New Hampshire Interest and Dividends Tax Individual Credit Test Case 1 - 2016

This test case is of an individual Interest and Dividends Tax Return with interest, dividend, and federal tax exempt interest amounts carried over from the Federal Return (not included in test scenario). There are no distributions from other entities reported on Line 2. There are tax exempt amounts reported on Line 4. After exemptions, Net Taxable Income is \$49,928 resulting in tax of \$2,496 prior to application of payments in the amount of \$3,099.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

PPPPPPPP LLLLLL K

55 KENT ST APT H 317

NASHUA, NH 03062

SSN: TAXPAYER: 400-00-6666

DOB: N/A

Filing Status/Entity Type: Individual

Other: Overpayment of \$603 - requested credit to next year's tax liability of \$603. No

electronic funds transfer available.

DO NOT STAPLE



New Hampshire

Department of Revenue Administration 2016 DP-10



INTEREST AND DIVIDENDS TAX RETURN MMDDYYYY **MMDDYYYY** 1 2 3 1 2 0 1 6 0 1 0 1 2 0 1 6 and ending: For the CALENDAR year **2016** or other taxable period beginning: STEP 1 - PRINT OR TYPE Check box if there has been a name change since last filing. Due Date for CALENDAR Last Name year filers is on or before **PPPPPPPP** April 15, 2017. Social Security Number Due Date for FISCAL year First Name MI filers is the 15th day of the K 4 0 0 0 0 6 6 6 6 LLLLLLL 4th month after the close of the Spouse's Last Name taxable period. Federal Employer ID Number **or** First Name Social Security Number Department ID Number MΙ Name of Partnership, Estate, or LLC Number & Street Address 55 KENT ST APT H 317 Address (continued) State Zip Code + 4 (or Canadian Postal Code) City / Town NH 0 3 0 6 2 **NASHUA** STEP 2 - Return Type and Alternate Address % of NEW HAMPSHIRE Ownership Interest in Entity Type ENTITY TYPE - Check One 3 - PARTNERSHIP X 1 - INDIVIDUAL 1 - JOINT 4 - ESTATE Tax Forms Mailing Address, City/Town, State & Zip Code MMDDYYYY Date of Death Established NH Residency FINAL DECEASED **INITIAL RETURN**

FINAL RETURN

MMDDYYYY

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

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

Abandoned NH Residency

Page 1 of 5

Social Security Number





INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 -	Read instructions before you begin		
	INTEREST & DIVIDENDS FROM	M ALL SOURCES	Round to the nearest whole dollar
1 From Your (a) Interes	ederal Income Tax Return: (See Instructions) : Income. Enter the amount from Line 8(a) of your federal return	1(a)	5 6 0 1
(b) Divide	nd Income. Enter the amount from Line 9(a) of your federal return	1(b)	4 0 5 5 9
(c) Federa	Tax-Exempt Interest Income. Enter the amount from Line 8(b) of your federal	return 1(c)	1 8 7 4 4
(d) Subtot	al Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	6 4 9 0 4
	Annuities or Actual Cash & Property Distributions From S-Corporations, Trusts des: $2 = S$ -CORPORATIONS; $3 = PARTNERSHIPS$; $4 = TRUSTS OR ESTATES$;		
l Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
	Total from	supplemental schedule attached	
2 Total Distri	outions (Sum of Column IV above) 2		
3 Subtotal G	oss Interest and Dividends Income and Distributions (Line 1(d) plus Line 2)	Subtotal 3	6 4 9 0 4
4 List payors	and amounts of interest and/or dividends NOT TAXABLE to New Hampshire in	cluded on Lines 1(a), 1(b), 1(c) and	I/or 2:
I Reason Code	ii Name of Payor	III Payor's ID Number	IV Non-Taxable Amount
02	TAX EXEMPT PAYER 1	102063265	3 2 9
02	TAX EXEMPT PAYER 2	102606645	8 4 5
0.2	IISA BANK	131119112	8 0

