## New Hampshire Interest and Dividends Tax Individual Refund Test Case 3 - 2016

This test case is of an individual Interest and Dividends Tax Return with interest, dividend, and tax-exempt interest income amounts carried over from the Federal Return (not included in test scenario). In addition, there are no distributions from other entities reported on Line 2 and tax exempt amounts reported on Line 4. After exemptions, Net Taxable Income is \$24,179 resulting in tax of \$1,209 prior to application of payments of \$1,380.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

LLLLLL EEEE E

529 W SWANZEY RD

SWANZEY, NH 03446

SSN: TAXPAYER: 400-00-8888

DOB: N/A

Filing Status/Entity Type: Individual

Other: Overpayment of \$171 - requested refund of \$171. No electronic funds transfer available.

### DO NOT STAPLE



# **New Hampshire**Department of Revenue Administration

**2016** DP-10



#### **INTEREST AND DIVIDENDS TAX RETURN**

		MMC	DYYYY			MMDDYYYY	
For the CALENDAR year <b>20</b>	<b>16</b> or other taxable period beginn	ning: 0	1 0 1	2 0 1 6	and ending:	1 2 3	1 2 0 1 6
STEP 1 - PRINT OR TY	PE Check b	ox if there	has been a	name change	since last filing.		
Last Name	1					_	Due Date for CALENDAR
LLLLLL							year filers is on or before April 15, 2017.
First Name		MI	Social Sec	urity Number			Due Date for FISCAL year
EEEE		Е	4 0	8 0 0 0	8 8 8		filers is the 15th day of the 4th month after
Spouse's Last Name							the close of the taxable period.
-							Federal Employer ID Number <b>or</b>
First Name		MI	Social Sec	urity Number			Department ID Number
						N.	
Name of Partnership, Estate	, or LLC						
Number & Street Address							:
529 W SWANZEY RD							
Address (continued)							
City / Town				State	Zip Code + 4 (	or Canadian F	Postal Code)
SWANZEY				NH	0 3 4	4 6	
ENTITY TYPE - Check C		'ARTNERSH	IP	<b>4</b> - ESTATE		/ HAMPSHIRE n Entity Type	
	MMDDYYYY					Date of Dea	ath
INITIAL RETURN		Established	d NH Reside	ncy F1N	IAL DECEASED		
FINAL RETURN	MMDDYYYY	Abandone	d NH Reside	ency		Social Secu	rity Number
AMENDED RETURN	. DO NOT use this form to report I	RS adjustm	ent				





Round to the nearest whole dollar

1 5 0

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

**INTEREST & DIVIDENDS FROM ALL SOURCES** 

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

1 From Your Federal Income Tax Return: (See Instructions)

TAX EXEMPT PAYER 4

TAX EXEMPT PAYER 5

(a) Interest income	e. Enter the amount from tine o(a) or your recerait eturn		Γ(α)				
(b) Dividend Incor	me. Enter the amount from Line 9(a) of your federal return		1(b)	4	0	1 5	0
(c) Federal Tax-Ex	empt Interest Income. Enter the amount from Line 8(b) of	your federal return	1(c)	2	2	2 9	9
(d) Subtotal Intere	est and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	)	Subtotal 1(d)	6	2	5 9	9
	ies or Actual Cash & Property Distributions From S-Corpora = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS Of						
l Entity Code	<b>II</b> Name of Payor		III Payor's ID Number	<b>IV</b> Distribution	Amoui	nt	
		Total from suppler	nental schedule attached				
2 Total Distributions	(Sum of Column IV above) 2						
3 Subtotal Gross Inte	erest and Dividends Income and Distributions (Line 1(d) plu	us Line 2)	Subtotal 3	6	2	5 9	9
4 List payors and am	ounts of interest and/or dividends NOT TAXABLE to New H	lampshire included	on Lines 1(a), 1(b), 1(c) and/or	· 2:			
l Reason Code	<b>II</b> Name of Payor		<b>III</b> Payor's ID Number	<b>IV</b> Non-Taxable	Amou	ınt	

(a) Subtotal of non-taxable income above (Sum of Column IV)	4(a)	3 6 0 2 0
(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 6 0 2 0
(d) Part-year resident non-taxable income pro rata share	4(d)	

MAIL TO:

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213131313

3 5 1 7 0

8 5 0





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

-	TEP 3 - (continued) Read instructions before you begin INTEREST & DIVIDENDS FROM A	ALL SOURCES	Ro	und to the nearest	who	le do	llar	
4	Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d))		4	3	6	0	2	C
5	Gross Taxable Income (Line 3 minus Line 4)	5		2	6	5	7	9
5	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	1	7	9
	Year of Birth			Year of Birth				
	Blind Spouse Blind 65 (or over) or disabled	Spouse 65 (or	over) or disal	bled				
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		2	2 4	1	7	9





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

STEP 4 - C	Calculate Your Tax, Credits, Interest an	d Penalties					R	ound to	the n	earest	who	ole c	lolla
	npshire Interest and Dividends Tax nultiplied by 5%)						10				1	2	0
1 Payments (a) Tax	s: paid with application for extension	11(a)											
(b) Cur	rent year estimated tax payments	11(b)	1	3	8	0							
(c) Cre	dit carryover from prior tax period	11(c)					11 Subtota	l of Lin	es 11(a	a) thro	ugh	11(0	d)
(d) Paid	d with original return (Amended returns only)	11(d)									1	3	8
2 Subtotal	Due (Line 10 minus Line 11 Subtotal)						12	П			-	1	7
3 Additions (a) Inte		13(a)											
(b) Fail	ure to Pay	13(b)											
(c) Fail	ure to File	13(c)					13 Subtota	l of Lin	es 13(a	) thro	ugh	13(c	d)
(d) Und	derpayment of Estimated Tax	13(d)											
 STEP 5 - C	Calculate Your Net Balance Due or Ove	rpayment										_	
4 (a) Sub	total Due (Line 12 plus Line 13 subtotal)	14(a)	8	1	7	1							
(b) Ret	urn Payment Made Electronically						14(b)						
	nce Due (Line 14(a) minus Line 14(b)) heck Payable to State of New Hampshire)		15	PA	۱Y٦	ТНІ	S AMOUNT						
6 <b>OVERPAY</b> (If balan	YMENT ce due is less than zero, enter on Line 16)	16		1	7	1							
	f Line 16 to be applied to: dit - Next Year's Tax Liability						17(a)						
(b) Ref	und		17(b	) DO	D N	ОТ	PAY					1	7





#### **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 & INFORMATION	
Signature (in ink)	MMDDYYYY
	0 1 2 8 2 0 1 7
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 spo	ouse Form 1310 attached
Filing as surviving spo	Duse Form 1310 attached  MMDDYYYY
PAID PREPARER'S SIGNATURE & INFORMATION	
PAID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer	MMDDYYYY
PAID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer  Printed Name of Preparer	MMDDYYYY
PAID PREPARER'S SIGNATURE & INFORMATION  Signature of Preparer  Printed Name of Preparer  Preparer's Phone Number  Preparer Identification Number	MMDDYYYY



MAIL TO: NH DRA, PO BOX 637, CONCORD NH 03302-0637

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