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

PORTMOUTH, 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 HampshireDepartment of Revenue Administration

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INTEREST AND DIVIDENDS TAX RETURN

STEP 1 - PRINT OR TYPE Last Name Check box if there has been a name change since last filing. Last Name	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
Check Box II there has been a name change since to a time. First Name MI Social Security Number First Name MI Social Security Number Name of Partnership, Estate, or LLC PARTNERSHIP FINANCIAL Number & Street Address 48 ISLINGTON ST Address (continued) City / Town PORTSMOUTH State Zip Code + 4 (or Canace Address) NH 0 3 8 0 1	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
Spouse's Last Name MI Social Security Number Name of Partnership, Estate, or LLC PARTNERSHIP FINANCIAL Number & Street Address 48 ISLINGTON ST Address (continued) City / Town State Zip Code + 4 (or Canaci Ports Mount) FIED 2 Partners Type and Alternate Address	filers is the 15th day of the 4th month after the close of the taxable period. Federal Employer ID Number or Department ID Number
First Name MI Social Security Number Name of Partnership, Estate, or LLC PARTNERSHIP FINANCIAL Number & Street Address 48 ISLINGTON ST Address (continued) City / Town PORTSMOUTH State Zip Code + 4 (or Canac NH	Federal Employer ID Number or Department ID Number
Name of Partnership, Estate, or LLC PARTNERSHIP FINANCIAL Number & Street Address 48 ISLINGTON ST Address (continued) City / Town PORTSMOUTH State Zip Code + 4 (or Canace NH 0 3 8 0 1	Department ID Number
PARTNERSHIP FINANCIAL Number & Street Address 48 ISLINGTON ST Address (continued) City / Town PORTSMOUTH State Zip Code + 4 (or Canada NH 0 3 8 0 1	
Number & Street Address 48 ISLINGTON ST Address (continued) City / Town PORTSMOUTH State Zip Code + 4 (or Canace NH 0 3 8 0 1	
48 ISLINGTON ST Address (continued) City / Town PORTSMOUTH State Zip Code + 4 (or Canac NH 0 3 8 0 1	
Address (continued) City / Town PORTSMOUTH State Zip Code + 4 (or Canace NH 0 3 8 0 1	
City / Town State Zip Code + 4 (or Canada NH DORTSMOUTH PORTSMOUTH NH 0 3 8 0 1	
PORTSMOUTH NH 0 3 8 0 1	
PORTSMOUTH NH 0 3 8 0 1	lian Postal Code)
STEP 2 - Return Type and Alternate Address % of NEW HAMPS	
ENTITY TYPE - Check One 1 - INDIVIDUAL 1 - JOINT X 3 - PARTNERSHIP 4 - ESTATE Tax Forms Mailing Address, City/Town, State & Zip Code	
INITIAL RETURN Established NH Residency FINAL DECEASED	of Death
MMDDYYYY Social FINAL RETURN Abandoned NH Residency	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	



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INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

	INTEREST & DIVIDEND	S FROM ALL SOURCES	Round to the nearest whole dollar
	r Federal Income Tax Return: (See Instructions) est Income. Enter the amount from Line 8(a) of your federal return	1(a)	8 6 3 5 0
	lend Income. Enter the amount from Line 9(a) of your federal return	1(b)	1 2 3 0 0
(c) Feder	ral Tax-Exempt Interest Income. Enter the amount from Line 8(b) of your	r federal return 1(c)	1 5 0 0
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	1 0 0 1 5 0
	ole Annuities or Actual Cash & Property Distributions From S-Corporation odes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ES		7 = OTHER
l Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
2	PAYOR 1	111111111	251500
	To	otal from supplemental schedule attached	
2 Total Dist	ributions (Sum of Column IV above) 2	2 5 1 5 0 0	
3 Subtotal (Gross Interest and Dividends Income and Distributions (Line 1(d) plus Li	ne 2) Subtotal 3	3 5 1 6 5 0
4 List payor	rs and amounts of interest and/or dividends NOT TAXABLE to New Ham	pshire included on Lines 1(a), 1(b), 1(c) and	d/or 2:
l Reason Code	e Name of Payor	III Payor's ID Number	IV Non-Taxable Amount
(a) Subto	etal of non-taxable income above (Sum of Column IV) 4(a)		
(b) Total	non-taxable income from supplemental schedule (Attached) 4(b)		
(c) Non-ta	axable income (Subtotal of Lines 4(a) plus 4(b)) 4(c)		



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

MAIL TO: NH DRA, PO BOX 637, CONCORD NH 03302-0637

4(d)

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INTEREST AND DIVIDENDS TAX RETURN - continued

INTEREST & DIVIDENDS FROM	ALL SOURCES Round	to the nearest w	hole do	ollar
Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d))	4			
Gross Taxable Income (Line 3 minus Line 4)	5	3 5	1 6	5 0
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	3 4	9 2	5 0
Year of Birth		Year of Birth		
Blind Spouse Blind 65 (or over) or disabled	Spouse 65 (or over) or disabled	d		
Check the exemptions that apply. Total number of boxes checked x \$1200 =	8			
Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9	3 4	9 2	2 5 0



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INTEREST AND DIVIDENDS TAX RETURN - continued STEP 4 - Calculate Your Tax, Credits, Interest and Penalties Round to the nearest whole dollar New Hampshire Interest and Dividends Tax 10 1 7 4 6 3 (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: 13(a) (a) Tax paid with application for extension 13(b) (b) Current year estimated tax payments (c) Credit carryover from prior tax period 13(c) 0 13 Subtotal of Lines 13(a) through 13(d) (d) Paid with original return (Amended returns only) 0 13(d) Subtotal Due (Line 12 minus Line 13 Subtotal) Additions to Tax: 15(a) (a) Interest (b) Failure to Pay 15(b) (c) Failure to File 15(c) 15 Subtotal of Lines 15(a) through 15(d) (d) Underpayment of Estimated Tax 15(d) STEP 5 - Calculate Your Net Balance Due or Overpayment (a) Subtotal Due (Line 14 plus Line 15 Subtotal) 16(a) 1 2 4 6 3 (b) Return Payment Made Electronically 16(b) 17 Net Balance Due (Line 16(a) minus Line 16(b)) 17 PAYTHIS AMOUNT (Make Check Payable to State of New Hampshire) 18 OVERPAYMENT 10000 (If balance due is less than zero, enter on Line 18) 19 Amount of Line 18 to be applied to:



(b) Refund

(a) Credit - Next Year's Tax Liability

19(a) DO NOT PAY

19(b) DO NOT PAY



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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 & INFORMA	ATION			
Signature (in ink)			MMDDYYYY	
			0 3 0 1 2 0 1 9	
If joint return, BOTH parties must sign, even if o	only one had income		MMDDYYYY	
Print Signatory Name(s) (and Title if applicable))			
TEST SIGNED				
	Filing as surviving spouse	10	rm 1310 attached	
AID DDEDADED'S SIGNATURE & INF	ORMATION			
	ORMATION		MMDDYYYY	
PAID PREPARER'S SIGNATURE & INF Signature of Preparer Printed Name of Preparer	ORMATION		MMDDYYYY	
Signature of Preparer	Preparer Identification Number		MMDDYYYY	
Signature of Preparer Printed Name of Preparer			MMDDYYYY	
Signature of Preparer Printed Name of Preparer Preparer's Phone Number	Preparer Identification Number	State	MMDDYYYY Zip Code + 4 (or Canadian Postal Code	