

New Hampshire Interest and Dividends Tax Partnership Zero Test Case 2 - 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 is a distribution from another entity are reported on Line 2. There are exempt amounts deducted on Line 4. In addition, there is an amount reported on Line 4(b), Total non-taxable income from supplemental schedule (Attached). This will require an attachment reporting the breakdown of this total, content at your discretion. After deduction of the \$2,400 exemption, Adjusted Taxable Income is zero.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

LINK PARTNERSHIP

500 S BROADWAY

PO BOX 1

SALEM, NH 03079

FEIN: 20-1234123

DOB: N/A

Filing Status/Entity Type: Partnership

Other: No balance due or overpayment

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

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, 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 0 1 2 3 4 1 2 3

Name of Partnership, Estate, or LLC

LINK PARTNERSHIP

Number & Street Address

500 S BROADWAY

Address (continued)

PO BOX 1

Unit Type

Unit #

City / Town

SALEM

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 0 7 9

STEP 2 - RETURN TYPE

ENTITY TYPE - Check One

INDIVIDUAL JOINT PARTNERSHIP/LLC ESTATE

% of NEW HAMPSHIRE Ownership Interest in Entity Type

INITIAL RETURN

MMDDYYYY

Established NH Residency

FINAL DECEASED

Date of Death

FINAL RETURN

MMDDYYYY

Abandoned NH Residency

Social Security Number

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

STEP 4 - CALCULATE YOUR TAX, CREDITS, INTERESTS, AND PENALTIES

Round to the nearest whole dollar

10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 3%)		10	<input type="text"/>
11	RSA 77-G Education Tax Credit	11		<input type="text"/>
12	New Hampshire Interest and Dividends Tax Net of Education Tax Credit (Line 10 minus Line 11. If negative enter zero)		12	<input type="text"/>
13	Payments:			
	(a) Tax paid with application for extension	13(a)		<input type="text"/>
	(b) Current year estimated tax payments	13(b)		<input type="text"/>
	(c) Credit carryover from prior tax period	13(c)		<input type="text"/>
	(d) Paid with original return (Amended returns only)	13(d)		<input type="text"/>
			13	Subtotal of Lines 13(a) through 13(d)
14	Subtotal Due (Line 12 minus Line 13 Subtotal)		14	<input type="text"/>
15	Additions to Tax:			
	(a) Interest	15(a)		<input type="text"/>
	(b) Failure to Pay	15(b)		<input type="text"/>
	(c) Failure to File	15(c)		<input type="text"/>
	(d) Underpayment of Estimated Tax	15(d)		<input type="text"/>
			15	Subtotal of Lines 15(a) through 15(d)

STEP 5 - CALCULATE YOUR NET BALANCE DUE OR OVERPAYMENT

16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)		<input type="text"/>
	(b) Return Payment Made Electronically		16(b)	<input type="text"/>
17	Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)		17	PAY THIS AMOUNT <input type="text"/>
18	OVERPAYMENT Refund only		18	DO NOT PAY <input type="text"/>



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	3	0	1	2	0	2	5
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If joint return, BOTH parties must sign, even if only one had income

MMDDYYYY

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

Taxpayer's Phone Number

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Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

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Printed Name of Preparer

Preparer's Phone Number

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Preparer Identification Number

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Preparer's Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

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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/_/