

**New Hampshire Interest and Dividends Tax Partnership Balance Due Test Case 7 – 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). There are no distributions from other entities reported on Line 2. There is tax-exempt amounts are deducted on Line 4. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$48,489 resulting in tax of \$2,424 prior to application of payments of \$1,500.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

THE PARTNERSHIP

PO BOX 104

MIRROR LAKE, NH 03853

FEIN: 00-2004321

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Balance due of \$924. Electronic funds withdrawal 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: MMDDYYYY 0 1 0 1 2 0 1 7 and ending: MMDDYYYY 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

[Text box for Last Name]

First Name

MI

Social Security Number

[Text boxes for First Name, MI, and Social Security Number]

Spouse's Last Name

[Text box for Spouse's Last Name]

First Name

MI

Social Security Number

[Text boxes for Spouse's First Name, MI, and 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 4 3 2 1

Name of Partnership, Estate, or LLC

THE PARTNERSHIP

Number & Street Address

PO BOX 104

Address (continued)

[Text box for continued address]

City / Town

MIRROR LAKE

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 8 5 3

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

% of NEW HAMPSHIRE Ownership Interest in Entity Type

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

[Text box for % of ownership]

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

[Text box for mailing address]

INITIAL RETURN

MMDDYYYY

[Text box for date]

Established NH Residency

FINAL DECEASED

Date of Death

[Text box for date of death]

FINAL RETURN

MMDDYYYY

[Text box for date]

Abandoned NH Residency

Social Security Number

[Text box for social security number]

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









**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 4 1 2 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

6 0 3 2 3 0 5 0 0 0

Filing as surviving spouse

Form 1310 attached

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDDYYYY

0 4 1 2 2 0 1 8

Printed Name of Preparer

TEST POA CPA

Preparer's Phone Number

6 0 3 2 2 4 5 0 0 0

Preparer Identification Number

P 0 0 0 0 0 0 0 1

Preparer's Address

MAIN ST

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 2