DO NOT STAPLE



New Hampshire

2023 Department of **DP-10** Revenue Administration



INTEREST AND DIVIDENDS TAX RETURN **MMDDYYYY MMDDYYYY** and ending: For the CALENDAR year **2023** or other taxable period beginning: **STEP 1 - PRINT OR TYPE** Due Date for CALENDAR Check box if there has been a name change since last filing. year filers is on or before Last Name April 15, 2024 Due Date for FISCAL year filers is the 15th day of the First Name Social Security Number MI 4th month after the close of the taxable period. Spouse's Last Name If you have a DIN, use the DIN in the taxpayer ID box. **DO NOT use FEIN or SSN** First Name Social Security Number MI Taxpayer Identification Number Name of Partnership, Estate, or LLC **Number & Street Address** Address (continued) Unit # **Unit Type** City / Town State Zip Code + 4 (or Canadian Postal Code) STEP 2 - Return Type and Alternate Address % of NEW HAMPSHIRE Ownership Interest in Entity Type ENTITY TYPE - Check One 1 - INDIVIDUAL **1** - JOINT 3 - PARTNERSHIP/LLC 4 - ESTATE **MMDDYYYY** Date of Death **INITIAL RETURN** Established NH Residency FINAL DECEASED **MMDDYYYY** Social Security Number FINAL RETURN Abandoned NH Residency

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.

AMENDED RETURN





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INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

INTEREST & DI	VIDENDS FROM ALL S	OUKCES	Round to the nearest whole dollar
From Your Federal Income Tax Return: (See Instructions) (a) Interest Income. Enter the amount from Line 2(b) of your federal re	eturn	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	2(a) of your federal return	1(c)	
(d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) an	nd 1(c))	Subtotal 1(d)	
List Taxable Annuities or Actual Cash & Property Distributions From S-C	Corporations, Trusts/Estates,	Partnerships, and LLCs:	
Entity Codes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRU	USTS OR ESTATES; 5 = LLC;	6 = FOUNDATIONS;	7 = OTHER
I II Name of Payor		III Payor's ID Number	IV Distribution Amount
	Total from supplem	ental schedule attached	1
Total Distributions (Sum of Column IV above)	2		
Subtotal Gross Interest and Dividends Income and Distributions (Line 1		Subtotal 3	
List payors and amounts of interest and/or dividends NOT TAXABLE to	New Hampshire included or	n Lines 1(a), 1(b), 1(c) ar	d/or 2:
I II Name of Payor		III Payor's ID Number	IV 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)		





INTEREST AND DIVIDENDS TAX RETURN - continued

S	TEP 3 - (continued) Read instructions before you begin				
	INTEREST & DIVIDENDS FROM ALL SOURCES Round to to	the nearest w	hole c	ollar	
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	2 4	0	0
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign. 7	-	2 4	0	0
_	Year of Birth Y	ear 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.	-	2 4	1 0	0





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INTEREST AND DIVIDENDS TAX RETURN - continued

S	TEP 4 - Calculate Your Tax, Credits, Interest a	nd Penalties						Rou	nd to th	ie near	est who	le dolla
0	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 4%)						10					
1	RSA 77-G Education Tax Credit	11										
2	New Hampshire Interest and Dividends Tax Net of Educ Credit (Line 10 minus Line 11. If negative enter zero)	ation Tax					12					
3	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)				1	3 Sub	otal c	of Lines	13(a) th	rough	13(d)
	(d) Paid with original return (Amended returns only)	13(d)										
1	Subtotal Due (Line 12 minus Line 13 Subtotal)						14					
5	Additions to Tax: (a) Interest	15(a)										
	(b) Failure to Pay	15(b)										
	(c) Failure to File	15(c)				1.	5 Subt	otal o	f Lines 1	5(a) th	rough 1	5(d)
	(d) Underpayment of Estimated Tax	15(d)										
-	FEP 5 - Calculate Your Net Balance Due or Ov	erpayment										
5	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)										
	(b) Return Payment Made Electronically					16(b)						
7	Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)		17	PAY	THIS	АМО	UNT					
3	OVERPAYMENT (If balance due is less than zero, enter on Line 18)	18										
	Amount of Line 18 to be applied to: (a) Credit - Next Year's Tax Liability (Not available for Fe	deral RAR)	19(a) DO	NOT	PAY						
	(b) Refund (Only option available for Federal RAR)		19(b) DO	NOT	PAY						





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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.

TAXPAYER'S SIGNATURE & II			
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 a	pplicable)		
Taxpayer's Phone Number			
	Filing as surviving spouse	F	Form 1310 attached
		F	Form 1310 attached
		F	
		F	MMDDYYYY
Signature of Preparer		F	
Signature of Preparer		F	
Signature of Preparer Printed Name of Preparer	E & INFORMATION	F	
Signature of Preparer Printed Name of Preparer		F	
Printed Name of Preparer Preparer's Phone Number	E & INFORMATION	F	
Signature of Preparer Printed Name of Preparer Preparer's Phone Number	E & INFORMATION	F	
PAID PREPARER'S SIGNATUR Signature of Preparer Printed Name of Preparer Preparer's Phone Number Preparer's Address City / Town	E & INFORMATION	State	

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 www.revenue.nh.gov/gtc

