New Hampshire Interest and Dividends Tax Individual Credit/Refund Test Case 2 - 2016

This test case is of an initial individual Interest and Dividends Tax Return with interest and dividend amounts carried over from the Federal Return (not included in test scenario). No tax exempt interest reported on the Federal Return to be carried over to the DP-10, Line 1(c). There is a distribution from one entity reported on Line 2. There are tax exempt amounts reported on Line 4 and part-year resident non-taxable income pro rata share on Line 4(d). After exemptions from Line 4 and Net Taxable Income is \$244,801 resulting in tax \$12,240 prior to application of payments of \$16,000.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

SSSSS PPPPP R

600 NORTH BAY ST

MANCHESTER, NH 03104

SSN: TAXPAYER: 400-00-6665

DOB: N/A

Filing Status/Entity Type: Individual

Other: Overpayment of \$3,760 – applied amount to subsequent tax year of \$2,000 and requested refund of \$1,760. No electronic funds transfer available.

DO NOT STAPLE



New Hampshire Department of

Department of Revenue Administration 2016 DP-10



INTEREST AND DIVIDENDS TAX RETURN

		MME	DDYYYY				MMDDYYYY	
For the CALENDAR year 20	16 or other taxable period beginning	ng: 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 box	if there	has been a	a name c	hange :	since last filing.		Due Date for CALENDAR
SSSSS								year filers is on or before April 15, 2017.
First Name		MI	Social Se	curity Nu	mber			Due Date for FISCAL year
PPPPP		R	4 0	0 0	6	6 6 5		filers is the 15th day of the 4th month after
Spouse's Last Name							_	the close of the taxable period.
First Name		MI	Social Se	ecurity Nu	mber			Federal Employer ID Number or Department ID Number
Name of Partnership, Estate	o, or LLC							
Number & Street Address								
600 NORTH BAY ST					36			
Address (continued)								
City / Town				State	-	Zip Code + 4 (Postal Code)
MANCHESTER				NH		0 3 1	0 4	
ENTITY TYPE - Check C		RTNERSH	IIP	4 - EST.	ATE		/ HAMPSHIR n Entity Type	E Ownership
	MMDDYYYY						Date of De	ath
▼ INITIAL RETURN	0 1 3 1 2 0 1 6	stablishe	d NH Resid	lency	FIN	AL DECEASED		
FINAL RETURN	MMDDYYYY	bandone	ed NH Resid	dency			Social Secu	urity Number
AMENDED RETURN	. DO NOT use this form to report IR	5 adjustm	nent					

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

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INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

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
2 ABC INC		6 6 6 5 4 6 4 5 6	1 0 0 0
		otal from supplemental schedule attached	
Total Distributions (Sum of	Column IV above) 2	1 0 0 0 0	

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

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
02	NH MUNI	1 3 3 3 3 3 3 3 3	100600
04	PAYOR 1	2 3 2 3 2 3 2 3 2	7 6 0 0 0
06	PAYOR 2	131313131	9 9 9 9 9
07	PAYOR 3	454545454	5 0 0 0 0
08	PAYOR 4	9 4 9 4 9 4 9 4 9	4 7 0 0

(a) Subtotal of non-taxable income above (Sum of Column IV)	4(a)	3 3 1 2 9 9
(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 3 1 2 9 9
(d) Part-year resident non-taxable income pro rata share	4(d)	6 5 5 0







INTEREST AND DIVIDENDS TAX RETURN - continued

	INTEREST & DIVIDENDS FROM A	LL SOURCES	Round	d to the near	est v	vhol	e do	llar	
4	Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d))			3	3	7	8	4	ç
)	Gross Taxable Income (Line 3 minus Line 4)	5		2	4	7	2	0	1
;	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers		6			2	4	0	0
,	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7		2	4	4	8	0	1
	Year of Birth			Year of 8	Birth				
	Blind Spouse Blind 65 (or over) or disabled	Spouse 65 (or ov	er) or disable	d					
3	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	4	4	8	0	1

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INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 4 - Calculate Your Tax, Credits, Interest	and Penalties							Roun	d to the r	neare	est w	hole	do	llar
0 New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)							10			1	2	2	4	(
1 Payments: (a) Tax paid with application for extension	11(a)													
(b) Current year estimated tax payments	11(b)	1	6	0	0	0								
(c) Credit carryover from prior tax period	11(c)						11 Sub	total of	Lines 11(a) th	roug	jh 11	I(d)	
(d) Paid with original return (Amended returns only)	11(d)									1	6	0	0	C
2 Subtotal Due (Line 10 minus Line 11 Subtotal)							12		Ш	-	3	7	6	C
Additions to Tax: (a) Interest	13(a)							un de			4			
(b) Failure to Pay	13(b)													
(c) Failure to File	13(c)						13 Sub	total of	Lines 13(a) th	roug	h 13	(d)	
(d) Underpayment of Estimated Tax	13(d)													
STEP 5 - Calculate Your Net Balance Due or C) Verpayment	,											_	
4 (a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)		3	7	6	0				No.				
(b) Return Payment Made Electronically							14(b)							
Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)			15	PA	Υ1	ГНІ	S AMOUNT							
OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16		3	7	6	0								
Amount of Line 16 to be applied to: (a) Credit - Next Year's Tax Liability							17(a)				2	0	0	(





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.)

	By ch																													
AXPAYER	'S SIG	TAV	UR	E &	IN	FOR	MAT	ION																						
Signature (ir	ink)																		MM	DDY	'YY\	′								
																			0	3	3	0	2	0	1	7				
If joint retur	n, BOTH	partie	s m	u st s i	ign	, even	if on	y one	had	linco	ome								MM	DDY	ΥΥ	,								
Print Signato	ry Name	(s) (ar	nd T	itle if	fap	plical	ole)																							
SIGNED																														
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