

New Hampshire Interest and Dividends Tax Partnership Refund Test Case 11 - 2017

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 are no distributions from another entity reported on Line 2, but there are tax exempt amounts reported on Line 4. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$30,077 resulting in tax prior to application of payments of \$1,504.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

PARTNERSHIP LLC

28 MIDDLE HANCOCK RD

PETERBOROUGH, NH 03458

FEIN: 00-2009999

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Overpayment of \$196 is requested as a refund, no electronic funds deposit available.

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 []

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, 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 0 0 2 0 0 9 9 9 9

Name of Partnership, Estate, or LLC PARTNERSHIP LLC

Number & Street Address 28 MIDDLE HANCOCK RD

Address (continued) PO BOX 2

City / Town PETERBOROUGH State NH Zip Code + 4 (or Canadian Postal Code) 0 3 4 5 8

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

% of NEW HAMPSHIRE Ownership Interest in Entity Type

1 - INDIVIDUAL 1 - JOINT X 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								9	8	6	3	8
5	Gross Taxable Income (Line 3 minus Line 4)	5								3	2	4	7	7
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers	6								2	4	0	0	
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7								3	0	0	7	7

<input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input type="checkbox"/> 65 (or over) or disabled Year of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Spouse 65 (or over) or disabled Year of Birth <input type="text"/> <input type="text"/> <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								3	0	0	7	7



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 7 1 5 2 0 1 8

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

MMDDYYYY

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

SIGNED

Taxpayer's Phone Number

Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

0 7 1 5 2 0 1 8

Printed Name of Preparer

TEST PREPARER

Preparer's Phone Number

6 0 3 2 3 0 5 0 0 0

Preparer Identification Number

P 9 9 9 9 9 9 9 9

Preparer's Address

TEST AVE

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 2