

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2016 DP-10



INTEREST AND DIVIDENDS TAX RETURN

For the CALENDAR year 2016 or other taxable period beginning: MMDDYYYY and ending: MMDDYYYY

STEP 1 - PRINT OR TYPE

Check box if there has been a name change since last filing.

Last Name

Jailbreak

First Name

Plotting for

MI

Social Security Number

MI Social Security Number

Spouse's Last Name

First Name

MI

Social Security Number

MI Social Security Number

Due Date for CALENDAR year filers is on or before April 15, 2017. Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period.

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 Postal Code)

STEP 2 - Return Type and Alternate Address

ENTITY TYPE - Check One

% of NEW HAMPSHIRE Ownership Interest in Entity Type

1 - INDIVIDUAL 1 - JOINT 3 - PARTNERSHIP 4 - ESTATE

Tax Forms Mailing Address, City/Town, State & Zip Code

INITIAL RETURN

MMDDYYYY

Established NH Residency

FINAL DECEASED

Date of Death

FINAL RETURN

MMDDYYYY

Abandoned NH Residency

Social Security 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 & DIVIDENDS FROM ALL SOURCES

Round to the nearest whole dollar

1	From Your Federal Income Tax Return: (See Instructions)								
	(a) Interest Income. Enter the amount from Line 8(a) of your federal return	1(a)							3,500
	(b) Dividend Income. Enter the amount from Line 9(a) of your federal return	1(b)							20,000
	(c) Federal Tax-Exempt Interest Income. Enter the amount from Line 8(b) of your federal return	1(c)							1,500
	(d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)							25,000

2 List Taxable Annuities or Actual Cash & Property Distributions From S-Corporations, Trusts/Estates, Partnerships, and LLCs:

Entity Codes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES; 5 = LLC; 6 = OTHER

I Entity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
Total from supplemental schedule attached			

2 Total Distributions (Sum of Column IV above) 2

3 Subtotal Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2) Subtotal 3 25,000

4 List payors and amounts of interest and/or dividends NOT TAXABLE to New Hampshire included on Lines 1(a), 1(b), 1(c) and/or 2:

I Reason Code	II Name of Payor	III Payor's ID Number	IV Non-Taxable Amount

(a) Subtotal of non-taxable income above (Sum of Column IV)	4(a)	<input type="text"/>
(b) Total non-taxable income from supplemental schedule (Attached)	4(b)	<input type="text"/>
(c) Non-taxable income (Subtotal of Lines 4(a) plus 4(b))	4(c)	<input type="text"/>
(d) Part-year resident non-taxable income pro rata share	4(d)	<input type="text"/>



00DP101631862

INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 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						0		
5	Gross Taxable Income (Line 3 minus Line 4)	5						25,000		
6	Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers	6						4,800		
7	Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign.	7						20,200		

<input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input type="checkbox"/> 65 (or over) or disabled <input type="checkbox"/> Spouse 65 (or over) or disabled		Year of Birth <input type="text"/> <input type="text"/> <input type="text"/>	Year of Birth <input type="text"/> <input type="text"/> <input type="text"/>							
8	Check the exemptions that apply. Total number of boxes checked <input type="text"/> x \$1200 =	8						0		
9	Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign.	9						20,200		



00DP101641862

INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 4 - Calculate Your Tax, Credits, Interest and Penalties

Round to the nearest whole dollar

10	New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%)		10	<input type="text" value="1,010"/>
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)		
	(d) Paid with original return (Amended returns only)	11(d)		
			11	Subtotal of Lines 11(a) through 11(d)
12	Subtotal Due (Line 10 minus Line 11 Subtotal)		12	<input type="text"/>
13	Additions to Tax:			
	(a) Interest	13(a)		
	(b) Failure to Pay	13(b)		
	(c) Failure to File	13(c)		
	(d) Underpayment of Estimated Tax	13(d)		
			13	Subtotal of Lines 13(a) through 13(d)

STEP 5 - Calculate Your Net Balance Due or Overpayment

14	(a) Subtotal Due (Line 12 plus Line 13 subtotal)	14(a)	<input type="text"/>
	(b) Return Payment Made Electronically	14(b)	<input type="text"/>
15	Net Balance Due (Line 14(a) minus Line 14(b)) (Make Check Payable to State of New Hampshire)	15	PAY THIS AMOUNT <input type="text"/>
16	OVERPAYMENT (If balance due is less than zero, enter on Line 16)	16	<input type="text"/>
17	Amount of Line 16 to be applied to:		
	(a) Credit - Next Year's Tax Liability	17(a)	<input type="text"/>
	(b) Refund	17(b) DO NOT PAY	<input type="text"/>



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.)

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink)

MMDDYYYY

If joint return, BOTH parties must sign, even if only one had income

MMDDYYYY

Print Signatory Name(s) (and Title if applicable)

Taxpayer's Phone Number

Filing as surviving spouse

Form 1310 attached

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDDYYYY

Printed Name of Preparer

Preparer's Phone Number

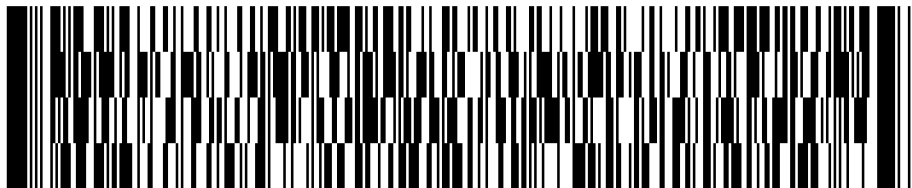
Preparer Identification Number

Preparer's Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)



a9926039-5afd-490f-af08-e0c6c1b80771