zero)	ion Tax	12	
13	Payments: (a) Tax paid with application for extension	13(a)		
	(b) Current year estimated tax payments	13(b)		
	(c) Credit carryover from prior tax period	13(c)	13 Subtotal of Lines 13(a) through 13(c	I)
	(d) Paid with original return (Amended returns only)	13(d)		
14	Subtotal Due (Line 12 minus Line 13 Subtotal)		14	
15	Additions to Tax: (a) Interest	15(a)		
	(b) Failure to Pay	15(b)		
	(c) Failure to File	15(c)	15 Subtotal of Lines 15(a) through 15(d	)
	(d) Underpayment of Estimated Tax	15(d)		
	EP 5 - Calculate Your Net Balance Due or Over	payment		
16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)		
	(b) Return Payment Made Electronically		16(b)	
17	<b>Net Balance Due</b> (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)		17 PAY THIS AMOUNT	

18

19(a) **DO NOT PAY** 

19(b) DO NOT PAY

(If balance due is less than zero, enter on Line 18)

(b) Refund (Only option available for Federal RAR)

(a) Credit - Next Year's Tax Liability (Not available for Federal RAR)



18 OVERPAYMENT

19 Amount of Line 18 to be applied to:





Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is 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.

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
lf joint return, BOTH partie Print Signatory Name(s) (a	es must sign, even if only one had income and Title if applicable)	MMDDYYYY
Taxpayer's Phone Numbe		Form 1310 attached
PAID PREPARER'S SI Signature of Preparer	GNATURE & INFORMATION	MMDDYYYY
Printed Name of Preparer		
Preparer's Phone Number Preparer's Address	r Preparer Identification Number	
City / Town		State Zip Code + 4 (or Canadian Postal Code)
Mail to: NH DRA PO Box 637	Make Check Payable to: <b>STATE OF NEW HAMPSHIRE</b> Enclose but DO NOT staple or tape yo	FILE ONLINE AT GRANITE TAX CONNECT www.revenue.nh.gov/gtc

attachments

Concord NH 03302-0637

