DO NOT STAPLE



Department of Revenue Administration



INTEREST AND DIVIDENDS TAX RETURN

| For the CALENDAR year 202 | MMDDYYYY M 3 or other taxable period beginning: | MDDYYYY |
|--|---|---|
| STEP 1 - PRINT OR TY Last Name | PE Check box if there has been a name change since last filing. | Due Date for CALENDAR year filers is on or before April 15, 2024 |
| First Name | MI Social Security Number | Due Date for FISCAL year filers is the 15th day of the 4th month after the close of the taxable period. |
| Spouse's Last Name | | If you have a DIN, use the DIN in the taxpayer ID box. DO NOT use FEIN or SSN |
| First Name | MI Social Security Number | Taxpayer Identification Number |
| | | |
| Name of Partnership, Estate, Number & Street Address | or LLC | |
| Address (continued) | | Unit Type Unit # |
| City / Town | State Zip Code + 4 (or | Canadian Postal Code) |
| STEP 2 - Return Type ENTITY TYPE - Check Or | | IAMPSHIRE Ownership intity Type |
| INITIAL RETURN | MMDDYYYY Established NH Residency FINAL DECEASED | Date of Death |
| FINAL RETURN | MMDDYYYY Abandoned NH Residency | Social Security Number |
| AMENDED RETURN | IRS ADJUSTMENT: A complete federal Revenue Agent Report (RAR) with all applicable Sch tax return. Do not use this form to report IRS adjustments for taxable periods ending c | |



STEP 3 - Read instructions before you begin

INTEREST & DIVIDENDS FROM ALL SOURCES

| 1 | From Your Federal Income Tax Return: (See Instructions) (a) Interest Income. Enter the amount from Line 2(b) of your federal return | | 1(a) | | | | | |
|---|--|---------|------|--|--|--|--|--|
| | (b) Dividend Income. Enter the amount from Line 3(b) of your federal return | | 1(b) | | | | | |
| | (c) Federal Tax-Exempt Interest Income. Enter the amount from Line 2(a) of your federal return | | 1(c) | | | | | |
| | (d) Subtotal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c)) | ubtotal | 1(d) | | | | | |

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 = FOUNDATIONS; 7 = OTHER

| I Entity Code | II Name of Payor | III Payor's ID Number | IV Distribution Amount |
|-------------------------|----------------------------|--------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | Total from supple | mental schedule attached | |

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

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: 4

2

| l 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) |
|--|------|
| (b) Total non-taxable income from supplemental schedule (Attached) | 4(b) |
| (c) Non-taxable income (Subtotal of Lines 4(a) plus 4(b)) | 4(c) |
| (d) Part-year resident non-taxable income pro rata share | 4(d) |



Round to the nearest whole dollar



STEP 3 - (continued) Read instructions before you begin

| | INTEREST & DIVIDENDS FROM ALL SOURCES | 5 | | Roun | d to the | nearest v | /hole @ | dollar | |
|---|--|----------------|---|---------|----------|------------|---------|--------|--|
| 4 | Total Non-Taxable Income (Sum of Line 4(c) plus Line 4(d)) | 2 | 1 | | | | | | |
| 5 | Gross Taxable Income (Line 3 minus Line 4) 5 | | | | | | | | |
| 6 | Less: \$2,400 for Individual, Partnership and Estate; \$4,800 for Joint filers | | | | | 6 | | | |
| 7 | Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, use minus sign. 7 | | | | | | | | |
| 8 | Year of Birth Blind Spouse Blind 65 (or over) or disabled Spouse 6 Check the exemptions that apply. Total number of boxes checked x \$1200 = | 55 (or ov 8 | | disable | | r of Birth | | | |
| 9 | Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign. 9 | | | | | | | | |





| S1 | EP 4 - Calculate Your Tax, Credits, Interest and | d Penalties | | | | | Re | ound to | the nea | rest wh | ole do | ollar |
|----|--|-------------|----|-----|--------|------|---------|-----------|-----------|---------|--------|-------|
| 10 | New Hampshire Interest and Dividends Tax (Line 9 multiplied by 4%) | | | | | | 10 | | | | | |
| 11 | RSA 77-G Education Tax Credit | 11 | | | | | | | | | | |
| 12 | New Hampshire Interest and Dividends Tax Net of Educat Credit (Line 10 minus Line 11. If negative enter zero) | ion 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 S | ubtota | l of Line | s 13(a) 1 | through | 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 S | ubtotal | of Line: | s 15(a) t | hrough | 15(d) | |
| | (d) Underpayment of Estimated Tax | 15(d) | | | | | | | | | | |
| 51 | EP 5 - Calculate Your Net Balance Due or Over | payment | | | | | | | | | _ | _ |
| 16 | (a) Subtotal Due (Line 14 plus Line 15 Subtotal) | 16(a) | | | | | | | | | | |
| | (b) Return Payment Made Electronically | | | | 1 | 5(b) | | | | | | |
| 17 | Net Balance Due (Line 16(a) minus Line 16(b)) (Make Check Payable to State of New Hampshire) | | 17 | PAY | THIS A | MOUN | Т | | | | | |

19(a) DO NOT PAY

19(b) DO NOT PAY

18

18 OVERPAYMENT

19 Amount of Line 18 to be applied to:

(If balance due is less than zero, enter on Line 18)

(b) Refund (Only option available for Federal RAR)

(a) Credit - Next Year's Tax Liability (Not available for Federal RAR)







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 | |
|--|--|-------|--|----|
| lf joint return, BOTH parties must sign, e | even if only one had income | | MMDDYYYY | |
| Print Signatory Name(s) (and Title if app | plicable) | | | |
| Taxpayer's Phone Number | Filing as surviving spouse | | Form 1310 attached | |
| PAID PREPARER'S SIGNATURE Signature of Preparer | & INFORMATION | | 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) | |
| Mail to: NH DRA | Make Check Payable to: STATE OF NEW HAMPSHIRE | | FILE ONLINE AT GRANITE TAX CONNE | ст |

PO Box 637 Concord NH 03302-0637 Enclose but DO NOT staple or tape your attachments

www.revenue.nn.gov/gtc

