

DP-10NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN**041**For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____

Due Date for CALENDAR year is on or before April 15, 2010 or the 15th day of the 4th month after the close of the taxable period.

FOR DRA USE ONLY

STEP 1 Print or Type <input type="checkbox"/> Check box if there has been a name change since last filing	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP, TRUST, ESTATE, OR LLC		FEDERAL IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		
	ADDRESS (CONTINUED)		
CITY/TOWN, STATE & ZIP CODE			

STEP 2 Return Type & Alternate Address	ENTITY TYPE - CHECK ONE: <input type="checkbox"/> ① Individual <input type="checkbox"/> ① Joint <input type="checkbox"/> ③ Partnership <input type="checkbox"/> ④ Fiduciary		% of NEW HAMPSHIRE Ownership Interest in Fiduciary or Trust _____ Mo _____ Day _____ Year	
	TAX FORMS MAILING ADDRESS, CITY/TOWN, STATE & ZIP CODE: _____		<input type="checkbox"/> Initial Return _____ Established NH Residency <input type="checkbox"/> Final Return _____ Abandoned NH Residency <input type="checkbox"/> Final Deceased _____ SSN _____ <input type="checkbox"/> 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	10	Net Taxable Income (from Line 9).....		10	
	11	New Hampshire Interest and Dividends Tax (Line 10 multiplied by 5%)		11	
	12	Payments:			
		(a) Tax paid with Application for Extension	12(a)		
		(b) Payments from current tax period Estimated Tax	12(b)		
		(c) Credit carryover from prior tax period.....	12(c)		
		(d) Paid with original return (Amended returns only)	12(d)	12	
	13	Tax Due (Line 11 minus Line 12)		13	
	14	Additions to Tax:			
		(a) Interest	14(a)		
	(b) Failure to Pay	14(b)			
	(c) Failure to File	14(c)			
	(d) Underpayment of Estimated Tax	14(d)	14		

STEP 5 Figure Your Net Balance Due or Overpayment	15	(a) Subtotal Due (Line 13 plus Line 14)	15(a)		
		(b) Return Payment Made Electronically		15(b)	
	15	Net Balance Due [Line 15(a) minus Line 15(b)] (Make Check Payable to State of New Hampshire)	PAY THIS AMOUNT →		15
	16	OVERPAYMENT (If Line 15 is less than zero, enter on Line 16)	16		
	17	Amount of Line 16 to be applied to:			
	(a) Credit - Next Year's Tax Liability		17(a)		
	(b) Refund (Allow 12 weeks for processing)		17(b)		

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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.**X**

Signature (in ink) _____ Date _____ Preparer's Tax Identification Number _____ Preparer's Telephone Number _____

X

If joint return, BOTH parties must sign, even if only one had income _____ Date _____ Signature (in ink) of Paid Preparer _____ Date _____

☐ Filing as surviving spouse/CU Partner

Printed Name of Preparer _____

Print Signatory Name & Title if Fiduciary/Trust _____

Preparer's Address _____

MAIL NH DRA
TO: PO BOX 2072
CONCORD NH 03302-2072

Taxpayer's Telephone Number _____

City/Town, State & Zip Code _____

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN

STEP 3

Read Instructions before you begin.

INTEREST & DIVIDENDS FROM ALL SOURCES

Total

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

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

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

I ENTITY CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV DISTRIBUTION AMOUNT
Total from supplemental schedule attached			

2 Total Distributions (Sum of Column IV above) 2

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

A return is required if gross Interest & Dividends exceeds \$2400.

4 List payers 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 PAYER	III PAYER'S IDENTIFICATION 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)

4 Total Non-Taxable Income [Sum of Line 4(c) plus Line 4(d)]..... 4

5 Gross Taxable Income (Line 3 minus Line 4) 5

6 Less: \$2,400 for Individual, Trust and Fiduciary; \$4,800 for Joint filers 6

7 Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, enter amount in parenthesis 7

☐ Blind
☐ Spouse/CU Partner
☐ 65 (or over) or disabled
☐ Spouse/CU Partner 65 (or over) or disabled
Blind Year of birth Year of birth

8 Check the exemptions that apply. Multiply the total number of boxes checked above _____ x 1,200= 8

9 **Net Taxable Income** (Line 7 minus Line 8) If less than zero, enter amount in parenthesis 9

Enter Line 9 amount on Page 1, Step 4, Line 10.