

New Hampshire Interest and Dividends Tax Partnership Credit/Refund Test Case 10 - 2018

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 are reported on Line 2. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$349,250 resulting in tax prior to application of payments of \$17,463.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

PARTNERSHIP FINANCIAL

48 ISLINGTON STREET

PORTSMOUTH, NH 03801

FEIN: 00-2009876

DOB: N/A

Filing Status/Entity Type: Partnership

Other: The \$10,000 Overpayment – \$5,000 is applied as a credit to subsequent period and \$5,000 is refunded, no electronic funds deposit 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 2 0 0 9 8 7 6

Name of Partnership, Estate, or LLC PARTNERSHIP FINANCIAL

Number & Street Address 48 ISLINGTON ST

Address (continued)

City / Town State Zip Code + 4 (or Canadian Postal Code) PORTSMOUTH NH 0 3 8 0 1

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 MDDYYYY Established NH Residency FINAL DECEASED Date of Death

FINAL RETURN MDDYYYY 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					3	5	1	6	5	0
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					3	4	9	2	5	0

<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	<input type="text"/>							
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9					3	4	9	2	5	0



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

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

MMDDYYYY

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

TEST 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)