

New Hampshire Interest and Dividends Tax Joint Balance Due Test Case 4 - 2017

This test case is of a joint 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 other entities reported on Line 2 and tax exempt amounts reported on Line 4. After exemptions of \$4,800 for joint filers and \$2,400 for two over 65 years of age filers, the Net Taxable Income is \$69,905 resulting in tax of \$3,495 prior to application of payments. After application of payments there was a balance of tax due on \$1,146. The return was filed late on 6/15/2016 (no valid extension filed) and applicable penalties and interest were assessed.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

SMITHE JONATHAN M

SMITHE JANATHAN M

16 SANDBACK CIRCLE

PO BOX 152

RINGE, NH 03461-0152

SSN: TAXPAYER: 400-00-1111

SPOUSE: 400-00-1112

DOB: N/A

Filing Status/Entity Type: Joint

Other: Balance due \$1,387 after application of payments and self assessed interest and penalties – electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2017 DP-10



INTEREST AND DIVIDENDS TAX RETURN

For the CALENDAR year 2017 or other taxable period beginning: 0 1 0 1 2 0 1 7 and ending: 1 2 3 1 2 0 1 7

STEP 1 - PRINT OR TYPE

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

Last Name

SMITHE

First Name

JONATHAN

MI

M

Social Security Number

4 0 0 0 0 1 1 1 1

Spouse's Last Name

SMITHE

First Name

JANATHAN

MI

M

Social Security Number

4 0 0 0 0 1 1 1 2

Due Date for CALENDAR year filers is on or before April 15, 2018. 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

Name of Partnership, Estate, or LLC

Number & Street Address

16 SANDBACK CIRCLE

Address (continued)

City / Town

RINDGE

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 4 6 1 - 0 1 5 2

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

% of NEW HAMPSHIRE Ownership Interest in Entity Type

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

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

INITIAL RETURN

MMDDYYYY

Established NH Residency

FINAL DECEASED

Date of Death

FINAL RETURN

MMDDYYYY

Abandoned NH Residency

Social Security Number

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



INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - (continued) Read instructions before you begin

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								8	8	0	6
5	Gross Taxable Income (Line 3 minus Line 4)	5								7	7	1	5
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers	6								4	8	0	0
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7								7	2	3	5

Blind
 Spouse Blind
 65 (or over) or disabled
 Year of Birth
 Spouse 65 (or over) or disabled
 Year of Birth

8	Check the exemptions that apply. Total number of boxes checked <input type="text" value="2"/> x \$1200 =	8								2	4	0	0
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9								6	9	9	5



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	6	1	5	2	0	1	8
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If joint return, BOTH parties must sign, even if only one had income

MMDDYYYY

0	6	1	5	2	0	1	8
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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

0	6	1	5	2	0	1	8
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Printed Name of Preparer

Preparer's Phone Number

6	0	3	2	3	0	5	0	0	0
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Preparer Identification Number

P	0	0	0	0	0	0	4	5
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Preparer's Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

0	3	1	0	3			
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