

New Hampshire Interest and Dividends Tax Partnership Refund Test Case 11 - 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 are no distributions from another entity 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 \$30,077 resulting in tax prior to application of payments of \$1,504.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

PARTNERSHIP LLC

28 MIDDLE HANCOCK RD

PETERBOROUGH, NH 03458

FEIN: 00-2009999

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Overpayment of \$196 is requested as a refund, 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: MMDDYYYY 0 1 0 1 2 0 1 8 and ending: MMDDYYYY 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 9 9 9

Name of Partnership, Estate, or LLC PARTNERSHIP LLC

Number & Street Address 28 MIDDLE HANCOCK RD

Address (continued) PO BOX 2

City / Town PETERBOROUGH State NH Zip Code + 4 (or Canadian Postal Code) 0 3 4 5 8

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 MMDDYYYY Established NH Residency FINAL DECEASED Date of Death

FINAL RETURN MMDDYYYY 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

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	7	1	5	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)

SIGNED

Taxpayer's Phone Number

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Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

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Printed Name of Preparer

TEST PREPARER

Preparer's Phone Number

6	0	3	2	3	0	5	0	2	0
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Preparer Identification Number

P	8	9	9	9	9	9	9	9
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Preparer's Address

12 TEST AVE

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0	3	3	0	2			
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