

**New Hampshire Interest and Dividends Tax Estate Refund Test Case 13 - 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, and there are no tax exempt amounts reported on Line 4. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$64,395 resulting in tax prior to application of payments of \$3,220.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

ESTATE OF SSSSS

12982 N 11675 PLACE

SCOTTSDALE, AZ 85259

FEIN: 00-4007777

DOB: N/A

Filing Status/Entity Type: Estate

Other: Overpayment of \$180. Refund requested of \$180. No electronic funds transfer available.

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2018 DP-10



INTEREST AND DIVIDENDS TAX RETURN

For the CALENDAR year 2018 or other taxable period beginning: 0 1 0 1 2 0 1 8 and ending: 1 2 3 1 2 0 1 8

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, 2019. 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 4 0 0 7 7 7 7

Name of Partnership, Estate, or LLC

ESTATE OF SSSSS

Number & Street Address

12982 N 11675 PLACE

Address (continued)

City / Town

SCOTTSDALE

State

AZ

Zip Code + 4 (or Canadian Postal Code)

8 5 2 5 9

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

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

% of NEW HAMPSHIRE Ownership Interest in Entity Type

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

INITIAL RETURN

MMDYYYY

Established NH Residency

FINAL DECEASED

Date of Death

FINAL RETURN

MMDYYYY

Abandoned NH Residency

Social Security Number

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

Check Appropriate Box:

Payment Required Refund Request Credit Next Year's Tax Liability No Payment Required





**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	6	7	9	5
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers	6						2	4	0	0
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7					6	4	3	9	5

<input type="checkbox"/> Blind	<input type="checkbox"/> Spouse Blind	<input type="checkbox"/> 65 (or over) or disabled	Year of Birth	<input type="checkbox"/> Spouse 65 (or over) or disabled	Year of Birth
			<input type="text"/>		<input type="text"/>
8	Check the exemptions that apply. Total number of boxes checked		<input type="text"/>	x \$1200 =	8
9	<b>Net Taxable Income</b> (Line 7 minus Line 8). If less than zero, use minus sign.				9
					6
					4
					3
					9
					5





**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	3	0	1	2	0	1	9
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If joint return, BOTH parties must sign, even if only one had income

MMDDYYYY

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

Taxpayer's Phone Number

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Filing as surviving spouse

Form 1310 attached

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDDYYYY

0	3	0	1	2	0	1	9
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Printed Name of Preparer

ABC TAX PREPARER

Preparer's Phone Number

6	0	3	2	7	1	6	6	6	6
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Preparer Identification Number

P	0	0	0	0	0	5	3	4
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Preparer's Address

5 MAIN ST

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0	3	3	0	2					
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