DO NOT STAPLE



New Hampshire Department of

2015 DP-10



		N	IMDDYYYY		1	MMDDYYYY	
For the CALENDAR year 20	15 or other taxable				and ending:		
STEP 1 - PRINT OR TY Last Name	YPE	Check box if the	ere has been	a name change s	ince last filing.	Due	Date for CALENDAR filers is on or before
First Name		MI	Social S	ecurity Number		Due I filers i	April 15, 2016. Date for FISCAL year s the 15th day of the th month after
Spouse's Last Name							he close of the axable period.
First Name		MI	Social S	ecurity Number			Employer ID Number or ment ID Number
Name of Partnership, Estate	e, or LLC						
Number & Street Address							
Address (continued)							
City / Town				State	Zip Code + 4 (d	or Canadian Postal Cod	e)
ENTITY TYPE - Check O 1 - INDIVIDUAL		Address 3 - PARTNER	SHIP	4 - ESTATE		HAMPSHIRE Owners Entity Type	nip
Tax Forms Mailing Addres	ss, City/Town, State 8	a Zip Code					
INITIAL RETURN	MMDDYYYY	Establi	shed NH Resid	dency FINA	AL DECEASED	Date of Death	
	MMDDYYYY					Social Security Num	ber
FINAL RETURN		Aband	oned NH Resi	dency			

Payment Enclosed

Refund Request



No Payment Required

Credit Next Year's Tax Liability





INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

	INTEREST & DI	VIDENDS FROM ALL	SOURCES	Round to the nearest whole dollar
	n Your Federal Income Tax Return: (See Instructions) Interest Income. Enter the amount from Line 8(a) of your federal re	eturn	1(a)	
(b)	Dividend Income. Enter the amount from Line 9(a) of your federal	return	1(b)	
(c)	Federal Tax-Exempt Interest Income. Enter the amount from Line	8(b) of your federal return	1(c)	
(d)	Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) a	nd 1(c))	Subtotal 1(d)	
2 List	Faxable Annuities or Actual Cash & Property Distributions From S-0	Corporations, Trusts/Estate	s, Partnerships, and LLCs:	
En	tity Codes: $2 = S$ -CORPORATIONS; $3 = PARTNERSHIPS$; $4 = TRUE$	USTS OR ESTATES; 5 = LL	C; 6 = OTHER	
I Entity (II Code Name of Payor		III Payor's ID Number	IV Distribution Amount
		Total from supple	mental schedule attached	
2 Tota	l Distributions (Sum of Column IV above)	2		
3 Subt	cotal Gross Interest and Dividends Income and Distributions (Line	1(d) plus Line 2)	Subtotal 3	
4 List _l	payors and amounts of interest and/or dividends NOT TAXABLE to	New Hampshire included	on Lines 1(a), 1(b), 1(c) and	d/or 2:
I Reason			III Payor's ID Number	IV Non-Taxable Amount
(a) S	ubtotal of non-taxable income above (Sum of Column IV)	4(a)		
	otal non-taxable income from supplemental schedule (Attached)			
(c) N	lon-taxable income (Subtotal of Lines 4(a) plus 4(b))	4(c)		
(d) F	Part-year resident non-taxable income pro rata share	4(d)		







S	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
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.
_	Year of Birth Year of Birth
	Blind Spouse Blind 65 (or over) or disabled Spouse 65 (or over) or disabled
8	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.

INTEREST AND DIVIDENDS TAX RETURN - continued



MAIL TO:

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INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 4 - Calculate Your Tax, Credits, Interes	et and Penalties	Round to the nearest whole dollar
10 New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)		10
11 Payments: (a) Tax paid with Application for Extension	11(a)	
(b) Payments from current tax period Estimated Tax	11(b)	
(c) Credit carryover from prior tax period	11(c)	11 Subtotal of Lines 11(a) through 11(d)
(d) Paid with original return (Amended returns only)	11(d)	
12 Subtotal Due (Line 10 minus Line 11 Subtotal)		12
13 Additions to Tax: (a) Interest	13(a)	
(b) Failure to Pay	13(b)	
(c) Failure to File	13(c)	13 Subtotal of Lines 13(a) through 13(d)
(d) Underpayment of Estimated Tax	13(d)	
STEP 5 - Calculate Your Net Balance Due or	Overpayment	
14 (a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)	
(b) Return Payment Made Electronically		14(b)
15 Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)		15 PAY THIS AMOUNT
16 OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16	
17 Amount of Line 16 to be applied to: (a) Credit - Next Year's Tax Liability		17(a)
(b) Refund		17(b) DO NOT PAY







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.)

TAXPAYER'S SIGNATURE & INFO	RMATION		
Signature (in ink)		M	MDDYYYY
If joint return, BOTH parties must sign, ev	en if only one had income	M	MDDYYYY
Print Signatory Name (and Title if applical	ole)		
	Filing as surviving spouse	Form	1310 attached
DAID DDEDADED'S SIGNATUDE 9.			
			MDDYYYY
Signature of Preparer			
Signature of Preparer			
Signature of Preparer Printed Name of Preparer			
Signature of Preparer Printed Name of Preparer	INFORMATION		
Signature of Preparer Printed Name of Preparer Preparer's Phone Number	INFORMATION		
Signature of Preparer Printed Name of Preparer	INFORMATION		
Printed Name of Preparer Preparer's Phone Number	INFORMATION Preparer Identification Number	M	



