

New Hampshire Interest and Dividends Tax Partnership Credit Test Case 3 - 2024

This test case is of a partnership Interest and Dividends Tax Return with interest, dividend, and federal tax-exempt interest amounts carried over from the Federal Return (not included in test scenario). In addition, distributions from another entity(s) are reported on Line 2 including an amount from a supplemental schedule (required attachment); content at your discretion. There are tax-exempt amounts deducted on Line 4 including an amount on Line 4(b) from a supplemental schedule (required attachment); content at your discretion. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$9,950 resulting in tax prior to application of payments of \$800.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

A GOOD PARTNERSHIP

C/O ALLAN SMITH

37 OLD MILFORD RD

BROOKLINE NH 03033

FEIN: 21-0678995

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Requested refund of \$501 – Electronic funds transfer is available by ACH.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2024 DP-10



00DP102411862

INTEREST AND DIVIDENDS TAX RETURN

For the CALENDAR year 2024 or other taxable period beginning: MMDDYYYY and ending: MMDDYYYY

STEP 1 - PRINT OR TYPE

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

Last Name

First Name MI Social Security Number

Spouse's Last Name

First Name MI Social Security Number

Due Date for CALENDAR year filers is on or before April 15, 2025. Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period.

If you have a DIN, use the DIN in the taxpayer ID box. DO NOT use FEIN or SSN

Taxpayer Identification Number 2 1 0 6 7 8 9 9 5

Name of Partnership, Estate, or LLC

A GOOD PARTNERSHIP

Number & Street Address

C/O ALLAN SMITH

Address (continued)

37 OLD MILFORD RD Unit Type Unit #

City / Town

BROOKLINE

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 0 3 3

STEP 2 - RETURN TYPE

ENTITY TYPE - Check One

INDIVIDUAL JOINT PARTNERSHIP/LLC ESTATE

% of NEW HAMPSHIRE Ownership Interest in Entity Type

INITIAL RETURN MMDDYYYY Established NH Residency

FINAL DECEASED Date of Death

FINAL RETURN MMDDYYYY Abandoned NH Residency

Social Security Number

AMENDED RETURN 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.



INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - READ INSTRUCTIONS BEFORE YOU BEGIN (continued)

INTEREST & DIVIDENDS FROM ALL SOURCES

Round to the nearest whole dollar

4 Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d)) 4 1 3 9 5 0

5 Gross Taxable Income (Line 3 minus Line 4) 5 1 2 3 5 0

6 Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers 6 2 4 0 0

7 Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign. 7 9 9 5 0

Blind Spouse Blind 65 (or over) or disabled Year of Birth

Spouse 65 (or over) or disabled 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 9 9 5 0



INTEREST AND DIVIDENDS TAX RETURN - continued

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

If joint return, BOTH parties must sign, even if only one had income

MMDDYYYY

Print Signatory Name(s) (and Title if applicable)

Taxpayer's Phone Number

Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

Printed Name of Preparer

Preparer's Phone Number

Preparer Identification Number

Preparer's Address

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
gtc.revenue.nh.gov/TAP/_/