# **DO NOT STAPLE**



**New Hampshire**Department of
Revenue Administration

2023 **DP-10** 

## INTEREST AND DIVIDENDS TAY RETURN

INTERESTAIND DIVIDENDS TAX RETORN	
MMDDYYYY N	MMDDYYYY
For the CALENDAR year <b>2023</b> or other taxable period beginning:	
STEP 1 - PRINT OR TYPE  Last Name  Check box if there has been a name change since last filing.	Due Date for CALENDAR year filers is on or before April 15, 2024
First Name MI Social Security Number	Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period.
Spouse's Last Name  First Name  MI Social Security Number	If you have a DIN, use the DIN in the taxpayer ID box. DO NOT use FEIN or SSN Taxpayer Identification Number
Name of Partnership, Estate, or LLC	
Number & Street Address	
Address (continued)	Unit Type Unit #
City / Town State Zip Code + 4 (c	or Canadian Postal Code)
	HAMPSHIRE Ownership Entity Type
MMDDYYYY  INITIAL RETURN  Established NH Residency  FINAL DECEASED	Date of Death
MMDDYYYY  FINAL RETURN  Abandoned NH Residency	Social Security Number
AMENDED RETURN  IRS ADJUSTMENT: A complete federal Revenue Agent Report (RAR) with all applicable So tax return. <b>Do not use this form to report IRS adjustments for taxable periods ending</b>	



### **INTEREST AND DIVIDENDS TAX RETURN - continued**

### STEP 3 - Read instructions before you begin

	INTEREST & DIVIDENDS FROM ALL	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) Divide	end Income. Enter the amount from Line 3(b) of your federal return	1(b)	
(c) Feder	al 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	le Annuities or Actual Cash & Property Distributions From S-Corporations, Trusts/Estate	s, Partnerships, and LLCs:	
Entity Co	odes: <b>2</b> = S-CORPORATIONS; <b>3</b> = PARTNERSHIPS; <b>4</b> = TRUSTS OR ESTATES; <b>5</b> = LL	C; <b>6</b> = FOUNDATIONS;	<b>7</b> = OTHER
<b>I</b> Entity Code	<b>II</b> Name of Payor	<b>III</b> Payor's ID Number	<b>IV</b> Distribution Amount
	Total from supple	mental schedule attached	
2 Total Distr	ributions (Sum of Column IV above) 2		
Subtotal G	Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2)	Subtotal 3	
List payors	s and amounts of interest and/or dividends NOT TAXABLE to New Hampshire included	on Lines 1(a), 1(b), 1(c) an	d/or 2:
l Reason Code	II Name of Payor	<b>III</b> Payor's ID Number	<b>IV</b> Non-Taxable Amount
(a) Subtot	al of non-taxable income above (Sum of Column IV) 4(a)		
(b) Total n	non-taxable income from supplemental schedule (Attached) 4(b)		
(c) Non-ta	xable income (Subtotal of Lines 4(a) plus 4(b)) 4(c)		
(d) Part-ye	ear resident non-taxable income pro rata share 4(d)		



#### **INTEREST AND DIVIDENDS TAX RETURN - continued**

5	TEP 3 - (Continued) Read instructions before you begin
	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**

_		10 10														
S	TEP 4 - Calculate Your Tax, Credits, Interest ar	nd Penalties								Rou	nd to	the n	eare	st who	ole do	ollar
10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 4%)							1	0							
11	RSA 77-G Education Tax Credit	11														
12	New Hampshire Interest and Dividends Tax Net of Educa Credit (Line 10 minus Line 11. If negative enter zero)	ntion Tax						1	2							
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 Su	ıbto	tal o	f Line	s 13(a	a) thr	ough	13(d)	)
	(d) Paid with original return (Amended returns only)	13(d)														
14	Subtotal Due (Line 12 minus Line 13 Subtotal)							1	4							
15	Additions to Tax: (a) Interest	15(a)														
	(b) Failure to Pay	15(b)														
	(c) Failure to File	15(c)					1	5 Su	bto	tal of	f Line	s 15(a	) thre	ough	15(d)	
	(d) Underpayment of Estimated Tax	15(d)														
	TEP 5 - Calculate Your Net Balance Due or Ove	erpayment														
16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)														
	(b) Return Payment Made Electronically					1	16(b)									
17	Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)		1	7 <b>P</b> /	AY TI	HIS A	AMC	UNT	г							
18	<b>OVERPAYMENT</b> (If balance due is less than zero, enter on Line 18)	18														
19	Amount of Line 18 to be applied to:  (a) Credit - Next Year's Tax Liability (Not available for Fed	leral RAR)	19	9(a) <b>C</b>	O N	ОТ Р	ΑΥ									
	(b) Refund (Only option available for Federal RAR)		1:	9(b) <b>[</b>	OO N	OT P	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 & IN Signature (in ink)				
signature (in ink)			MMDDYYYY	
f joint return, BOTH parties must sign,	even if only one had income		MMDDYYYY	
Print Signatory Name(s) (and Title if ap	plicable)			
axpayer's Phone Number				
	Filing as surviving spouse		Form 1310 attached	
	Filing as surviving spouse		Form 1310 attached	
AID PREPARER'S SIGNATURE			Form 1310 attached	
			Form 1310 attached  MMDDYYYY	
Signature of Preparer				
Signature of Preparer				
Signature of Preparer Printed Name of Preparer	& INFORMATION			
Signature of Preparer Printed Name of Preparer				
Printed Name of Preparer  Preparer's Phone Number	& INFORMATION			
Printed Name of Preparer  Preparer's Phone Number	& INFORMATION			
Signature of Preparer  Printed Name of Preparer  Preparer's Phone Number	& INFORMATION			
PAID PREPARER'S SIGNATURE Signature of Preparer  Printed Name of Preparer  Preparer's Phone Number  Preparer's Address  City / Town	& INFORMATION	State		

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 <u>www.revenue.nh.gov/gtc</u>

