New Hampshire Interest and Dividends Tax Partnership Balance Due Test Case 7 - 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). There are no distributions from other entities reported on Line 2. There is tax-exempt amounts are deducted on Line 4. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$48,489 resulting in tax of \$2,424 prior to application of payments of \$1,500.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

THE PARTNERSHIP

PO BOX 104

MIRROR LAKE, NH 03853

FEIN: 00-2004321

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Balance due of \$924. Electronic funds withdrawal via ACH Debit.

DO NOT STAPLE



New HampshireDepartment of Revenue Administration

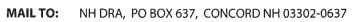
2018 **DP-10**



INTEREST AND DIVIDENDS TAX RETURN

		MMDD				MMDDYYYY					
For the CALENDAR year 2018 or	other taxable period begi	nning: 0 1	0 1 2 0	1 8	and ending:	1 2 3	1 2 () 1	8		
STEP 1 - PRINT OR TYPE Last Name	Check	box if there h	as been a name	change si	nce last fillng		year f	filers	is on	ALENI or be	
First Name		MI	Social Security N	lumber			Due D filers is 4	s the th m	for FI 15th ionth	SCAL : day o after	
Spouse's Last Name										of the eriod.	
First Name		MI	Social Security N	lumber			Federal Departr	ment II	D Nun	nber	er or
							0 0	2 (0 0	4 3	2 1
Name of Partnership, Estate, or LL	<u> </u>										
Number & Street Address											
PO BOX 104											
Address (continued)											
City / Town			Stat	e	Zip Code + 4 (or Canadian F	ostal Cod	e)			
MIRROR LAKE			NH		0 3 8	5 3					
STEP 2 - Return Type and	Alternate Address				% of NEV	/ HAMPSHIRE	E Ownersl	air			
ENTITY TYPE - Check One	Tarana Ma					n Entity Type					
1 - INDIVIDUAL		PARTNERSHIP	4 - ES	FATE		1					
Tax Forms Mailing Address, City	Town, State & ZIP Code										
MMI INITIAL RETURN	DDYYYY	Established I	NH Residency	FINAL	_ DECEASED	Date of Dea	ath		I.,		
FINAL RETURN	DDYYYY	Abandoned	NH Residency			Social Secu	irity Numl	ber			
AMENDED RETURN. DO N	IOT use this form to report	t IRS adjustmer	nt								
Check Appropriate Box	:										
Payment Required	Refund Requ	uest	Credit N	ext Year'	s Tax Liabili	ty	□ No	Payr	ment	Requ	ired









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INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

	INTEREST & DIVIDEN	DS 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)	1 0
	end Income. Enter the amount from Line 9(a) of your federal return	1(b)	5 2 8 6 6
(c) Federa	al Tax-Exempt Interest Income. Enter the amount from Line 8(b) of yo	our federal return 1(c)	2 2
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	5 2 8 9 8
	le Annuities or Actual Cash & Property Distributions From S-Corporat odes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR		= OTHER
Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
2 Total Distr	ributions (Sum of Column IV above) 2	Total from supplemental schedule attached	
Subtotal G	Gross Interest and Dividends Income and Distributions (Line 1(d) plus	Line 2) Subtotal 3	5 2 8 9 8
List payors	s and amounts of interest and/or dividends NOT TAXABLE to New Ha		
Reason Code	II Payor Name of Payor	III Payor's ID Number	I V Non-Taxable Amount
03	USA TAX EXEMPT PAYOR 18	123322155	2 0 0 9
(a) Subtot	tal of non-taxable income above (Sum of Column IV) 4(a)	2009	
(b) Total n	non-taxable income from supplemental schedule (Attached) 4(b)		
(c) Non-ta	exable income (Subtotal of Lines 4(a) plus 4(b)) 4(c)	2009	
(d) Part-ye	ear resident non-taxable income pro rata share 4(d)		



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INTEREST AND DIVIDENDS TAX RETURN - continued

