#### New Hampshire Interest and Dividends Tax Estate Refund Test Case 13 - 2017

This test case is of an estate 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 no distributions from another entity are reported on Line 2, and there are no tax exempt amounts reported on Line 4. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$64,395 resulting in tax prior to application of payments of \$3,220.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

**ESTATE OF SSSSS** 

12982 N 11675 PLACE

SCOTTSDALE, AZ 85259

FEIN: 00-4007777

DOB: N/A

Filing Status/Entity Type: Estate

Other: Overpayment of \$180. Refund requested of \$180. No electronic funds transfer available.

#### DO NOI SIAPLE



# New Hampshire

Department of Revenue Administration 2017 DP-10



## INTEREST AND DIVIDENDS TAX RETURN

		MMDDY	YYY			MMDDYYYY	Y	
For the CALENDAR year <b>20</b>	<b>117</b> or other taxable period beginn	ning: 0 1	0 1 2	0 1 7	and ending:	1 2 3	1 2 0	1 7
STEP 1 - PRINT OR T Last Name	YPE Check bo	ox if there has	been a n	ame change s	since last filing		year fi	Date for CALENDAR llers is on or before
First Name		MI So	ocial Secu	rity Number			Due D filers is 41	April 15, 2018. Pate for FISCAL year The 15th day of the th month after
Spouse's Last Name				3				he close of the axable period.
First Name		MI So	ocial Secu	rity Number			Departm	Employer ID Number <b>or</b> nent ID Number
							0 0	4 0 0 7 7 7
Name of Partnership, Estat	e, or LLC							
ESTATE OF SSSSS								
Number & Street Address								
12982 N 11675 PLACE								
Address (continued)								
City / Town				State	Zip Code + 4	or Canadian	Postal Code	<u>+</u> )
SCOTTSDALE				AZ	8 5 2			
STEP 2 - Return Type  ENTITY TYPE - Check (	e and Alternate Address					V HAMPSHIF n Entity Typ		iip
1 - INDIVIDUAL		ARTNERSHIP	×	4 - ESTATE				
Tax Forms Mailing Addre	ss, City/Town, State & Zip Code							
*****	MMDDYYYY					Date of D	eath	
INITIAL RETURN		Established N	H Residen	cy FINA	AL DECEASED			
	MMDDYYYY					Social Sec	urity Numb	oer
FINAL RETURN		Abandoned N	H Resider	ncy				
AMENDED RETURN	<ol> <li>DO NOT use this form to report II</li> </ol>	RS adjustment						
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#### **INTEREST AND DIVIDENDS TAX RETURN - continued**

#### STEP 3 - Read instructions before you begin

	INTEREST & DIVIDENDS I	FROM ALL SOURCES	Round to the nearest whole dollar
	Tax Return: (See Instructions) the amount from Line 8(a) of your federal return	1(a)	3 6 5
(b) Dividend Income. Ente	er the amount from Line 9(a) of your federal return	1(b)	1 5 9 5 0
(c) Federal Tax-Exempt In	terest Income. Enter the amount from Line 8(b) of your fe	ederal return 1(c)	5 0 4 8 0
(d) Subtotal Interest and I	Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	6 6 7 9 5
List Taxable Annuities or A	ctual Cash & Property Distributions From S-Corporations,	Trusts/Estates, Partnerships, and LLCs:	
Entity Codes: 2 = S-COR	PORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTA		
I Entity Code	<b>II</b> Name of Payor	Payor's ID Number	<b>IV</b> Distribution Amount
	Total	from supplemental schedule attached	
Total Distributions (Sum of	Column IV above) 2		
Subtotal Gross Interest and	Dividends Income and Distributions (Line 1(d) plus Line	2) Subtotal 3	6 6 7 9 5
List payors and amounts of	finterest and/or dividends NOT TAXABLE to New Hampsh	hire included on Lines 1(a), 1(b), 1(c) and/o	or 2:
l Reason Code	<b>II</b> Name of Payor	Payor's ID Number	IV Non-Taxable Amount
	e income above (Sum of Column IV) 4(a) me from supplemental schedule (Attached) 4(b)		
	ubtotal of Lines 4(a) plus 4(b)) 4(c)		
	taxable income pro rata share 4(d)		







