

New Hampshire Interest and Dividends Tax Partnership Credit Test Case 4 - 2023

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 is a distribution from another entity as reported on Line 2. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$452,956 resulting in tax prior to application of payments of \$18,118.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

PARTNERSHIP FINANCIAL

48 ISLINGTON ST

PORTSMOUTH NH 03801

FEIN: 21-0978754

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Overpayment of \$6,882 - \$1,000 is applied as a credit to subsequent period and \$5,882 is refunded. Electronic funds transfer is available by ACH.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2023 DP-10

INTEREST AND DIVIDENDS TAX RETURN

MMDDYYYY

MMDDYYYY

For the CALENDAR year 2023 or other taxable period beginning: and ending:

STEP 1 - PRINT OR TYPE

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

Last Name

Text input field for Last Name

First Name

Text input field for First Name

MI

Text input field for MI

Social Security Number

Text input field for Social Security Number

Spouse's Last Name

Text input field for Spouse's Last Name

First Name

Text input field for Spouse's First Name

MI

Text input field for Spouse's MI

Social Security Number

Text input field for Spouse's Social Security Number

Due Date for CALENDAR year filers is on or before April 15, 2024. Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period.

If you have a DIN, use the DIN in the taxpayer ID box. DO NOT use FEIN or SSN

Taxpayer Identification Number

Text input field for Taxpayer Identification Number

Name of Partnership, Estate, or LLC

Text input field for Name of Partnership, Estate, or LLC

Number & Street Address

Text input field for Number & Street Address

Address (continued)

Text input field for Address (continued)

Unit Type

Text input field for Unit Type

Unit #

Text input field for Unit #

City / Town

Text input field for City / Town

State

Text input field for State

Zip Code + 4 (or Canadian Postal Code)

Text input field for Zip Code + 4

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

- 1 - INDIVIDUAL, 1 - JOINT, 3 - PARTNERSHIP/LLC, 4 - ESTATE

% of NEW HAMPSHIRE Ownership Interest in Entity Type

Text input field for % of NEW HAMPSHIRE Ownership Interest

INITIAL RETURN

MMDDYYYY

Text input field for Initial Return Date

Established NH Residency

FINAL DECEASED

Date of Death

Text input field for Date of Death

FINAL RETURN

MMDDYYYY

Text input field for Final Return Date

Abandoned NH Residency

Social Security Number

Text input field for Social Security Number

AMENDED RETURN

IRS ADJUSTMENT: A complete federal Revenue Agent Report (RAR) with all applicable Schedules must be included with a complete amended NH tax return. Do not use this form to report IRS adjustments for taxable periods ending on or before December 31, 2020.



INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

INTEREST & DIVIDENDS FROM ALL SOURCES

Round to the nearest whole dollar

1	From Your Federal Income Tax Return: (See Instructions)		
	(a) Interest Income. Enter the amount from Line 2(b) of your federal return	1(a)	<input type="text"/>
	(b) Dividend Income. Enter the amount from Line 3(b) of your federal return	1(b)	<input type="text"/>
	(c) Federal Tax-Exempt Interest Income. Enter the amount from Line 2(a) of your federal return	1(c)	<input type="text"/>
	(d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	<input type="text"/>

2 List Taxable Annuities or Actual Cash & Property Distributions From S-Corporations, Trusts/Estates, Partnerships, and LLCs:

Entity Codes: **2** = S-CORPORATIONS; **3** = PARTNERSHIPS; **4** = TRUSTS OR ESTATES; **5** = LLC; **6** = FOUNDATIONS; **7** = OTHER

I Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
Total from supplemental schedule attached			

2 Total Distributions (Sum of Column IV above) 2

3 Subtotal Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2) Subtotal 3

4 List payors and amounts of interest and/or dividends NOT TAXABLE to New Hampshire included on Lines 1(a), 1(b), 1(c) and/or 2:

I Reason Code	II Name of Payor	III Payor's ID Number	IV Non-Taxable Amount

(a) Subtotal of non-taxable income above (Sum of Column IV) 4(a)

(b) Total non-taxable income from supplemental schedule (Attached) 4(b)

(c) Non-taxable income (Subtotal of Lines 4(a) plus 4(b)) 4(c)

(d) Part-year resident non-taxable income pro rata share 4(d)



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

5 Gross Taxable Income (Line 3 minus Line 4) 5

6 Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers 6

7 Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign. 7

Blind Spouse Blind 65 (or over) or disabled

Spouse 65 (or over) or disabled

8 Check the exemptions that apply. Total number of boxes checked x \$1200 = 8

9 **Net Taxable Income** (Line 7 minus Line 8). If less than zero, use minus sign. 9



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 4%)		10	<input type="text"/>
11	RSA 77-G Education Tax Credit	11		<input type="text"/>
12	New Hampshire Interest and Dividends Tax Net of Education Tax Credit (Line 10 minus Line 11. If negative enter zero)		12	<input type="text"/>
13	Payments:			
	(a) Tax paid with application for extension	13(a)		<input type="text"/>
	(b) Current year estimated tax payments	13(b)		<input type="text"/>
	(c) Credit carryover from prior tax period	13(c)		<input type="text"/>
	(d) Paid with original return (Amended returns only)	13(d)		<input type="text"/>
			13	Subtotal of Lines 13(a) through 13(d)
14	Subtotal Due (Line 12 minus Line 13 Subtotal)		14	<input type="text"/>
15	Additions to Tax:			
	(a) Interest	15(a)		<input type="text"/>
	(b) Failure to Pay	15(b)		<input type="text"/>
	(c) Failure to File	15(c)		<input type="text"/>
	(d) Underpayment of Estimated Tax	15(d)		<input type="text"/>
			15	Subtotal of Lines 15(a) through 15(d)

STEP 5 - Calculate Your Net Balance Due or Overpayment

16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)		<input type="text"/>
	(b) Return Payment Made Electronically		16(b)	<input type="text"/>
17	Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)		17	PAY THIS AMOUNT <input type="text"/>
18	OVERPAYMENT (If balance due is less than zero, enter on Line 18)	18		<input type="text"/>
19	Amount of Line 18 to be applied to:			
	(a) Credit - Next Year's Tax Liability (Not available for Federal RAR)		19(a)	DO NOT PAY <input type="text"/>
	(b) Refund (Only option available for Federal RAR)		19(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

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

MMDDYYYY

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

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)

Mail to:
NH DRA
PO Box 637
Concord NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose but DO NOT staple or tape your
attachments

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc