DO NOT STAPLE

For the CALENDAR year **2017** or other taxable

STEP 1 - PRINT OR TYPE



Last Name

First Name

Spouse's Last Name

New HampshireDepartment of Revenue Administration

hire of tration	2017 DP-10	00DP101711862
INTERES	ST AND DIVIDEN	DS TAX RETURN
period beginnin	MMDDYYYY	MMDDYYYY and ending:
	of there has been a nam	Due Date for CALENDAR year filers is on or before April 15, 2018. Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period.

First Name	MI	Social Security Number		Federal Employer ID Number or Department ID Number
Name of Partnership, Estate, or LLC				
Number & Street Address				
Address (continued)				
City / Town		State	Zip Code + 4 (or Canadian P	Postal Code)
ENTITY TYPE - Check One 1 - INDIVIDUAL Tax Forms Mailing Address, City/Town	JOINT 3 - PARTNERSH	HIP 4 - ESTATE	% of NEW HAMPSHIRE Interest in Entity Type	
INITIAL RETURN MMDDYY MMDDYY FINAL RETURN	Establishe	ed NH Residency FINA	Date of Dea	rity Number

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 & DIVIDE	NDS 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)	
(b) Divid	lend Income. Enter the amount from Line 9(a) of your federal return	1(b)	
(c) Feder	ral Tax-Exempt Interest Income. Enter the amount from Line 8(b) of	your federal return 1(c)	
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c)	Subtotal 1(d)	
	ole Annuities or Actual Cash & Property Distributions From S-Corporodes: $2 = S$ -CORPORATIONS; $3 = PARTNERSHIPS$; $4 = TRUSTS O$		
I ntity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
		Total from supplemental schedule attached	1
Total Disti	ributions (Sum of Column IV above) 2		
Subtotal C	Gross Interest and Dividends Income and Distributions (Line 1(d) plu	us Line 2) Subtotal 3	
List payor	s and amounts of interest and/or dividends NOT TAXABLE to New H	Hampshire included on Lines 1(a), 1(b), 1(c) ar	nd/or 2:
I eason Code	II e Name of Payor	III Payor's ID Number	IV Non-Taxable Amount
(a) Subtot	tal of non-taxable income above (Sum of Column IV) 4(a)		
(b) Total 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
6	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. 7
Т	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

STEP 4 - Calculate Your Tax, Credits, Interest an	nd Penalties			Round to the nearest whole dollar
New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)			10	
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 Subt	otal of Lines 11(a) through 11(d)
(d) Paid with original return (Amended returns only)	11(d)			
2 Subtotal Due (Line 10 minus Line 11 Subtotal)			12	
3 Additions to Tax: (a) Interest	13(a)			
(b) Failure to Pay	13(b)			
(c) Failure to File	13(c)		13 Subto	otal of Lines 13(a) through 13(d)
(d) Underpayment of Estimated Tax	13(d)			
STEP 5 - Calculate Your Net Balance Due or Ove	rpayment			
4 (a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)			
(b) Return Payment Made Electronically			14(b)	
5 Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)		15 PAYTHIS	AMOUNT	
6 OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16			
7 Amount of Line 16 to be applied to: (a) Credit - Next Year's Tax Liability			17(a)	
(b) Refund		17(b) DO NOT P	AY	







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	IMDDYYYY
If joint return, BOTH parties must sign, ev	en if only one had income	M	IMDDYYYY
Print Signatory Name(s) (and Title if applic	cable)		
Taxpayer's Phone Number	Filing as surviving spouse	Form	n 1310 attached
	INFORMATION		
PAID PREPARER'S SIGNATURE & Signature of Preparer	INFORMATION		IMDDYYYY
Signature of Preparer	INFORMATION		IMDDYYYY
Signature of Preparer	INFORMATION		IMDDYYYY
Signature of Preparer Printed Name of Preparer			IMDDYYYY
Signature of Preparer	INFORMATION Preparer Identification Number		IMDDYYYY
Signature of Preparer Printed Name of Preparer Preparer's Phone Number			IMDDYYYY
Signature of Preparer Printed Name of Preparer Preparer's Phone Number			IMDDYYYY
Signature of Preparer Printed Name of Preparer			IMDDYYYY
Printed Name of Preparer Preparer's Phone Number	Preparer Identification Number	M	ip Code + 4 (or Canadian Postal Code)