### **INTEREST AND DIVIDENDS TAX RETURN - continued**

9	STEP 3 - (continued) Read instructions before you begin									
	INTEREST & DIVIDE	NDS FROM	ALL SOURCES		Round to th	ne neares	t who	le do	llar	
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				6 6	7	9	5
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers			(	5		2	4	0	0
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign	n.	7				6 4	3	9	5
-	Year	of Birth			Ye	ear of Birt	h			_
	Blind Spouse Blind 65 (or over) or disabled		Spouse 65 (	or over) or	disabled					
8	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				6 4	3	9	5

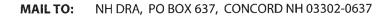




#### **INTEREST AND DIVIDENDS TAX RETURN - continued**

S1	EP 4 - Calculate Your Tax, Credits, Interest a	nd Penalties								Rou	nd to	the	neare	est w	hole	do	lar
10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)								10					3	2	2	0
11	Payments: (a) Tax paid with application for extension	11(a)		3	3	5	0										
	(b) Current year estimated tax payments	11(b)				5	0										
	(c) Credit carryover from prior tax period	11(c)						11	Subt	otal c	of Line	es 11	(a) th	roug	jh 1	1(d)	
	(d) Paid with original return (Amended returns only)	11(d)												3	4	0	0
12	Subtotal Due (Line 10 minus Line 11 Subtotal)								12					2	1	8	0
13	Additions to Tax: (a) Interest	13(a)															
	(b) Failure to Pay	13(b)															
	(c) Failure to File	13(c)						13	Subto	otal o	f Line	s 13	(a) th	roug	h 13	3(d)	
	(d) Underpayment of Estimated Tax	13(d)															
 S1	EP 5 - Calculate Your Net Balance Due or Ov	erpayment		_	_	_								_		-	
14	(a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)		2	1	8	0										
	(b) Return Payment Made Electronically							14(b)									
15	Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)			15	PA	Υ 7	THI:	S AMOU	NT								
16	OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16			1	8	0										
7	Amount of Line 16 to be applied to: (a), Credit - Next Year's Tax Liability							17(a)									
	(b) Refund		17	(b)	DC	N	ОТ	PAY							1	8	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.)

'AXPAYER'S SIGNATURE & INFOR	MATION		
Signature (in ink)			MMDDYYYY
			0 3 0 1 2 0 1 8
If joint return, BOTH parties must sign, even	if only one had income		MMDDYYYY
rint Signatory Name(s) (and Title if applicat	ole)		
axpayer's Phone Number			
	Filing as surviving spouse		Form 1310 attached
AID PREPARER'S SIGNATURE & IN	NFORMATION		
	NFORMATION		MMDDYYYY
	NFORMATION		MMDDYYYY  0 3 0 1 2 0 1 8
Signature of Preparer	NFORMATION		
Signature of Preparer Printed Name of Preparer	NFORMATION		
PAID PREPARER'S SIGNATURE & IN Signature of Preparer  Printed Name of Preparer  ABC TAX PREPARER  Preparer's Phone Number	NFORMATION  Preparer Identification Number		
Signature of Preparer Printed Name of Preparer ABC TAX PREPARER			
Printed Name of Preparer  ABC TAX PREPARER  Preparer's Phone Number  6 0 3 2 7 1 6 6 6 6	Preparer Identification Number		
Printed Name of Preparer  ABC TAX PREPARER  Preparer's Phone Number  6 0 3 2 7 1 6 6 6 6  Preparer's Address	Preparer Identification Number		
Signature of Preparer  Printed Name of Preparer  ABC TAX PREPARER  Preparer's Phone Number	Preparer Identification Number	State	



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