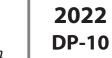
DO NOT STAPLE

New Hampshire Department of Revenue Administration





| | MMDDYY | YY | MMDDYYYY |
|-----------------------------------|--|-------------------------------------|--|
| For the CALENDAR year 202 | 2 or other taxable period beginning: | and ending | |
| STEP 1 - PRINT OR TY Last Name | Check box if there has b | peen a name change since last filin | g. Due Date for CALENDAR year filers is on or before April 15, 2023. Due Date for FISCAL year |
| First Name | MI Soc | cial Security Number | 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 |
| First Name | MI Soc | cial Security Number | in the taxpayer ID box. DO NOT use FEIN or SSN Taxpayer Identification Number |
| Name of Partnership, Estate, | or LLC | | |
| Number & Street Address | | | |
| Address (continued) | | | Unit Type Unit # |
| City / Town | | State Zip Code + | (or Canadian Postal Code) |
| ENTITY TYPE - Check O | e 1 - JOINT 3 - PARTNERSHIP/LLC City/Town, State & Zip Code | Interes | W HAMPSHIRE Ownership in Entity 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 Reverter tax return. Do not use this form to report IR | | Schedules must be included with a complete amended ng on or before December 31, 2020 . |
| Check Appropriate | Box(es): | | |
| 🗌 Payment Requir | ed 🔄 Refund Request 🔤 |] Credit Next Year's Tax Liab | lity 🗌 No Payment Required |
| DP-10 2022 Version 1.4 09/2022 | | | Page 1 of 5 |

Revenue Administration





Round to the nearest whole dollar

INTEREST AND DIVIDENDS TAX RETURN - continued

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)) | Subtotal | 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 supplemental schedule attached | | | | | |

Total Distributions (Sum of Column IV above) 2

3

4

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:

2

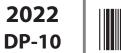
| l Reason Code | II Name of Payor | | | | | | |
|------------------|----------------------------|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (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) | |



New Hampshire

Department of Revenue Administration





INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - (continued) Read instructions before you begin

| | INTEREST & DIVIDENDS FROM ALL SOURCES | | | | Roun | d to | the n | earest | whole | e doll | ar |
|---|--|---------|-------|------|-------|------|-------|----------|-------|--------|----|
| 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, 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 | | | | | | | | | | |
| _ | Year of Birth | | | | | | Year | of Birth | 1 | | |
| | Blind Spouse Blind 65 (or over) or disabled Spouse 65 | 5 (or c | over) | or d | sable | d | | | | | |
| 8 | Check the exemptions that apply. Total number of boxes checked x \$1200 = | | 8 | | | | | | | | |
| 9 | Net Taxable Income (Line 7 minus Line 8). If less than zero, use minus sign. 9 | | | | | | | | | | |



New Hampshire Department of

Revenue Administration





INTEREST AND DIVIDENDS TAX RETURN - continued

| S 1 | EP 4 - Calculate Your Tax, Credits, Interest an | Round to the nearest whole dollar | | |
|------------|---|-----------------------------------|----------------------|--|
| 10 | New Hampshire Interest and Dividends Tax (Line 9 multiplied by 5%) | | | 10 |
| 11 | RSA 77-G Education Tax Credit | 11 | | |
| 12 | New Hampshire Interest and Dividends Tax Net of Educa Credit (Line 10 minus Line 11. If negative enter zero) | tion 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 Subtotal of Lines 13(a) 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 Subtotal of Lines 15(a) through 15(d) |
| | (d) Underpayment of Estimated Tax | 15(d) | | |
| SI | EP 5 - Calculate Your Net Balance Due or Ove | rpayment | | |
| 16 | (a) Subtotal Due (Line 14 plus Line 15 Subtotal) | 16(a) | | |
| | (b) Return Payment Made Electronically | | 10 | 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 | MOUNT |
| 18 | OVERPAYMENT (If balance due is less than zero, enter on Line 18) | 18 | | |

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

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

19 Amount of Line 18 to be applied to:



19(a) DO NOT PAY

19(b) DO NOT PAY







INTEREST AND DIVIDENDS TAX RETURN - continued

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 |
|--|--|
| If joint return, BOTH parties must sign, even if only one had income | MMDDYYYY |
| Print Signatory Name(s) (and Title if applicable) | |
| Taxpayer's Phone Number Filing as sur | viving spouse Form 1310 attached |
| PAID PREPARER'S SIGNATURE & INFORMATION Signature of Preparer Printed Name of Preparer | MMDDYYYY |
| Preparer's Phone Number Preparer Identification | on Number |
| City / Town | State Zip Code + 4 (or Canadian Postal Code) |
| Mail to: Make Check Paya NH DRA STATE OF NEW HA | MPSHIRE www.revenue.nb.gov/atc |

Enclose but DO NOT staple or tape your

attachments

Concord NH 03302-0637

PO Box 637