_	FORM			
	DP-10			
	041			

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION INTEREST AND DIVIDENDS TAX RETURN

	for CALENDAR year is on or before	FIRST NAME & INITIAL		SOCIAL SECURITY NU	•	
EP 1 ase						
t	SPOUSE'S LAST NAME	FIRST NAME & INITIAL		SPOUSE'S SOCIAL SE	CURITY NUMBER	
	NAME OF PARTNERSHIP OR FIDUCIARY			FEDERAL EMPLOYER	IDENTIFICATION NU	MBER
9	NUMBER & STREET ADDRESS					
	ADDRESS (Continued)					
	CITY/ TOWN, STATE & ZIP CODE					
P 2	1 INDIVIDUAL 3 PARTNERSHIP } % of NH Ownership Interest					
ty Type ailing			•			
rma-	Check here if you would like y Number & Street Address	our forms mailed to an address City,	s other than the al /Town	OOVE. State		Zip Code
						•
P 3	Initial Return: Date established	d residency Mo Day Year		ded Return: DO NOT		report an IRS
cial urn	Final Return: Date abandoned	residency Mo Day Year	adjust	ment. See instruction	IS.	
e	Final Return Deceased taxpay	er: SSN	Date of de	ath		
P 4	COMPLETE STEP 4, LINES 1	- 5 ON THE SECOND PAGE OF	THIS RETURN B	EFORE COMPUTING	ТАХ	
P 5	6 Gross Taxable Income (Page	2 Line 5)			6	
ire	7 Less: \$2,400 Individual, Partn					
r Net able						
ome	8 Adjusted Taxable Income (Lin	,			8	
	Check here to be removed from	U U			0	
	9 Deduction for Contribution to	Qualified Investment Capital Co	1 2 3	,		
	10 Check the exemptions that ap	Year of Birth		x \$1,200=	of Birth	
					-	
P 6	11 Net Taxable Income (Line 8				11	
ure	12 New Hampshire Interest an	d Dividends Tax (Line 11 mu	Iltiplied by 5%)		12	
ır	13 Payments: (a) Tax paid with A	pplication for Extension	13(a)			
, dits,	(b) Payment from	2001 Declaration of Estimated	Tax 13(b)			
erest	(c) Credit carryov	er from prior years	13(c)			
alties	(d) Paid with origi	nal return (Amended returns or	nly) 13(d)		13	
annes	14 Balance of Tax Due (Line 12	2 less Line 13)	-		14	
	15 Additions to Tax: (a) Interest (See instructions)	15(a)			
		Pay (See instructions)				
		File (See instructions)	· / -			
		ment of Estimated Tax (See in	F		15	
			structions): 15(u)			
P 7 ance	16 Total Balance Due (Line 14 p	olus Line 15) Make check paya Enclose, but do not sta	ble to: State of Ne	ew Hampshire	16	
or	17 OVERPAYMENT (Line 13 less		· · · · · · · · · · · · · · · · · · ·			
	18 Amount of Line 17 to be applied		, _	I	18(a)	
erpay-		(b) Refund - Please allo				
erpay- nt	JSE ONLY I	(b) INCIUNC FICASE dill		-	. ,	t and comple
rpay- nt		Inv. I declare that I have examin	had this raturn and			
rpay- nt	Under penalties of perju	rry, I declare that I have examin other than the taxpayer, this de			nich the preparer	
rpay- nt	Under penalties of perju				nich the preparer	
rpay- nt	Under penalties of perju		claration is based			
For DRA U	Under penalties of perju If prepared by a person Signature (in ink)		Date Signature (in	on all information of wl		
erpay- nt	Under penalties of perju If prepared by a person Signature (in ink) If joint return, BOTH husband & w	other than the taxpayer, this de	Date Preparer's	on all information of wl n ink) of Paid Preparer Other T Tax Identification Number		has knowled
rpay- nt	Under penalties of perju If prepared by a person Signature (in ink) If joint return, BOTH husband & w NH DEPT OF F	other than the taxpayer, this de	Date Signature (in	on all information of wl n ink) of Paid Preparer Other T Tax Identification Number		has knowled

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION REPORT OF INTEREST AND DIVIDENDS INCOME

FORM DP-10 Page 2

TAX YEAR 2001

STEP 4

1 From Your Federal 1040 Income Tax Return: (Partnerships and Fiduciaries, See Instructions)

(a)	Interest Income. Enter the amount from Line 8(a) of your federal return 1	(a)	
(b)	Dividend Income. Enter the amount from Line 9 of your federal return	(b)	
(c)	Federal Tax Exempt Interest Income. Enter the amount from Line 8(b) of your federal return 1	(c)	
(d)	Subtotal Income [Sum of Lines 1(a), 1(b) and 1(c)]1	(d)	

2 List Actual Cash & Property Distributions From S-Corporations, Partnerships, and Fiduciaries:

Entity codes: 2="S" Corporations; 3=Partnerships; 4=Trusts or Estates; 5=Other

I ENTITY CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV DISTRIBUTION AMO	UNT	
	Total from supple	emental schedule attached			
2 Total Dist	ributions			2	
	Sum of Lines 1(d) and 2			3	

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

I REASON CODE	ll NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV NON-TAXABLE AMOUNT
4(a) Subtota	I of non-taxable income above (Sum of (Column IV) 4(a)	
4(b) Total no	on-taxable from supplemental schedule	(attached) 4(b)	
4(c) Non-tax	able subtotal of Lines 4(a) and 4(b)	4(c)	
4(d) Part-ye	ar resident non-taxable pro-rata share	4(d)	

4 Total Non-Taxable Amount [Sum of Line 4(c) and Line 4(d)]...... 4(e)

5 Gross Taxable Income [(Line 3 minus Line 4(e)]. Enter This Amount on STEP 5, Line 6 of this return...... 5