

041

For the CALENDAR year **2003** or other taxable period beginning _____ and ending _____

Due Date for CALENDAR year is on or before April 15, 2004 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
	LAST NAME	FIRST NAME & INITIAL	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 & Special Return Type

① INDIVIDUAL ③ PARTNERSHIP } % of NH Ownership Interest
 ① JOINT ④ FIDUCIARY
 Check here if you would like your forms mailed to an address other than the one above. Indicate address below.
 NUMBER & STREET ADDRESS, CITY/TOWN, STATE & ZIP CODE

Initial Return Mo Day Year Established NH Residency
 Final Return Abandoned NH Residency
 Final Deceased SSN _____
 Amended Return: DO NOT use this form to report IRS adjustment.

STEP 3 COMPLETE THE SECOND PAGE OF THIS RETURN BEFORE PROCEEDING TO STEP 4

STEP 4 Figure Your Tax, Credits, Interest and Penalties	11	Net Taxable Income (from Line 10)		11	
	12	New Hampshire Interest and Dividends Tax (Line 11 multiplied by 5%)		12	
	13	Payments:			
		(a) Tax paid with Application for Extension	13(a)		
		(b) Payments from current tax period Estimated Tax	13(b)		
		(c) Credit carryover from prior tax period	13(c)		
		(d) Paid with original return (Amended returns only)	13(d)	13	
	14	Balance of Tax Due (Line 12 minus Line 13)		14	
	15	Additions to Tax:			
		(a) Interest	15(a)		
	(b) Failure to Pay	15(b)			
	(c) Failure to File	15(c)			
	(d) Underpayment of Estimated Tax	15(d)	15		

STEP 5 Figure Your Net Balance Due or Overpayment	16	(a) Subtotal of Amount Due (Line 14 plus Line 15)	16(a)	
		(b) Return Payment Made Electronically	16(b)	
	16	Net Balance Due [Line 16(a) minus Line 16(b)] (Make Check Payable to State of New Hampshire)		16
	17	OVERPAYMENT [Line 12 plus Line 15 minus Line 13 plus Line 16(b)]	17	
	18	Amount of Line 17 to be applied to:		
		(a) Your 2004 tax liability		18(a)
	(b) Refund - Please allow 12 weeks for processing		18(b)	

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	Date
If joint return, BOTH parties must sign, even if only one had income		Preparer's Tax Identification Number	
NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 2072 CONCORD NH 03302-2072		Preparer's Address	
		City/Town, State & Zip Code	

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

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

1(a)	
1(b)	
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 AMOUNT
Total from supplemental schedule attached			

- 2 Total Distributions
- 3 Subtotal Interest & Dividends Income and Distributions [Line 1(d) plus Line 2] Subtotal

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	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV NON-TAXABLE AMOUNT

- 4(a) Subtotal of non-taxable income above (Sum of Column IV)
- 4(b) Total non-taxable income from supplemental schedule (attached)
- 4(c) Non-taxable income subtotal of Lines 4(a) plus 4(b)
- 4(d) Part-year resident non-taxable income prorata share

4(a)	
4(b)	
4(c)	
4(d)	

- 4 Total Non-Taxable Income [Sum of Line 4(c) plus Line 4(d)]
- 5 Gross Taxable Income (Line 3 minus Line 4)
- 6 Less: \$2,400 for Individual, Partnership and Fiduciary; \$4,800 for Joint filers
- 7 Adjusted Taxable Income (Line 5 minus Line 6)

4	
5	
6	
7	

Check here to be removed from mailing list.

- 8 Deduction for Contribution to Qualified Investment Capital Company (See instructions)
- Blind Spouse Blind 65 (or over) or disabled Spouse 65 (or over) or disabled
- Year of birth _____ Year of birth _____

8	

- 9 Check the exemptions that apply. Multiply the total number of boxes checked above _____ x 1,200=
- 10 **Net Taxable Income** (Line 7 minus Lines 8 and 9)
- Enter Line 10 amount on Page 1, Step 4, Line 11.

9	
10	