## 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 D	IVIDENDS TAX	RETURN					
	MMDDYY	ΥY	1	MMDDYYY	Υ			
For the CALENDAR year <b>2018</b> or other taxal	ole period beginning: 0 1 0	1 2 0 1 8	and ending:	1 2 3	1 2	2 0	1 8	
STEP 1 - PRINT OR TYPE  Last Name	Check box if there has b	een a name change s	ince last filing.			ear file	ers is on	ALENDAR or before
First Name	MI Soc	cial Security Number				ue Da ers is t 4th		SCAL year day of the after
Spouse's Last Name				7		tax	xable pe	eriod.
First Name	MI Soc	cial Security Number			De	partme	ent ID Nur	O Number <b>or</b> mber 7 7 7 7
Name of Partnership, Estate, or LLC								
ESTATE OF SSSSS								
Number & Street Address								
12982 N 11675 PLACE								
Address (continued)								
š								
City / Town		State	Zip Code + 4 (	or Canadia	n Posta	Code)		
SCOTTSDALE		AZ	8 5 2	5 9				
STEP 2 - Return Type and Alterna ENTITY TYPE - Check One 1 - INDIVIDUAL 1 - JOINT Tax Forms Mailing Address, City/Town, Star	T 3 - PARTNERSHIP	<b>★ 4</b> -ESTATE		/ HAMPSH n Entity Ty		nership		
MMDDYYYY INITIAL RETURN	Established NH	Residency FINA	AL DECEASED	Date of [				
MMDDYYYY FINAL RETURN	Abandoned NH	l Residency		Social Se	curity I	1umbe		
AMENDED RETURN. DO NOT use the	s form to report IRS adjustment							
Check Appropriate Box:  Payment Required	Refund Request [	☐ Credit Next Yea	r's Tax Liabili	ty		 ] No f	<sup>o</sup> aymen	t Required



MAIL TO:

NH DRA, PO BOX 637, CONCORD NH 03302-0637

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#### **INTEREST AND DIVIDENDS TAX RETURN - continued**

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SIEF	<b>.</b> -	Kead	Instructions	perore	vou	beam

	INTEREST & DIVIDENDS FROM	ALL SOURCES R	ound to the nearest whole dollar
	eral Income Tax Return: (See Instructions) ome. Enter the amount from Line 8(a) of your federal return	1(a)	3 6 5
	ncome. Enter the amount from Line 9(a) of your federal return	1(b)	1 5 9 5 0
(c) Federal Tax	e-Exempt Interest Income. Enter the amount from Line 8(b) of your federal re	turn 1(c)	5 0 4 8 0
(d) Subtotal In	terest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	6 6 7 9 5
	nuities or Actual Cash & Property Distributions From S-Corporations, Trusts/E 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES; 5		OTHER
l Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
2 Total Distributi	Total from su ons (Sum of Column IV above)	applemental schedule attached	
	Interest and Dividends Income and Distributions (Line 1(d) plus Line 2)	Subtotal 3	6 6 7 9 5
List payors and	amounts of interest and/or dividends NOT TAXABLE to New Hampshire incl	uded on Lines 1(a), 1(b), 1(c) and/or	
l Reason Code	II Name of Payor	Payor's ID Number	<b>IV</b> Non-Taxable Amount
(a) Subtotal of	non-taxable income above (Sum of Column IV) 4(a)		
	axable income from supplemental schedule (Attached) 4(b)		
	e income (Subtotal of Lines 4(a) plus 4(b)) 4(c)		
(d) Partugar re	esident non-taxable income pro rata share 4(d)		



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

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## **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 Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d)) 5 Gross Taxable Income (Line 3 minus Line 4) 6 Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign. Year of Birth Year of Birth Spouse 65 (or over) or disabled Spouse Blind 65 (or over) or disabled Blind x \$1200 = Check the exemptions that apply. Total number of boxes checked



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### INTEREST AND DIVIDENDS TAX RETURN - continued

ST	EP 4 - Calculate Your Tax, Credits, Interest and	Penalties								Roui	nd to tl	ne nea	rest wh	ole	doll	ar
0	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)								10				3	2	2	0
1	RSA 77-G Education Tax Credit	11														
2	New Hampshire Interest and Dividends Tax Net of Education  Credit (Line 10 minus Line 11. If negative enter zero)	on Tax							12				3	2	2	0
3	Payments:  (a) Tax paid with application for extension	13(a)		3	3	5	0									
	(b) Current year estimated tax payments	13(b)				5	0									
	(c) Credit carryover from prior tax period	13(c)						13	Subt	otal c	of Lines	: 13(a)	throug	h 13	(d)	
	(d) Paid with original return (Amended returns only)	13(d)	П										3	4	0	0
4	Subtotal Due (Line 12 minus Line 13 Subtotal)								14				-	1	8	C
5	Additions to Tax: (a) Interest	15(a)														
	(b) Failure to Pay	15(b)														
	(c) Failure to File	15(c)						15	Subt	otal c	of Lines	15(a)	throug	h 15	(d)	
	(d) Underpayment of Estimated Tax	15(d)														
s	TEP 5 - Calculate Your Net Balance Due or Over	payment									atom of				- 20	
16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)			1	8	0	(100 100 100 100 100 100 100 100 100 100								
	(b) Return Payment Made Electronically							16(b)		I						
17	Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)			17	P	ΑY	тні	s amo	UNT							
18	OVERPAYMENT (If balance due is less than zero, enter on Line 18)	18			1	8	0									
19	Amount of Line 18 to be applied to: (a) Credit - Next Year's Tax Liability			19(a	) <b>D</b>	10	тог	PAY								
	(b) Refund			19(b	) <b>D</b>	01	TOP	PAY						1	8	



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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 & INFORI	MATION	
Signature (in ink)		MMDDYYYY
		0 3 0 1 2 0 1 9
lf joint return, BOTH parties must sign, even	if only one had income	MMDDYYYY
rint Signatory Name(s) (and Title if applicat	le)	
AID DREDADED'S SIGNATURE & IN	IFORMATION	
	IFORMATION	MMDDYYYY
	IFORMATION	MMDDYYYY 0 3 0 1 2 0 1 9
Signature of Preparer	IFORMATION	
Signature of Preparer Printed Name of Preparer	IFORMATION	
Signature of Preparer Printed Name of Preparer ABC TAX PREPARER	IFORMATION  Preparer Identification Number	
Signature of Preparer Printed Name of Preparer ABC TAX PREPARER		
rinted Name of Preparer ABC TAX PREPARER reparer's Phone Number 6 0 3 2 7 1 6 6 6 6	Preparer Identification Number	
Printed Name of Preparer  ABC TAX PREPARER  Preparer's Phone Number  6 0 3 2 7 1 6 6 6 6	Preparer Identification Number	
AID PREPARER'S SIGNATURE & IN Signature of Preparer  Printed Name of Preparer  ABC TAX PREPARER  Preparer's Phone Number  6 0 3 2 7 1 6 6 6 6  Preparer's Address  5 MAIN ST  City / Town	Preparer Identification Number	0 3 0 1 2 0 1 9