DO NOT STAPLE



New Hampshire Department of Revenue Administration

2021 DP-10



		MM	DDYYYY			MMDDYYY	Υ	
or the CALENDAR year 20 2	21 or other taxable period begin	nning:			and ending	g:		
TEP 1 - PRINT OR TY	PE Check	box if there	e has been a	name change	e since last fili	ng.	year filers	for CALENDAR is on or before 15, 2022.
irst Name		MI	Social Sec	curity Number			Due Date of filers is the 4th m	for FISCAL year 15th day of the nonth after lose of the
pouse's Last Name								ole period. a DIN, use the DI
irst Name		MI	Social Sec	curity Number			in the tax DO NOT u	xpayer ID box. use FEIN or SSN ntification Numbe
Name of Partnership, Estate,	, or LLC							
Number & Street Address								
ddress (continued)							Unit Type	Unit #
City / Town				State	Zip Code -	4 (or Canadiar	n Postal Code)	
City / Town				State	Zip Code -	4 (or Canadiar	n Postal Code)	
TEP 2 - Return Type ENTITY TYPE - Check O 1 - INDIVIDUAL		PARTNERSH	IIP/LLC	State 4 - ESTATE	% of N		RE Ownership	
TEP 2 - Return Type ENTITY TYPE - Check O 1 - INDIVIDUAL	ne 1 - JOINT 3 - s, City/Town, State & Zip Code	PARTNERSH	IIP/LLC		% of N	EW HAMPSHI st in Entity Typ	RE Ownership De	
TEP 2 - Return Type ENTITY TYPE - Check O 1 - INDIVIDUAL	ne 1 - JOINT 3 -	1	IIP/LLC	4 - ESTATE	% of N	IEW HAMPSHI st in Entity Typ Date of D	RE Ownership De	
TEP 2 - Return Type ENTITY TYPE - Check O 1 - INDIVIDUAL Tax Forms Mailing Address	ne 1 - JOINT 3 - s, City/Town, State & Zip Code	Establishe		4 - ESTATE	% of N Intere	Date of D	RE Ownership De	





INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

	INTEREST & DIVIDENDS FRO	M ALL SOURCES	Round to the nearest whole dollar
	r Federal Income Tax Return: (See Instructions) st Income. Enter the amount from Line 2(b) of your federal return	1(a)	
(b) Divide	end Income. Enter the amount from Line 3(b) of your federal return	1(b)	
(c) Feder	al Tax-Exempt Interest Income. Enter the amount from Line 2(a) of your federa	l return 1(c)	
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	
List Taxab	le Annuities or Actual Cash & Property Distributions From S-Corporations, Trus	ts/Estates, Partnerships, and LLCs	:
Entity Co	odes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES;	5 = LLC; 6 = FOUNDATIONS;	7 = OTHER
I Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
	T . 16		
	lotal from	n supplemental schedule attached	
Total Distr	ibutions (Sum of Column IV above) 2		
Subtotal G	cross 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 Hampshire i	ncluded on Lines 1(a), 1(b), 1(c) ar	nd/or 2:
I Reason Code	II Name of Payor	III Payor's ID Number	IV Non-Taxable Amount
(a) Subtot	al of non-taxable income above (Sum of Column IV) 4(a)		
	on-taxable income from supplemental schedule (Attached) 4(b)		
(c) Non-ta	xable income (Subtotal of Lines 4(a) plus 4(b)) 4(c)		
	ear resident non-taxable income pro rata share 4(d)		







INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - (continued) Read instructions before you begin

3	1EP 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. 7
	Year of Birth Spouse Blind Spouse Blind Spouse 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

S1	TEP 4 - Calculate Your Tax, Credits, Interest ar	nd Penalties					Rour	nd to t	he near	est who	ole dol	llar
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 Educa 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	Subt	otal o	f Lines	13(a) tl	hrough	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	Subt	otal of	Lines	15(a) th	nrough	15(d)	
	(d) Underpayment of Estimated Tax	15(d)										
 S1	TEP 5 - Calculate Your Net Balance Due or Ove	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 P	AY THIS	S AMOL	JNT						
18	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 (Not available for Fee	deral ROC)	19(a)	DO NO	T PAY							
	(b) Refund (Only option available for Federal ROC)		19(b) D									





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 & INFORMATION Signature (in ink)	MADDAWAY
ngriature (in ink)	MMDDYYYY
joint return, BOTH parties must sign, even if only one had income	MMDDYYYY
rint Signatory Name(s) (and Title if applicable)	
axpayer's Phone Number	
Filing as surviving spou	se Form 1310 attached
Filing as surviving spou	se Form 1310 attached
Filing as surviving spou	se Form 1310 attached
	se Form 1310 attached
AID PREPARER'S SIGNATURE & INFORMATION	
AID PREPARER'S SIGNATURE & INFORMATION	MMDDYYYY
AID PREPARER'S SIGNATURE & INFORMATION	
AID PREPARER'S SIGNATURE & INFORMATION ignature of Preparer	
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AID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer Printed Name of Preparer	

Mail to: NH DRA PO Box 637 Concord NH 03302-0637 Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose but DO NOT staple or tape your
attachments

FILE ONLINE AT GRANITE TAX CONNECT www.revenue.nh.gov/gtc

