

New Hampshire Interest and Dividends Tax Partnership Zero Test Case 8 - 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 is a distribution from another entity are reported on Line 2. There are exempt amounts deducted on Line 4. In addition, there is an amount reported on Line 4(b), Total non-taxable income from supplemental schedule (Attached). This will require an attachment reporting the breakdown of this total, content at your discretion. After deduction of the \$2,400 exemption, Adjusted Taxable Income is zero.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

PARTNERSHIP

500 S BROADWAY

PO BOX 1

SALEM, NH 03079

FEIN: 00-2001234

DOB: N/A

Filing Status/Entity Type: Partnership

Other: No balance due or overpayment

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 1 2 3 4

Name of Partnership, Estate, or LLC PARTNERSHIP

Number & Street Address 500 S BROADWAY

Address (continued)

City / Town SALEM State NH Zip Code + 4 (or Canadian Postal Code) 0 3 0 7 9

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

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

% of NEW HAMPSHIRE Ownership Interest in Entity Type

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 4 - Calculate Your Tax, Credits, Interest and Penalties

Round to the nearest whole dollar

10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)		10	<input type="text"/>
11	Payments:			
	(a) Tax paid with application for extension	11(a)		<input type="text"/>
	(b) Current year estimated tax payments	11(b)		<input type="text"/>
	(c) Credit carryover from prior tax period	11(c)		<input type="text"/>
	(d) Paid with original return (Amended returns only)	11(d)		<input type="text"/>
			11	Subtotal of Lines 11(a) through 11(d)
				<input type="text"/>
12	Subtotal Due (Line 10 minus Line 11 Subtotal)		12	<input type="text"/>
13	Additions to Tax:			
	(a) Interest	13(a)		<input type="text"/>
	(b) Failure to Pay	13(b)		<input type="text"/>
	(c) Failure to File	13(c)		<input type="text"/>
	(d) Underpayment of Estimated Tax	13(d)		<input type="text"/>
			13	Subtotal of Lines 13(a) through 13(d)
				<input type="text"/>

STEP 5 - Calculate Your Net Balance Due or Overpayment

14	(a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)	<input type="text"/>	
	(b) Return Payment Made Electronically		14(b)	<input type="text"/>
15	Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)		15	PAY THIS AMOUNT
				<input type="text"/>
16	OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16	<input type="text"/>	
17	Amount of Line 16 to be applied to:			
	(a) Credit - Next Year's Tax Liability		17(a)	<input type="text"/>
	(b) Refund		17(b)	DO NOT PAY
				<input type="text"/>



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 2 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

Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

Printed Name of Preparer

Preparer's Phone Number

Preparer Identification Number

Preparer's Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)