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 DIVI	DENDS TAX	K RETURN						
			MMDDYYYY			MMDDYYYY					
For the CALENDAR year 20	17 or other taxable p	eriod beginning:	0 1 0 1	2 0 1 7	and ending:	1 2 3	1 2 0 1	7			
STEP 1 - PRINT OR TY	PE	Check box if t	here has been	a name change :	since last filing.						
Last Name							Due Date year filer				
			C : 15				Apr Due Date	il 15, 2		VOOR	,
First Name		MI	Social S	ecurity Number			filers is th	e 15th	n day (of the	
									n after of the		
Spouse's Last Name									eriod.		
First Name		MI	Social S	ecurity Number		_	Federal Emp			ber or	r
- I I I I I I I I I I I I I I I I I I I							0 0 2			9	9
Name of Partnership, Estate	, or LLC										
PARTNERSHIP LLC											
Number & Street Address											
28 MIDDLE HANCOCK	RD										
Address (continued)											
PO BOX 2											
City / Town				State	Zip Code + 4 (or Canadian	Postal Code)				
PETERBOROUGH				NH	0 3 4	5 8					
STEP 2 - Return Type	and Alternate A	ddress			04 of NEW	/ LIA MADCLID	E Ownership				
ENTITY TYPE - Check C	ne					n Entity Type					
1 - INDIVIDUAL	1 - JOINT	X 3 - PARTN	ERSHIP	4 - ESTATE							
Tax Forms Mailing Addres	s, City/Town, State &	Zip Code									
	MMDDYYYY					Date of De	eath				
INITIAL RETURN		Estab	olished NH Resid	dency FIN	IAL DECEASED						
	MMDDYYYY					Social Sec	urity Number				
FINAL RETURN		Abar	ndoned NH Resi	dency							
AMENDED RETURN	. DO NOT use this for	m to report IRS ad	justment								



2017 DP-10



INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

	INTER	EST & DIVIDENDS FROM A	LL SOURCES	Round	to the neare	st w	hole	dolla	ar
	e Tax Return: (See Instructions) the amount from Line 8(a) of yo	ur federal return	1(a)						6 0
(b) Dividend Income. Ent	er the amount from Line 9(a) of y	our federal return	1(b)			7	5	7	0 0
(c) Federal Tax-Exempt In	iterest Income. Enter the amount	from Line 8(b) of your federal retu	rn 1(c)			5	5	3	5 5
(d) Subtotal Interest and	Dividends Income. (Sum of Lines	1(a), 1(b) and 1(c))	Subtotal 1(d)		1	3	1	1	1 5
Entity Codes: 2 = 5-COn Entity Code	II Name of Pay	S; 4 = TRUSTS OR ESTATES; 5 =	III Payor's ID Number	7 = 011121		V on A	moui	nt	
2 Total Distributions (Sum o	f Column IV above)	Total from sup	plemental schedule attache	ed					
3 Subtotal Gross Interest and	d Dividends Income and Distribu	tions (Line 1(d) plus Line 2)	Subtotal 3		1	3	1	1	1 5
4 List payors and amounts o	of interest and/or dividends NOT	TAXABLE to New Hampshire include	led on Lines 1(a), 1(b), 1(c) a	nd/or 2:					

I Reason Code	II Name of Payor		III Payor's ID Number	IV Non-Taxable Amount
08	PAYOR 1		686868688	5
08	PAYOR 2		868686868	9 8 5 8
(a) Subtota	l of non-taxable income above (Sum of Column IV)	4(a)	98638	
(b) Total n	on-taxable income from supplemental schedule (Attached)	4(b)		
(c) Non-tax	able income (Subtotal of Lines 4(a) plus 4(b))	4(c)	98638	
(d) Part-ye	ar resident non-taxable income pro rata share	4(d)		





2017 **DP-10**



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 9 8 6 3 8 Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d)) 7 7 Gross Taxable Income (Line 3 minus Line 4) 0 0 6 Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers 6 Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign. Year of Birth Year of Birth Spouse 65 (or over) or disabled Blind Spouse Blind 65 (or over) or disabled x \$1200 = Check the exemptions that apply. Total number of boxes checked Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.



New Hampshire Department of

2017 **DP-10** Revenue Administration



INTEREST AND DIVIDENDS TAX RETURN - continued

STI	EP 4 - Calculate Your Tax, Credits, Interest and	d Penalties					Rou	und to th	e neare	est wh	nole	dol	lar
0	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)						10			1	5	0	4
1	Payments: (a) Tax paid with application for extension	11(a)											
	(b) Current year estimated tax payments	11(b)	1	7	0 (0							
	(c) Credit carryover from prior tax period	11(c)				11	Subtotal	of Lines	11(a) th	roug	h 11	(d)	
	(d) Paid with original return (Amended returns only)	11(d)								1	7	0	0
2	Subtotal Due (Line 10 minus Line 11 Subtotal)						12			-	1	9	6
3	Additions to Tax: (a) Interest	13(a)											
	(b) Failure to Pay	13(b)											
	(c) Failure to File	13(c)				13	Subtotal	of Lines 1	13(a) th	rougl	h 13	(d)	
	(d) Underpayment of Estimated Tax	13(d)											
STI	EP 5 - Calculate Your Net Balance Due or Ove	rpayment		_									
4	(a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)	-	1	9 6	5							
	(b) Return Payment Made Electronically					14(b)							
5	Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)		15	PA	Y TI	HIS AMO	UNT						
6	OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16		1	9	6							
7 /	Amount of Line 16 to be applied to: (a) Credit - Next Year's TaxLiability					17(a)							
	(b) Refund		17(b)	DO	NC	T PAY					1	9	6







2017 DP-10



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.

	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
Signature of Preparer	111111111111111111111111111111111111111
Signature of Preparer	0 7 1 5 2 0 1 8
Printed Name of Preparer	
Printed Name of Preparer	
Printed Name of Preparer TEST PREPARER	
Printed Name of Preparer TEST PREPARER Preparer's Phone Number Preparer Identification Number	
Printed Name of Preparer TEST PREPARER Preparer's Phone Number 6 0 3 2 3 0 5 0 0 0 P 9	
Printed Name of Preparer TEST PREPARER Preparer's Phone Number 6 0 3 2 3 0 5 0 0 0 P 9	



Page 5 of 5