New Hampshire Interest and Dividends Tax Estate Bal Due Test Case 12 - 2018

This test case is of an estate 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 are 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 \$77,355 resulting in tax prior to application of payments of \$3,868.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

ESTATE OF LLLLLL

4002 BRIAR LANE

LAFAYETTE, PA 19444

FEIN: 00-4005656

DOB: N/A

Filing Status/Entity Type: Estate

Other: Balance due of \$68 - electronic funds withdrawal available via ACH Debit.

DO NOT STAPLE



New HampshireDepartment of Revenue Administration

2018 **DP-10**



	INTER	REST AND DIVI	DENDS TAX	X RETURN		
		MMDDYYYY			MMDDYYYY	
For the CALENDAR year 20	8 or other taxable period begin	nning: 0 1 0 1	2 0 1 8	and ending:	1 2 3	1 2 0 1 8
STEP 1 - PRINT OR TY Last Name	PE Check I	box if there has been	a name change	since last filing		Due Date for CALENDAR year filers is on or before
First Name		MI Social S	ecurity Number			April 15, 2019. Due Date for FISCAL year filers is the 15th day of the 4th month after
Spouse's Last Name					_	the close of the taxable period.
First Name		MI Social S	ecurity Number			Federal Employer ID Number or Department ID Number 0 0 4 0 0 5 6 5 6
Name of Partnership, Estate	or LLC					
ESTATE OF LLLLLL						
Number & Street Address						
4002 BRIAR LN						
Address (continued)						
City / Town			State	Zip Code + 4 (or Canadian I	Postal Code)
LAFAYETTE			AK	1 9 4	4 4	
ENTITY TYPE - Check O		PARTNERSHIP	∢ 4 - ESTATE		/ HAMPSHIR n Entity Type	E Ownership
INITIAL RETURN	MMDDYYYY	Established NH Resid	dency FIN.	AL DECEASED	Date of De	
FINAL RETURN	MMDDYYYY	Abandoned NH Resi	dency		Social Secu	ırity Number
AMENDED RETURN.	DO NOT use this form to report	IRS adjustment				
Check Appropriate		_				
Payment Requir	ed 🔲 Refund Requ	est 🗀 C	redit Next Yea	r's Tax Liabili	ty	☐ No Payment Required



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2018 DP-10



INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begi	ST	ΕP	3	- Rea	ad instru	ctions	before	vou	begi	n
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	INTEREST & D	IVIDENDS FROM ALL	SOURCES	Round to t	he neare	est w	hole	dol	lar	
From Your (a) Interes	Federal Income Tax Return: (See Instructions) at Income. Enter the amount from Line 8(a) of your federal	return	1(a)					2	6	5
	and Income. Enter the amount from Line 9(a) of your federa		1(b)			7	3	5	0	0
(c) Federa	al Tax-Exempt Interest Income. Enter the amount from Line	8(b) of your federal return	1(c)			1	4	6	9	0
(d) Subtot	tal Interest and Dividends Income. (Sum of Lines 1(a), 1(b)	and 1(c))	Subtotal 1(d)			8	8	4	5	5
List Taxable	e Annuities or Actual Cash & Property Distributions From S	-Corporations, Trusts/Estate	es, Partnerships, and LLCs:							
Entity Co	des: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = Tf	RUSTS OR ESTATES; 5 = LL	C; 6 = FOUNDATIONS;	7 = OTHER						
l Entity Code	II Name of Payor		III Payor's ID Number		Distributi	IV ion A	mo:	unt		
		Total from supple	mental schedule attached							
2 Total Distri	ibutions (Sum of Column IV above)	2								
3 Subtotal G	iross Interest and Dividends Income and Distributions (Lin	e 1(d) plus Line 2)	Subtotal 3			8	8	4	5	5
List payors	s and amounts of interest and/or dividends NOT TAXABLE	to New Hampshire included	on Lines 1(a), 1(b), 1(c) and	d/or 2:						
l Reason Code	II Name of Payor		III Payor's ID Number		Non- T ax	IV able	Am	oun	t	
01	TAX EXEMPT PAYOR 1		987654321					8	3 7	0 0
(a) Subtot	tal of non-taxable income above (Sum of Column IV)	4(a)	8700							
(b) Total n	non-taxable income from supplemental schedule (Attache	d) 4(b)								
(c) Non-ta	axable income (Subtotal of Lines 4(a) plus 4(b))	4(c)	8700							
(d) Part-ye	ear resident non-taxable income pro rata share	4(d)								



