

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN

For the CALENDAR year 2001 or other taxable period beginning and ending

FOR DRA USE ONLY

Due Date for CALENDAR year is on or before April 16, 2002 or the 15th day of the 4th month after the close of the taxable period.

STEP 1 Please Print or Type
LAST NAME, FIRST NAME & INITIAL, SOCIAL SECURITY NUMBER, SPOUSE'S LAST NAME, SPOUSE'S SOCIAL SECURITY NUMBER, NAME OF PARTNERSHIP OR FIDUCIARY, FEDERAL EMPLOYER IDENTIFICATION NUMBER, NUMBER & STREET ADDRESS, ADDRESS (Continued), CITY/TOWN, STATE & ZIP CODE

STEP 2 Entity Type & Mailing Information
Individual, Partnership, Joint, Fiduciary, % of NH Ownership Interest, Check here if you would like your forms mailed to an address other than the above.

STEP 3 Special Return Type
Initial Return: Date established residency, Amended Return: DO NOT use this form to report an IRS adjustment, Final Return: Date abandoned residency, Final Return Deceased taxpayer: SSN, Date of death

STEP 4 COMPLETE STEP 4, LINES 1 - 5 ON THE SECOND PAGE OF THIS RETURN BEFORE COMPUTING TAX

STEP 5 Figure Your Net Taxable Income
6 Gross Taxable Income (Page 2, Line 5), 7 Less: \$2,400 Individual, Partnership, and Fiduciary; \$4,800 Joint, 8 Adjusted Taxable Income (Line 6 less Line 7), 9 Deduction for Contribution to Qualified Investment Capital Company, 10 Check the exemptions that apply above, 11 Net Taxable Income (Line 8 less Lines 9 and 10)

STEP 6 Figure Your Tax, Credits, Interest and Penalties
12 New Hampshire Interest and Dividends Tax (Line 11 multiplied by 5%), 13 Payments: (a) Tax paid with Application for Extension, (b) Payment from 2001 Declaration of Estimated Tax, (c) Credit carryover from prior years, (d) Paid with original return (Amended returns only), 14 Balance of Tax Due (Line 12 less Line 13), 15 Additions to Tax: (a) Interest (See instructions), (b) Failure to Pay (See instructions), (c) Failure to File (See instructions), (d) Underpayment of Estimated Tax (See instructions)

STEP 7 Balance Due or Overpayment
16 Total Balance Due (Line 14 plus Line 15) Make check payable to: State of New Hampshire, Enclose, but do not staple or tape, your payment with this return., 17 OVERPAYMENT (Line 13 less Line 12 adjusted by Line 15, if applicable), 18 Amount of Line 17 to be applied to: (a) Your 2002 tax liability, (b) Refund - Please allow 12 weeks for processing

FOR DRA USE ONLY

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.

Signature (in ink) Date Signature (in ink) of Paid Preparer Other Than Taxpayer

If joint return, BOTH husband & wife must sign, even if only one had income. Date Preparer's Tax Identification Number Date

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2072 CONCORD NH 03302-2072

Preparer's Address

City/Town, State, & Zip Code

