

New Hampshire Interest and Dividends Tax Partnership Balance Due Test Case 1 – 2024

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). There are no distributions from other entities reported on Line 2. There are tax-exempt amounts deducted on Line 4. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$66,919 resulting in tax of \$2,008 prior to application of payments of \$1,500. The Entity has had a name change since it's last filing and has indicated this on the first page of the return.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

THIS PARTNERSHIP

PO BOX 104

MIRROR LAKE, NH 03853

FEIN: 21-3454545

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Balance due of \$508. Electronic funds withdrawal via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2024 DP-10



00DP102411862

INTEREST AND DIVIDENDS TAX RETURN

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2024 or other taxable period beginning:

and ending:

STEP 1 - PRINT OR TYPE

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

Last Name

Last Name input field

First Name

MI

Social Security Number

First Name input field

MI input field

Social Security Number input field

Spouse's Last Name

Spouse's Last Name input field

First Name

MI

Social Security Number

First Name input field

MI input field

Social Security Number input field

Due Date for CALENDAR year filers is on or before April 15, 2025. Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period.

If you have a DIN, use the DIN in the taxpayer ID box. DO NOT use FEIN or SSN

Taxpayer Identification Number

2 1 3 4 5 4 5 4 5

Name of Partnership, Estate, or LLC

THIS PARTNERSHIP

Number & Street Address

PO BOX 104

Address (continued)

Address (continued) input field

Unit Type

Unit Type input field

Unit #

Unit # input field

City / Town

MIRROR LAKE

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 8 5 3 - 0 1 0 4

STEP 2 - RETURN TYPE

ENTITY TYPE - Check One

INDIVIDUAL JOINT PARTNERSHIP/LLC ESTATE

% of NEW HAMPSHIRE Ownership Interest in Entity Type

0 . 8 8 0 0 0 0

INITIAL RETURN

MMDDYYYY

MMDDYYYY input field

Established NH Residency

FINAL DECEASED

Date of Death

Date of Death input field

FINAL RETURN

MMDDYYYY

MMDDYYYY input field

Abandoned NH Residency

Social Security Number

Social Security Number input field

AMENDED RETURN

IRS ADJUSTMENT: A complete federal Revenue Agent Report (RAR) with all applicable Schedules must be included with a complete amended NH tax return. Do not use this form to report IRS adjustments for taxable periods ending on or before December 31, 2020.



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 4 0 1 2 0 2 5

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

MMDDYYYY

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

Taxpayer's Phone Number

Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

0 4 0 1 2 0 2 5

Printed Name of Preparer

Preparer's Phone Number

Preparer Identification Number

Preparer's Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Mail to:
NH DRA
PO Box 637
Concord NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose but DO NOT staple or tape your
attachments

FILE ONLINE AT GRANITE TAX CONNECT
gtc.revenue.nh.gov/TAP/_/