

**New Hampshire Interest and Dividends Tax Partnership Credit Test Case 9 - 2016**

This test case is of a partnership 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 another entity(s) are reported on Line 2 including an amount from a supplemental schedule (required attachment) content at your discretion. There are tax exempt amounts are deducted on Line 4 including an amount on Line 4(b) from a supplemental schedule (required attachment) content at your discretion. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$47 resulting in tax prior to application of payments of \$2.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

A PARTNERSHIP

C/O ALLAN SMITH

37 OLD MILFORD RD

BROOKLINE NH 03033

FEIN: 00-2006789

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Overpayment of \$598 to be applied to subsequent taxable periods.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2016 DP-10



INTEREST AND DIVIDENDS TAX RETURN

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

First Name MI Social Security Number

Spouse's Last Name

First Name MI Social Security Number

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 0 0 2 0 0 6 7 8 9

Name of Partnership, Estate, or LLC A PARTNERSHIP

Number & Street Address C/O ALLAN SMITH

Address (continued) 37 OLD MILFORD RD

City / Town BROOKLINE State NH Zip Code + 4 (or Canadian Postal Code) 0 3 0 3 3

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

- 1 - INDIVIDUAL 1 - JOINT 3 - PARTNERSHIP 4 - ESTATE

% of NEW HAMPSHIRE Ownership Interest in Entity Type

Grid for ownership percentage

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

INITIAL RETURN MDDYYYY Established NH Residency FINAL DECEASED

FINAL RETURN MDDYYYY Abandoned NH Residency

Date of Death

Social Security Number

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



00DP101621862

**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)					2	0	8	1 0
(b) Dividend Income. Enter the amount from Line 9(a) of your federal return	1(b)					2	4	6	0
(c) Federal Tax-Exempt Interest Income. Enter the amount from Line 8(b) of your federal return	1(c)								2 5
(d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)					2	3	2	9 5

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	PAYOR 1	3 5 3 6 3 2 3 2 1	2 2 4 0
2	PAYOR 2	4 5 4 5 6 6 5 8 7	2 1 4 5
3	PAYOR 3	5 5 6 5 6 5 5 5 4	2 2 4 0
3	PAYOR 4	9 8 9 8 7 7 7 4 5	1 2 4 5
Total from supplemental schedule attached			2 4 5 0

2 Total Distributions (Sum of Column IV above) 2

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
04	PAYOR 1	3 5 3 6 3 2 3 2 1	1 1 2 0
04	PAYOR 2	4 5 4 5 6 6 5 8 7	1 2 0 0
04	PAYOR 3	5 5 6 5 6 5 5 5 4	1 5 4 4
04	PAYOR 4	9 8 9 8 7 7 7 4 5	2 2 5 0
03	XYZ LTD	5 6 1 2 3 7 8 9 4	2 5 5 4

(a) Subtotal of non-taxable income above (Sum of Column IV) 4(a)

(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)

(d) Part-year resident non-taxable income pro rata share 4(d)







**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 2 0 1 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 spouse

Form 1310 attached

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDDYYYY

0 2 0 1 2 0 1 7

Printed Name of Preparer

TEST PREPARER 1

Preparer's Phone Number

6 0 3 8 8 8 8 8 8 8

Preparer Identification Number

P 1 1 1 1 1 1 1 1 1

Preparer's Address

MAIN ST

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 2