DO NOT STAPLE



New HampshireDepartment of Revenue Administration

2019 DP-10



INTEREST AND DIVIDENDS TAX RETURN **MMDDYYYY MMDDYYYY** and ending: For the CALENDAR year **2019** or other taxable period beginning: **STEP 1 - PRINT OR TYPE** Due Date for CALENDAR Check box if there has been a name change since last filing. year filers is on or before Last Name April 15, 2020. Due Date for FISCAL year filers is the 15th day of the First Name Social Security Number MI 4th month after the close of the taxable period. Spouse's Last Name If you have a DIN, use the DIN in the taxpayer ID box. **DO NOT use FEIN or SSN** First Name Social Security Number MI Taxpayer Identification 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 3 - PARTNERSHIP/LLC 4 - ESTATE 1 - INDIVIDUAL **1** - JOINT 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 **Check Appropriate Box(es):** No Payment Required Payment Required **Refund Request** Credit Next Year's Tax Liability











INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

	INTEREST & DIVIDEN	DS 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 return	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 yo	our 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-Corporatodes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR		
l ntity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
		Total from supplemental schedule attached	ı
Total Distr	ributions (Sum of Column IV above) 2		
Subtotal G	Gross Interest and Dividends Income and Distributions (Line 1(d) plus	Line 2) Subtotal 3	
List payors	s and amounts of interest and/or dividends NOT TAXABLE to New Ha	mpshire included on Lines 1(a), 1(b), 1(c) an	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-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
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.



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	INTEREST AN	ID DIVIDENDS TAX RE	TURN - continue	d
Sī	EP 4 - Calculate Your Tax, Credits, Interest a	nd Penalties		Round to the nearest whole dollar
10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)			10
11	RSA 77-G Education Tax Credit	11		
12	New Hampshire Interest and Dividends Tax Net of Educ Credit (Line 10 minus Line 11. If negative enter zero)	ation Tax		12
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	Subtotal of Lines 13(a) through 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	Subtotal of Lines 15(a) through 15(d)
	(d) Underpayment of Estimated Tax	15(d)		
 S1	EP 5 - Calculate Your Net Balance Due or Ov	erpayment		
16	(a) Subtotal Due (Line 14 plus Line 15 Subtotal)	16(a)		
	(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 AMOU	JNT
18	OVERPAYMENT (If balance due is less than zero, enter on Line 18)	18		
19	Amount of Line 18 to be applied to: (a) Credit - Next Year's Tax Liability		9(a) DO NOT PAY	
	(b) Refund	1	9(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.)

'AXPAYER'S SIGNATURE & INFOR	IWATION		
Signature (in ink)		MMDD	YYYY
lf joint return, BOTH parties must sign, ever	n if only one had income	MMDD	YYYY
Print Signatory Name(s) (and Title if applica	ble)		
Taynayar's Dhana Numbar			
axpayer's Phone Number			
	Filing as surviving spouse	Form 1310	attached
AID PREPARER'S SIGNATURE & I	NFORMATION		
	NFORMATION	MMDD	YYYY
	NFORMATION	MMDD	YYYY
Signature of Preparer	NFORMATION	MMDD	YYYY
Signature of Preparer	NFORMATION	MMDD	YYYY
Signature of Preparer	NFORMATION	MMDD	YYYY
Signature of Preparer Printed Name of Preparer	NFORMATION Preparer Identification Number	MMDD	YYYY
Signature of Preparer Printed Name of Preparer		MMDD	YYYY
Signature of Preparer Printed Name of Preparer		MMDD	YYYY
Printed Name of Preparer Preparer's Phone Number		MMDD	YYYY
Signature of Preparer Printed Name of Preparer Preparer's Phone Number		MMDD	YYYY
Printed Name of Preparer Preparer's Phone Number Preparer's Address	Preparer Identification Number		
Printed Name of Preparer Preparer's Phone Number			YYYY de + 4 (or Canadian Postal Code)