I Reason Code	II Name of Payor	III Payor's ID Number	IV Non-Taxable Amount
02	TAX EXEMPT PAYER 1	102063265	3 2 9 9
02	TAX EXEMPT PAYER 2	102606645	8 4 5 1
02	USA BANK	131119112	8 0 5
02	DWS INTERMEDIATE TAX PAYER 3	154445123	1 2
02	US BANK	13221212	9

(a) Subtotal of non-taxable income above (Sum of Column IV)	4(a)	1 2 5 7 6
(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)	1 2 5 7 6
(d) Part-year 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 w	hole	dol	lar	
4	Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d))		4		1	2	5	7	6
5	Gross Taxable Income (Line 3 minus Line 4)	5			5	2	3	2	8
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			4	9	9	2	8
_	Year of Birth			Yea	ar of Birth				
	Blind Spouse Blind 65 (or over) or disabled	Spouse 65	(or over) or di	sabled					
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			4	9	9	2	8





INTEREST AND DIVIDENDS TAX RETURN - continued

ST	EP 4 - Calculate Your Tax, Credits, Interest and	d Penalties					Rour	nd to the n	eares	t who	le d	olla	ar
10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)						10			2 4	4	9	6
1	Payments: (a) Tax paid with application for extension	11(a)		1	0	0							
	(b) Current year estimated tax payments	11(b)	1	0	0	0							
	(c) Credit carryover from prior tax period	11(c)	1	9	9	9	11 Subtotal of	Lines 11(a) thro	ough '	11(c	d)	
	(d) Paid with original return (Amended returns only)	11(d)								3 ()	9	9
2	Subtotal Due (Line 10 minus Line 11 Subtotal)						12			- 6	5	0	3
3	Additions to Tax: (a) Interest	13(a)											
	(b) Failure to Pay	13(b)											
	(c) Failure to File	13(c)					13 Subtotal of	Lines 13(a	a) thro	ugh 1	13(c	l)	
	(d) Underpayment of Estimated Tax	13(d)											
ST	EP 5 - Calculate Your Net Balance Due or Ove	rpayment									_	_	_
4	(a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)	*	6	0	3							
	(b) Return Payment Made Electronically						14(b)						
5	Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)		15	PA	Υ٦	THI:	S AMOUNT						
6	OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16		6	0	3							
7	Amount of Line 16 to be applied to: (a) Credit - Next Year's Tax Liability						17(a)				6	0	3
	(b) Refund		17(b)	DO	N	ОТ	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.)

TAXPAYER'S SIGNATURE & INFOR	MATION		
Signature (in ink)		M	IMDDYYYY
			0 3 3 1 2 0 1 7
If joint return, BOTH parties must sign, ever	n if only one had income	М	MDDYYYY
Print Signatory Name(s) (and Title if applica	ble)		
SIGNED			
	Filing as surviving spouse	Form	
6 0 3 3 5 5 1 2 2 5 PAID PREPARER'S SIGNATURE & II	NFORMATION		
	NFORMATION	N	MMDDYYYY
PAID PREPARER'S SIGNATURE & I	NFORMATION	N	MMDDYYYY 0 3 3 1 2 0 1 7
PAID PREPARER'S SIGNATURE & I	NFORMATION	N	
PAID PREPARER'S SIGNATURE & II Signature of Preparer	NFORMATION	N	
PAID PREPARER'S SIGNATURE & II Signature of Preparer Printed Name of Preparer ABC TAX SERVICE	NFORMATION Preparer Identification Number	N	
PAID PREPARER'S SIGNATURE & II Signature of Preparer Printed Name of Preparer		N	
PAID PREPARER'S SIGNATURE & II Signature of Preparer Printed Name of Preparer ABC TAX SERVICE Preparer's Phone Number	Preparer Identification Number	N	
PAID PREPARER'S SIGNATURE & II Signature of Preparer Printed Name of Preparer ABC TAX SERVICE Preparer's Phone Number 6 0 3 2 2 4 1 6 6 0	Preparer Identification Number	N	
PAID PREPARER'S SIGNATURE & II Signature of Preparer Printed Name of Preparer ABC TAX SERVICE Preparer's Phone Number 6 0 3 2 2 4 1 6 6 0 Preparer's Address	Preparer Identification Number	M	

MAIL TO: