DO NOT STAPLE



New HampshireDepartment of Revenue Administration

2024 DP-10

INTEREST AND DIVIDENDS TAX RETURN

IIVIENES	OI AND DIVID					
For the CALENDAR year 2024 or other taxable period beginnin	MMDDYYYY		and ending:	MMDDYYYY		
roi tile CALENDAN year 2024 of other taxable period beginnin	9.		and ending.			
STEP 1 - PRINT OR TYPE Check box	if there has been a	name change	since last filing			for CALENDAR
Last Name						is on or before 15, 2025
F:					Due Date	for FISCAL year 15th day of the
First Name	MI Social Sec	curity Number			4th m	onth after
						ose of the ole period.
Spouse's Last Name					If you have a	DIN, use the DIN
						cpayer ID box. Ise FEIN or SSN
First Name	MI Social Sec	curity Number			Taxpayer Ider	tification Number
Name of Partnership, Estate, or LLC						
Name of Factorismp, Estate, of EEC						
Number & Street Address						
Number & Street Address						
A.I. (B						11.5.0
Address (continued)					Unit Type	Unit #
City / Town		State	Zip Code + 4 (or Canadian I	Postal Code)	
STEP 2 - RETURN TYPE						
ENTITY TYPE - Check One			NEW HAMPSHIR est in Entity Type			
INDIVIDUAL JOINT PARTNERSHIP/LLC	C ESTATE					
MMDDYYYY				Date of De	ath	
INITIAL RETURN Es	stablished NH Reside	ency FIN	IAL DECEASED			
MMDDYYYY				Social Secu	urity Number	
FINAL RETURN AI	bandoned NH Reside	ency				
IDC AD HICTAENT, A	oto fodoral Payanus A =	ont Poncet (DAD)	with all applicable	Schodules will	t ho included with	a complete amond - 1
AMENDED RETURN IRS ADJUSTMENT: A complete tax return. Do not use this fo						



INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - READ INSTRUCTIONS BEFORE YOU BEGIN

	INTEREST & DIVIDENDS FROM ALI	SOURCES	Round to the nearest whole dollar
	r Federal Income Tax Return: (See Instructions) est Income. Enter the amount from Line 2(b) of your federal return	1(a)	
(b) Divid	end Income. Enter the amount from Line 3(b) of your federal return	1(b)	
(c) Feder	ral Tax-Exempt Interest Income. Enter the amount from Line 2(a) of your federal return	1(c)	
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	
List Taxab	ble Annuities or Actual Cash & Property Distributions From S-Corporations, Trusts/Estato	es, Partnerships, and LLCs:	:
Entity Co	odes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES; 5 = LI	LC; 6 = FOUNDATIONS;	7 = OTHER
I Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
	Total from supple	mental schedule attached	1
Total Dist	ributions (Sum of Column IV above) 2		
Subtotal (Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2)	Subtotal 3	
List payor	s and amounts of interest and/or dividends NOT TAXABLE to New Hampshire included	on Lines 1(a), 1(b), 1(c) ar	nd/or 2:
l Reason Code	II e Name of Payor	III Payor's ID Number	IV Non-Taxable Amount
(a) Subtot	tal of non-taxable income above (Sum of Column IV) 4(a)		
(b) Total r	non-taxable income from supplemental schedule (Attached) 4(b)		
(c) Non-ta	exable income (Subtotal of Lines 4(a) plus 4(b)) 4(c)		
(d) Part-ye	ear resident non-taxable income pro rata share 4(d)		
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INTEREST AND DIVIDENDS TAX RETURN - continued

S	TEP 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
5	Gross Taxable Income (Line 3 minus Line 4) 5
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.
	Year of Birth Year of Birth
	Blind Spouse Blind 65 (or over) or disabled Spouse 65 (or over) or disabled
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.



INTEREST AND DIVIDENDS TAX RETURN - continued

ST	EP 4 - CALCULATE YOUR TAX, CREDITS, INTER	ESTS, AND PENALTIES		Round to the nearest whole dollar
10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 3%)		10	
11	RSA 77-G Education Tax Credit	11		
12	New Hampshire Interest and Dividends Tax Net of Education (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 Sub	total of Lines 13(a) through 13(d)
	(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 Subt	total of Lines 15(a) through 15(d)
	(d) Underpayment of Estimated Tax	15(d)		
ST	EP 5 - CALCULATE YOUR NET BALANCE DUE O	R OVERPAYMENT		
16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)		
	(b) Return Payment Made Electronically		16(b)	
17	Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)	17	PAY THIS AMOUNT	
18	OVERPAYMENT Refund only	18	DO NOT PAY	



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.

'AXPAYER'S SIGNATURE & INFORMATI Signature (in ink)		A 4 A	MDDYYYY
Signature (III IIII)		IVII	MDDTTTT
f joint return, BOTH parties must sign, even if only	one had income	M	MDDYYYY
Print Signatory Name(s) (and Title if applicable)			
Faxpayer's Phone Number	Filing as surviving spouse	Form	1310 attached
ALD DEFENANTING CLONATURE & INFOR	MATION		
	MATION	NAN	MDDYYYY
PAID PREPARER'S SIGNATURE & INFOR Signature of Preparer	MATION	MA	MDDYYYY
Signature of Preparer	MATION	MA	MDDYYYY
Signature of Preparer	MATION	M	MDDYYYY
Signature of Preparer Printed Name of Preparer		MM	MDDYYYY
Signature of Preparer Printed Name of Preparer	MATION parer Identification Number	MA	MDDYYYY
Printed Name of Preparer Preparer's Phone Number Preparer's Phone Number		M	MDDYYYY
Signature of Preparer Printed Name of Preparer		M	MDDYYYY
Printed Name of Preparer Preparer's Phone Number Preparer's Phone Number	parer Identification Number		MDDYYYY o Code + 4 (or Canadian Postal Code)

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/_/

