#### DO NOT STAPLE



# **New Hampshire**Department of

2016 DP-10



Revenue Administration INTEREST AND DIVIDENDS TAX RETURN **MMDDYYYY MMDDYYYY** For the CALENDAR year **2016** or other taxable period beginning: and ending: **STEP 1 - PRINT OR TYPE** Check box if there has been a name change since last filing. Due Date for CALENDAR Last Name year filers is on or before April 15, 2017. Due Date for FISCAL year First Name Social Security Number M filers is the 15th day of the 4th month after the close of the Spouse's Last Name taxable period. Federal Employer ID Number or First Name Social Security Number M Department ID Number Name of Partnership, Estate, or LLC **Number & Street Address** Address (continued) City / Town State Zip Code + 4 (or Canadian Postal Code) 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 Tax Forms Mailing Address, City/Town, State & Zip Code **MMDDYYYY** Date of Death **INITIAL RETURN** Established NH Residency FINAL DECEASED **MMDDYYYY** Social Security Number FINAL RETURN Abandoned NH Residency

AMENDED RETURN. DO NOT use this form to report IRS adjustment







### **INTEREST AND DIVIDENDS TAX RETURN - continued**

### STEP 3 - Read instructions before you begin

	INTEREST & DIV	IDENDS 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 retu	urn	1(a)	
(b) Divid	lend Income. Enter the amount from Line 9(a) of your federal re	eturn	1(b)	
(c) Feder	ral Tax-Exempt Interest Income. Enter the amount from Line 8(t	b) of your federal return	1(c)	
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and	l 1(c))	Subtotal 1(d)	
List Taxab	ole Annuities or Actual Cash & Property Distributions From S-Co	orporations, Trusts/Estates	, Partnerships, and LLCs:	
Entity Co	odes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUS	TS OR ESTATES; 5 = LLC	; 6 = OTHER	
<b>I</b> Entity Code	<b>II</b> Name of Payor		<b>III</b> Payor's <b>I</b> D Number	<b>IV</b> Distribution Amount
		Total from supplem	nental schedule attached	
Total Dist	ributions (Sum of Column IV above)	2		
Subtota <b>l</b> (	Gross Interest and Dividends Income and Distributions (Line 1(d	d) p <b>l</b> us Line 2)	Subtotal 3	
List payor	s and amounts of interest and/or dividends NOT TAXABLE to N	lew Hampshire included o	n Lines 1(a), 1(b), 1(c) and	d/or 2:
Reason Code	<b>II</b> e Name of Payor		<b>III</b> Payor's ID Number	<b>IV</b> Non-Taxab <b>l</b> e Amount
		4(a)		
(b) Tota <b>l</b> r	non-taxable income from supplemental schedule (Attached)	4(b)		
(c) Non-ta	exable income (Subtotal of Lines 4(a) plus 4(b))	4(c)		
(d) Part-ye	ear resident non-taxable income pro rata share	4(d)		









# **INTEREST AND DIVIDENDS TAX RETURN - continued**

S	TEP 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
5	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers 6
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**

S.	TEP 4 - Calculate Your Tax, Credits, Interest a	nd Penalties	Round to the nearest wh	ole 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) Current year estimated tax payments	11(b)		
	(c) Credit carryover from prior tax period	11(c)	11 Subtotal of Lines 11(a) through	n 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)		
	TEP 5 - Calculate Your Net Balance Due or Ov	erpayment		
14	(a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)		
	(b) Return Payment Made Electronically		14(b)	
15	<b>Net Balance Due</b> (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) <b>DO NOT PAY</b>	









#### **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.)

Signature (in ink)	MMDDVVVV
orginature (in mik)	MMDDYYYY
If joint return, BOTH parties must sign, even if only one had income	MMDDYYYY
Print Signatory Name(s) (and Title if applicable)	
The organic of the management	
axpayer's Phone Number	
Filing as surviving spouse	Form 1310 attached
AID PREPARER'S SIGNATURE & INFORMATION	
AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer	MMDDYYYY
	MMDDYYYY
Signature of Preparer	MMDDYYYY
	MMDDYYYY
Signature of Preparer  Printed Name of Preparer	MMDDYYYY
Signature of Preparer	MMDDYYYY
Signature of Preparer  Printed Name of Preparer	MMDDYYYY
Signature of Preparer  Printed Name of Preparer	MMDDYYYY
Printed Name of Preparer  Preparer's Phone Number  Preparer Identification Number	MMDDYYYY
Printed Name of Preparer  Preparer's Phone Number  Preparer's Address	
Printed Name of Preparer  Preparer's Phone Number  Preparer Identification Number	MMDDYYYY  State Zip Code + 4 (or Canadian Postal Code)