2018 **DP-10**



INTEREST AND DIVIDENDS TAX RETURN - continued

	INTEREST & DIVIDEN	IDS FROM	ALL SOURCES			Round t	o the ne	arest v	vhol	e dol	lar	
4	Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d))			4		T			8	7	0	C
;	Gross Taxable Income (Line 3 minus Line 4)		5					7	9	7	5	5
	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers				6				2	4	0	0
	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.		7					7	7	3	5	5
-	Year o	of Birth					Year of	Birth	_	_	_	_
	Blind Spouse Blind 65 (or over) or disabled		Spouse 6	(or ov	er) or d	sabled						
3	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	П				7	7	3	5	5



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INTEREST AND DIVIDENDS TAX RETURN - continued Round to the nearest whole dollar STEP 4 - Calculate Your Tax, Credits, Interest and Penalties New Hampshire Interest and Dividends Tax 10 3 8 6 8 (Line 9 multiplied by 5%) RSA 77-G Education Tax Credit 11 12 New Hampshire Interest and Dividends Tax Net of Education Tax Credit (Line 10 minus Line 11. If negative enter zero) 13 Payments: (a) Tax paid with application for extension 13(a) (b) Current year estimated tax payments 13(b) 13(c) (c) Credit carryover from prior tax period 13 Subtotal of Lines 13(a) through 13(d) (d) Paid with original return (Amended returns only) 13(d) 0 0 8 Subtotal Due (Line 12 minus Line 13 Subtotal) 15 Additions to Tax: 15(a) (a) Interest 15(b) (b) Failure to Pay 15(c) (c) Failure to File 15 Subtotal of Lines 15(a) through 15(d) 15(d) (d) Underpayment of Estimated Tax STEP 5 - Calculate Your Net Balance Due or Overpayment (a) Subtotal Due (Line 14 plus Line 15 Subtotal) 16(a) 16(b) (b) Return Payment Made Electronically 17 Net Balance Due (Line 16(a) minus Line 16(b)) 17 PAY THIS AMOUNT (Make Check Payable to State of New Hampshire) 18 **OVERPAYMENT** (If balance due is less than zero, enter on Line 18) 19 Amount of Line 18 to be applied to: 19(a) DO NOT PAY (a) Credit - Next Year's Tax Liability 19(b) DO NOT PAY (b) Refund



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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.)

AXPAYER'S SIGNATURE & INFORMATION				
Signature (in ink)		MMDDYYYY	1 0	
		0 3 0 1 2 0	1 9	
f joint return, BOTH parties must sign, even if only one had income		MMDDYYYY		
rint Signatory Name(s) (and Title if applicable)				
SIGNED				
axpayer's Phone Number				
6 0 3 2 2 4 5 0 5 0 Filing as surviving spouse	e F	orm 1310 attached		
	eF	orm 1310 attached		
AID PREPARER'S SIGNATURE & INFORMATION	e F			
AID PREPARER'S SIGNATURE & INFORMATION	e F	MMDDYYYY		
AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer	e F			
AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer	e F			
AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer Printed Name of Preparer	e F			
AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer Printed Name of Preparer	e F			
AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer Printed Name of Preparer	e F			
AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer Printed Name of Preparer Preparer's Phone Number Preparer Identification Number	e F			
PAID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer Printed Name of Preparer	e F			

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