

**New Hampshire Interest and Dividends Tax Individual Credit/Refund Test Case 2 - 2017**

This test case is of an initial individual Interest and Dividends Tax Return with interest and dividend amounts carried over from the Federal Return (not included in test scenario). No tax exempt interest reported on the Federal Return to be carried over to the DP-10, Line 1(c). There is a distribution from one entity reported on Line 2. There are tax exempt amounts reported on Line 4 and part-year resident non-taxable income pro rata share on Line 4(d). After exemptions from Line 4 and Net Taxable Income is \$244,801 resulting in tax \$12,240 prior to application of payments of \$16,000.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

SSSSS P P P P P R

600 NORTH BAY ST

MANCHESTER, NH 03104

SSN: TAXPAYER: 400-00-6665

DOB: N/A

Filing Status/Entity Type: Individual

Other: Overpayment of \$3,760 – applied amount to subsequent tax year of \$2,000 and requested refund of \$1,760. No electronic funds transfer available.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2017 DP-10



INTEREST AND DIVIDENDS TAX RETURN

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2017 or other taxable period beginning: 0 1 0 1 2 0 1 7 and ending: 1 2 3 1 2 0 1 7

STEP 1 - PRINT OR TYPE

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

Last Name

SSSSS

First Name

PPPPP

MI

R

Social Security Number

4 0 0 0 0 6 6 6 5

Spouse's Last Name

First Name

MI

Social Security Number

Due Date for CALENDAR year filers is on or before April 15, 2018. Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period.

Federal Employer ID Number or Department ID Number

Name of Partnership, Estate, or LLC

Number & Street Address

600 NORTH BAY ST

Address (continued)

City / Town

MANCHESTER

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 1 0 4

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

% of NEW HAMPSHIRE Ownership Interest in Entity Type

1 - INDIVIDUAL 1 - JOINT 3 - PARTNERSHIP 4 - ESTATE

Tax Forms Mailing Address, City/Town, State & Zip Code

INITIAL RETURN

MMDDYYYY

0 1 3 1 2 0 1 7

Established NH Residency

FINAL DECEASED

Date of Death

FINAL RETURN

MMDDYYYY

Abandoned NH Residency

Social Security Number

AMENDED RETURN. DO NOT use this form to report IRS adjustment



**INTEREST AND DIVIDENDS TAX RETURN - continued**

**STEP 3 - Read instructions before you begin**

**INTEREST & DIVIDENDS FROM ALL SOURCES**

Round to the nearest whole dollar

1	From Your Federal Income Tax Return: (See Instructions)												
	(a) Interest Income. Enter the amount from Line 8(a) of your federal return	1(a)						4	0	0	0	5	0
	(b) Dividend Income. Enter the amount from Line 9(a) of your federal return	1(b)						1	7	5	0	0	0
	(c) Federal Tax-Exempt Interest Income. Enter the amount from Line 8(b) of your federal return	1(c)											
	(d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)						5	7	5	0	5	0

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

I Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
2	ABC INC	6 6 6 5 4 6 4 5 6	1 0 0 0 0
Total from supplemental schedule attached			

2	Total Distributions (Sum of Column IV above)	2						1	0	0	0	0	
3	Subtotal Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2)	Subtotal 3						5	8	5	0	5	0

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:

I Reason Code	II Name of Payor	III Payor's ID Number	IV Non-Taxable Amount
02	NH MUNI	1 3 3 3 3 3 3 3 3	1 0 0 6 0 0
04	PAYOR 1	2 3 2 3 2 3 2 3 2	7 6 0 0 0
06	PAYOR 2	1 3 1 3 1 3 1 3 1	9 9 9 9 9
07	PAYOR 3	4 5 4 5 4 5 4 5 4	5 0 0 0 0
08	PAYOR 4	9 4 9 4 9 4 9 4 9	4 7 0 0

(a)	Subtotal of non-taxable income above (Sum of Column IV)	4(a)						3	3	1	2	9	9
(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)						3	3	1	2	9	9
(d)	Part-year resident non-taxable income pro rata share	4(d)						6	5	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

0 3 3 0 2 0 1 8

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

MMDDYYYY

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

SIGNED

Taxpayer's Phone Number

Filing as surviving spouse

Form 1310 attached

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDDYYYY

0 3 3 0 2 0 1 8

Printed Name of Preparer

ABC PREPARER

Preparer's Phone Number

6 0 3 2 3 0 5 0 0 0

Preparer Identification Number

P 0 0 0 0 0 1 2 3

Preparer's Address

6 ELM ST

City / Town

MANCHESTER

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 1 0 1