

New Hampshire Interest and Dividends Tax Partnership Credit Test Case 4 - 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). In addition, there is a distribution from another entity as reported on Line 2. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$452,956 resulting in tax prior to application of payments of \$13,589.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

PARTNERSHIP FINANCIAL

48 ISLINGTON ST

PORTSMOUTH NH 03801

FEIN: 21-0978754

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Refund of \$1,411 - Electronic funds transfer is available by ACH.

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

Text input field for Last Name

First Name

MI

Social Security Number

Text input field for First Name

Text input field for MI

Text input field for Social Security Number

Spouse's Last Name

Text input field for Spouse's Last Name

First Name

MI

Social Security Number

Text input field for Spouse's First Name

Text input field for Spouse's MI

Text input field for Spouse's 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 1 0 9 7 8 7 5 4

Name of Partnership, Estate, or LLC

Text input field for Name of Partnership, Estate, or LLC

Number & Street Address

Text input field for Number & Street Address

Address (continued)

Text input field for Address (continued)

Unit Type

Text input field for Unit Type

Unit #

Text input field for Unit #

City / Town

Text input field for City / Town

State

Text input field for State

Zip Code + 4 (or Canadian Postal Code)

Text input field for Zip Code + 4

STEP 2 - RETURN TYPE

ENTITY TYPE - Check One

- INDIVIDUAL, JOINT, PARTNERSHIP/LLC, ESTATE

% of NEW HAMPSHIRE Ownership Interest in Entity Type

Text input field for % of Ownership

INITIAL RETURN

MMDDYYYY

Text input field for Initial Return Date

Established NH Residency

FINAL DECEASED

Date of Death

Text input field for Date of Death

FINAL RETURN

MMDDYYYY

Text input field for Final Return Date

Abandoned NH Residency

Social Security Number

Text input field for 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 3 - READ INSTRUCTIONS BEFORE YOU BEGIN (continued)

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																		
5	Gross Taxable Income (Line 3 minus Line 4)	5								4	5	5	3	5	6					
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers	6								6		2	4	0	0					
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7								4	5	2	9	5	6					

<input type="checkbox"/> Blind	<input type="checkbox"/> Spouse Blind	<input type="checkbox"/> 65 (or over) or disabled	Year of Birth	<input type="checkbox"/> Spouse 65 (or over) or disabled	Year of Birth
			<input type="text"/>		<input type="text"/>

8	Check the exemptions that apply. Total number of boxes checked <input type="text"/> x \$1200 =	8																		
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9								4	5	2	9	5	6					



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

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

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/_/