DO NOT STAPLE



New Hampshire Department of Revenue Administration

2018 **DP-10**



	MMDDYYYY MME	DDYYYY
For the CALENDAR year 2018 or other taxable		
	3	
TEP 1 - PRINT OR TYPE .ast Name	Check box if there has been a name change since last filing.	Due Date for CALENDAR year filers is on or before
First Name	MI Social Security Number	April 15, 2019. Due Date for FISCAL year filers is the 15th day of the 4th month after
Spouse's Last Name		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		
Number & Street Address Address (continued)		
	State Zip Code + 4 (or Ca	nadian Postal Code)
Address (continued) City / Town	e Address	
Address (continued) City / Town	e Address	MPSHIRE Ownership
Address (continued) City / Town TEP 2 - Return Type and Alternate	e Address % of NEW HAI	MPSHIRE Ownership
Address (continued) City / Town TEP 2 - Return Type and Alternate ENTITY TYPE - Check One	P Address % of NEW HAI Interest in Ent 3 - PARTNERSHIP 4 - ESTATE	MPSHIRE Ownership
Address (continued) City / Town CTEP 2 - Return Type and Alternate ENTITY TYPE - Check One 1 - INDIVIDUAL 1 - JOINT	P Address % of NEW HAI Interest in Ent 3 - PARTNERSHIP 4 - ESTATE	MPSHIRE Ownership
Address (continued) City / Town CTEP 2 - Return Type and Alternate ENTITY TYPE - Check One 1 - INDIVIDUAL 1 - JOINT	**Address % of NEW HAI Interest in Ent 3 - PARTNERSHIP 4 - ESTATE & Zip Code	MPSHIRE Ownership
Address (continued) TEP 2 - Return Type and Alternate ENTITY TYPE - Check One 1 - INDIVIDUAL 1 - JOINT Tax Forms Mailing Address, City/Town, State	**Address	MPSHIRE Ownership ity Type
Address (continued) City / Town CTEP 2 - Return Type and Alternate ENTITY TYPE - Check One 1 - INDIVIDUAL 1 - JOINT Tax Forms Mailing Address, City/Town, State MMDDYYYY INITIAL RETURN MMDDYYYY	Address % of NEW HAI Interest in Ent 3 - PARTNERSHIP 4 - ESTATE & Zip Code Date	MPSHIRE Ownership ity Type te of Death



MAIL TO: NH DRA, PO BOX 637, CONCORD NH 03302-0637







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 2(b) of your federal re	turn	1(a)	
(b) Divid	lend Income. Enter the amount from Line 3(b) of your federal	return	1(b)	
(c) Feder	ral Tax-Exempt Interest Income. Enter the amount from Line 2	(a) of your federal return	1(c)	
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) an	nd 1(c))	Subtotal 1(d)	
	ole Annuities or Actual Cash & Property Distributions From S-C odes: $2 = S$ -CORPORATIONS; $3 = PARTNERSHIPS$; $4 = TRU$			7 = OTHER
I Entity Code	II Name of Payor		III Payor's ID Number	IV Distribution Amount
		Total from supple	mental schedule attached	
Total Dist	ributions (Sum of Column IV above)	2		
Subtotal C	Gross Interest and Dividends Income and Distributions (Line 1	(d) plus Line 2)	Subtotal 3	
List payor	rs 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 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	axable income (Subtotal of Lines 4(a) plus 4(b))	4(c)		
(d) Part-ve	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.
	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.



MAIL TO:





S	TEP 4 - Calculate Your Tax, Credits, Interest ar	d Penalties			Rou	ınd	to th	ie ne	are	st wh	ole do	ollar
10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)			10								0
11	RSA 77-G Education Tax Credit	11										
12	New Hampshire Interest and Dividends Tax Net of Educa Credit (Line 10 minus Line 11. If negative enter zero)	tion Tax		12								0
13	Payments: (a) Tax paid with application for extension	13(a)										
	(b) Current year estimated tax payments	13(b)										
	(c) Credit carryover from prior tax period	13(c)	13 S	ubto	otal (of Li	nes	13(a)) thr	ough	13(d))
	(d) Paid with original return (Amended returns only)	13(d)										
14	Subtotal Due (Line 12 minus Line 13 Subtotal)			14								
15	Additions to Tax: (a) Interest	15(a)										
	(b) Failure to Pay	15(b)										
	(c) Failure to File	15(c)	15 Si	ubto	tal c	of Li	nes 1	5(a)	thr	ough	15(d)	
	(d) Underpayment of Estimated Tax	15(d)										
_ S	FEP 5 - Calculate Your Net Balance Due or Ove	rpayment										
16 16((a) Subtotal Due (Line 14 plus Line 15 Subtotal)											
	(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 PAY THIS AMOUN	Т								
8	OVERPAYMENT (If balance due is less than zero, enter on Line 18)	18										
9	Amount of Line 18 to be applied to: (a) Credit - Next Year's Tax Liability	19	(a) DO NOT PAY									
	(b) Refund	19	(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 & IN	IFORMATION		
Signature (in ink)			MMDDYYYY
If joint return, BOTH parties must sign	n, even if only one had income		MMDDYYYY
Print Signatory Name(s) (and Title if ap	oplicable)		
Taxpayer's Phone Number	Filing as surviving spouse	Fo	orm 1310 attached
	E & INFORMATION		MMDDYYYY
PAID PREPARER'S SIGNATUR Signature of Preparer	E & INFORMATION		MMDDYYYY
	E & INFORMATION		MMDDYYYY
Signature of Preparer	E & INFORMATION		MMDDYYYY
Signature of Preparer	E & INFORMATION Preparer Identification Number		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			MMDDYYYY
Printed Name of Preparer Preparer's Phone Number		State	MMDDYYYY Zip Code + 4 (or Canadian Postal Code)



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