

New Hampshire Interest and Dividends Tax Partnership Credit Test Case 9 - 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 distributions from another entity(s) are reported on Line 2 including an amount from a supplemental schedule (required attachment) content at your discretion. There are tax exempt amounts are deducted on Line 4 including an amount on Line 4(b) from a supplemental schedule (required attachment) content at your discretion. After deduction of the \$2,400 exemption, Adjusted Taxable Income is \$47 resulting in tax prior to application of payments of \$2.

Federal Forms: Not included

New Hampshire Form(s): DP-10

Taxpayer:

A PARTNERSHIP

C/O ALLAN SMITH

37 OLD MILFORD RD

BROOKLINE NH 03033

FEIN: 00-2006789

DOB: N/A

Filing Status/Entity Type: Partnership

Other: Overpayment of \$598 to be applied to subsequent taxable periods.

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 6 7 8 9

Name of Partnership, Estate, or LLC A PARTNERSHIP

Number & Street Address C/O ALLAN SMITH

Address (continued) 37 OLD MILFORD RD

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

STEP 2 - Return Type and Alternate Address

% of NEW HAMPSHIRE Ownership Interest in Entity Type

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								3	1	1	6	8
5	Gross Taxable Income (Line 3 minus Line 4)	5								2	4	4	7	
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												4 7

Blind
 Spouse Blind
 65 (or over) or disabled
 Year of Birth

 Spouse 65 (or over) or disabled
 Year of Birth

8	Check the exemptions that apply. Total number of boxes checked <input type="text"/> x \$1200 =	8												
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9												4 7



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)

[Signature line]

MMDDYYYY

0 2 0 1 2 0 1 9

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

[Signature line]

MMDDYYYY

[Date boxes]

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

SIGNED

Taxpayer's Phone Number

6 0 3 2 3 0 5 0 5 0

Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

[Signature line]

MMDDYYYY

0 2 0 1 2 0 1 9

Printed Name of Preparer

TEST PREPARER 1

Preparer's Phone Number

6 0 3 8 8 8 6 4 4 6

Preparer Identification Number

P 1 1 1 1 1 1 1 2

Preparer's Address

6 MAIN ST

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0 3 3 0 2