

New Hampshire Interest and Dividends Tax Joint Balance Due Test Case 4 - 2016

This test case is of a joint 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). In addition, there are distributions from other entities reported on Line 2 and tax exempt amounts reported on Line 4. After exemptions of \$4,800 for joint filers and \$2,400 for two over 65-years of age filers, the Net Taxable Income is \$69,905 resulting in tax of \$3,495 prior to application of payments. After application of payments there was a balance of tax due on \$1,146. The return was filed late on 6/15/2016 (no valid extension filed) and applicable penalties and interest were assessed.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

SMITHE JONATHAN M

SMITHE JANATHAN M

16 SANDBACK CIRCLE

PO BOX 152

RINGE, NH 03461-0152

SSN: TAXPAYER: 400-00-1111

SPOUSE: 400-00-1112

DOB: N/A

Filing Status/Entity Type: Joint

Other: Balance due \$1,387 after application of payments and self assessed interest and penalties – electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2016 DP-10



INTEREST AND DIVIDENDS TAX RETURN

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2016 or other taxable period beginning:

0 1 0 1 2 0 1 6

and ending:

1 2 3 1 2 0 1 6

STEP 1 - PRINT OR TYPE

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

Last Name

SMITHE

First Name

JONATHAN

MI

M

Social Security Number

4 0 0 0 0 1 1 1 1

Spouse's Last Name

SMITHE

First Name

JANATHAN

MI

M

Social Security Number

4 0 0 0 0 1 1 1 2

Due Date for CALENDAR year filers is on or before April 15, 2017. 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

16 SANDBACK CIRCLE

Address (continued)

City / Town

RINGE

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 4 6 1 - 0 1 5 2

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

- 1 - INDIVIDUAL, 1 - JOINT (checked), 3 - PARTNERSHIP, 4 - ESTATE

% of NEW HAMPSHIRE Ownership Interest in Entity Type

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

INITIAL RETURN

MMDDYYYY

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)							9	0 6 8
(b) Dividend Income. Enter the amount from Line 9(a) of your federal return	1(b)							4	7 3 9 9
(c) Federal Tax-Exempt Interest Income. Enter the amount from Line 8(b) of your federal return	1(c)							1	3 5 4 4
(d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)							7	0 0 1 1

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 = OTHER

I Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
3	PART PAYER 1	9 3 1 1 1 2 1 1 1	5 2 0 0
3	PART PAYER 2	7 6 0 5 6 8 2 1 9	3 8 0 0
3	PART PAYER 3	7 6 0 0 5 5 5 4 4	2 5 0 0
3	TRUST PAYER 4	1 2 3 3 2 2 1 1 1	4 4 0 0
Total from supplemental schedule attached			

2 Total Distributions (Sum of Column IV above) 2 1 5 9 0 0

3 Subtotal Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2) Subtotal 3 8 5 9 1 1

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
03	TAX EXEMPT PAYER 1	9 9 9 6 6 6 6 6 4	4 5 0 0
03	TAX EXEMPT PAYER 2	7 5 5 5 4 4 8 8 8	1 3 0 0
03	TAX EXEMPT PAYER 3	7 8 8 8 7 7 7 7 7	2 6 0 0
04	NON TAX PAYER 1	1 1 1 2 2 6 6 5 4	6
09	SUPER TAX EXEMPT PAYER 1	2 2 2 1 1 1 1 2 1	4 0 0

(a) Subtotal of non-taxable income above (Sum of Column IV)									
(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)							8	8 0 6
(d) Part-year resident non-taxable income pro rata share	4(d)								



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INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 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						8	8	0	6
5	Gross Taxable Income (Line 3 minus Line 4)	5						7	7	1	5
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers	6						4	8	0	0
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7						7	2	3	5

<input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input checked="" type="checkbox"/> 65 (or over) or disabled <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>9</td><td>3</td><td>7</td></tr> </table> Year of Birth <input checked="" type="checkbox"/> Spouse 65 (or over) or disabled <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>9</td><td>3</td><td>8</td></tr> </table> Year of Birth		1	9	3	7	1	9	3	8						
1	9	3	7												
1	9	3	8												
8	Check the exemptions that apply. Total number of boxes checked	2	x \$1200 =	8				2	4	0	0				
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9						6	9	9	5				



INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 4 - Calculate Your Tax, Credits, Interest and Penalties

Round to the nearest whole dollar

10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)		10				3	4	9	5	
11	Payments:										
	(a) Tax paid with application for extension	11(a)									
	(b) Current year estimated tax payments	11(b)		2	3	4	9				
	(c) Credit carryover from prior tax period	11(c)									
	(d) Paid with original return (Amended returns only)	11(d)									
							11 Subtotal of Lines 11(a) through 11(d)				
								2	3	4	9
12	Subtotal Due (Line 10 minus Line 11 Subtotal)		12				1	1	4	6	
13	Additions to Tax:										
	(a) Interest	13(a)				1	1				
	(b) Failure to Pay	13(b)				1	1	5			
	(c) Failure to File	13(c)				1	1	5			
	(d) Underpayment of Estimated Tax	13(d)									
									2	4	1
							13 Subtotal of Lines 13(a) through 13(d)				

STEP 5 - Calculate Your Net Balance Due or Overpayment

14	(a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)				1	3	8	7					
	(b) Return Payment Made Electronically		14(b)											
15	Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)		15	PAY THIS AMOUNT							1	3	8	7
16	OVERPAYMENT (If balance due is less than zero, enter on Line 16)		16											
17	Amount of Line 16 to be applied to:													
	(a) Credit - Next Year's Tax Liability		17(a)											
	(b) Refund		17(b)	DO NOT 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.)

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 6 1 5 2 0 1 7

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

MMDDYYYY

0 6 1 5 2 0 1 7

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

SIGNED

Taxpayer's Phone Number

[Empty phone number field]

Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

0 6 1 5 2 0 1 7

Printed Name of Preparer

ABC PREPARE

Preparer's Phone Number

6 0 3 2 3 0 5 0 0 0

Preparer Identification Number

P 0 0 0 0 0 0 0 4 5

Preparer's Address

ELM ST

City / Town

MANCHESTER

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 1 0 3