S	TEP 3 - (continued) Read instructions before you begin								
	INTEREST & DIVIDENDS FROM ALL SOU	RCES	Rou	ind to the n	earest v	vhole	e dol	lar	
ļ	Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d))	4				2	0	0	9
	Gross Taxable Income (Line 3 minus Line 4)	5			5	0	8	8	9
	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers		6			2	4	0	(
	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7			4	8	4	8	ç
_	Year of Birth			Year	of Birth				
	Blind Spouse Blind 65 (or over) or disabled Sp	oouse 65 (or over)	or disab	oled					
3	Check the exemptions that apply. Total number of boxes checked x \$1200 =	8							
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9			4	8	4	8	9



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ST	EP 4 - Calculate Your Tax, Credits, Interest ar	nd Penalties									Rour	nd to	the	neare	st wh	ole	doll	ar
10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)									10					2	4	2	4
1	RSA 77-G Education Tax Credit	11																
2	New Hampshire Interest and Dividends Tax Net of Educa Credit (Line 10 minus Line 11. If negative enter zero)	ation Tax								12					2	4	2	4
3	Payments: (a) Tax paid with application for extension	13(a)																
	(b) Current year estimated tax payments	13(b)			1	5	0	0										
	(c) Credit carryover from prior tax period	13(c)							13	Subt	otal o	of Lir	nes 13	3(a) th	roug	h 13	(d)	
	(d) Paid with original return (Amended returns only)	13(d)													1	5	0	0
4	Subtotal Due (Line 12 minus Line 13 Subtotal)									14						9	2	4
15	Additions to Tax: (a) Interest	15(a)																
	(b) Failure to Pay	15(b)																
	(c) Failure to File	15(c)							15	Subt	otal o	ıf Lir	nes 15	5(a) th	roug	h 15	(d)	
	(d) Underpayment of Estimated Tax	15(d)																
S	EP 5 - Calculate Your Net Balance Due or Ov	erpayment	 															
16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)				9	2	4										
	(b) Return Payment Made Electronically								16(b)									
17	Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire)				17	P	ΑY	тні	S AMOL	TNL						9	2	4
18	OVERPAYMENT (If balance due is less than zero, enter on Line 18)	18		Ţ									1					
9	Amount of Line 18 to be applied to: (a) Credit - Next Year's Tax Liability			1	9(a)	D	0 1	ЮТ	PAY									
	(b) Refund			1	9(b)	D	10	TOP	PAY									



MAIL TO:



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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.)

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

TAXPAYER'S S	IGIVA	•	- 00																				
Signature (in ink))												MM	DD	ΥY	Υ							
													0	4	1	2	2	0	1	9			
If joint return, BO	OTH partie	es m	nust si	gn, even	if only	one l	had i	ncon	ne				MM	IDD	ΥY	Υ							
Print Signatory Na	ame(s) (a	and T	Title if	applicab	le)																		
TAXPAYER																							
Taxpayer's Phone			5	5			Filin	g as s	urviv	ing sį	oouse		Form 1	310	at	ach	ed						
-															_				_				
PAID PREPARE Signature of Prep		GN	ATU	RE & IN	IFOR	MAI	rioi	N					мм О				! 2	. 0	1	9			
Signature of Prep Printed Name of 8	parer Preparer		ATU	RE & IN	IFOR	MAI	rioi	N									! 2	0	1	9			
Signature of Prep	parer Preparer		ATU	RE & IN	IFOR	MAI	rioi	N									2	. 0	1	9			
Signature of Prep	parer Preparer	•	ATU	RE & IN					ation I	Numl	per						! 2	9 0	1	9			
Signature of Prep Printed Name of S TEST POA CPA	parer Preparer A Number	r				parei	r Ider	ntifica	ation I		oer 9 1						2	2 0	1	9			
Signature of Prep Printed Name of S TEST POA CPA Preparer's Phone	Preparer A Number 2 4 5	r			Pre	parei	r Ider	ntifica									! 2	2 0	1	9			
Printed Name of PTEST POA CPA Preparer's Phone 6 0 3 2 2	Preparer A Number 2 4 5	r			Pre	parei	r Ider	ntifica									2	2 0	1	9			
Printed Name of STEST POA CPA Preparer's Phone 6 0 3 2 2 Preparer's Address	Preparer A Number 2 4 5	r			Pre	parei	r Ider	ntifica				State	0	4		2					Code)		