DO NOT STAPLE



New Hampshire Department of

2021 DP-10



INTEREST AND DIVIDENDS	S TAX RETURN
MMDDYYYY	MMDDYYYY
For the CALENDAR year 2021 or other taxable period beginning:	and ending:
Check box if there has been a name of Last Name	year filers is on or before April 15, 2022.
irst Name MI Social Security Nu	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
First Name MI Social Security Nu	in the taxpayer ID box. DO NOT use FEIN or SSN Taxpayer Identification Number
Name of Partnership, Estate, or LLC	
Jumber & Street Address	
address (continued)	Unit Type Unit #
City / Town State	Zip Code + 4 (or Canadian Postal Code)
TEP 2 - Return Type and Alternate Address ENTITY TYPE - Check One 1 - INDIVIDUAL 1 - JOINT 3 - PARTNERSHIP/LLC 4 - EST. Tax Forms Mailing Address, City/Town, State & Zip Code	% of NEW HAMPSHIRE Ownership Interest in Entity Type
MMDDYYYY INITIAL RETURN Established NH Residency	Date of Death FINAL DECEASED
MMDDYYYY FINAL RETURN Abandoned NH Residency	Social Security Number
IRS ADJUSTMENT: A complete federal Report of Change forn	

☐ Credit Next Year's Tax Liability

Payment Required

Refund Request

☐ No Payment Required





INTEREST AND DIVIDENDS TAX RETURN - continued

STEP 3 - Read instructions before you begin

	INTEREST & DIVIDENDS FROM ALL	200KCE2	Round to the nearest whole dollar
	r Federal Income Tax Return: (See Instructions) est Income. Enter the amount from Line 2(b) of your federal return	1(a)	
(b) Divid	lend Income. Enter the amount from Line 3(b) of your federal return	1(b)	
(c) Feder	ral Tax-Exempt Interest Income. Enter the amount from Line 2(a) of your federal return	1(c)	
(d) Subto	otal Interest and Dividends Income. (Sum of Lines 1(a), 1(b) and 1(c))	Subtotal 1(d)	
List Taxab	ole Annuities or Actual Cash & Property Distributions From S-Corporations, Trusts/Estate:	s, Partnerships, and LLCs:	
Entity Co	odes: $2 = S$ -CORPORATIONS; $3 = PARTNERSHIPS$; $4 = TRUSTS OR ESTATES$; $5 = LLC$	C; 6 = FOUNDATIONS;	7 = OTHER
I ntity Code	II Name of Payor	III Payor's ID Number	IV Distribution Amount
Total Disti	Total from supplen	nental schedule attached	
	Gross Interest and Dividends Income and Distributions (Line 1(d) plus Line 2)	Subtotal 3	
List payor	s and amounts of interest and/or dividends NOT TAXABLE to New Hampshire included o	on Lines 1(a), 1(b), 1(c) an	d/or 2:
I	II Name of Davis	III	IV
eason Code	e Name of Payor	Payor's ID Number	Non-Taxable Amount
(a) Subtot	tal of non-taxable income above (Sum of Column IV) 4(a)		
(b) Total r	non-taxable income from supplemental schedule (Attached) 4(b)		
(c) Non-ta	exable income (Subtotal of Lines 4(a) plus 4(b)) 4(c)		
(d) Part-ve	ear resident non-taxable income pro rata share 4(d)		





INTEREST AND DIVIDENDS TAX RETURN - continued

5	TEP 3 - (continued) Read instructions before you begin
	INTEREST & DIVIDENDS FROM ALL SOURCES Round to the nearest whole dollar
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.
	Year of Birth Year of Birth
	Blind Spouse Blind 65 (or over) or disabled Spouse 65 (or over) or disabled
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.





INTEREST AND DIVIDENDS TAX RETURN - continued STEP 4 - Calculate Your Tax, Credits, Interest and Penalties Round to the nearest whole dollar **New Hampshire Interest and Dividends Tax** 10 (Line 9 multiplied by 5%) RSA 77-G Education Tax Credit 11 New Hampshire Interest and Dividends Tax Net of Education Tax Credit (Line 10 minus Line 11. If negative enter zero) 13 Payments: (a) Tax paid with application for extension 13(a) 13(b) (b) Current year estimated tax payments (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) Subtotal Due (Line 12 minus Line 13 Subtotal) 14 Additions to Tax: 15(a) (a) Interest (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) STEP 5 - Calculate Your Net Balance Due or Overpayment (a) Subtotal Due (Line 14 plus Line 15 Subtotal) 16 16(a) (b) Return Payment Made Electronically 16(b) 17 **Net Balance Due** (Line 16(a) minus Line 16(b)) 17 PAY THIS AMOUNT (Make Check Payable to State of New Hampshire) 18 **OVERPAYMENT**

19(a) DO NOT PAY

19(b) DO NOT PAY

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

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

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

19 Amount of Line 18 to be applied to:





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.

Signature (in ink)			MMDDYYYY	
,			WINDETTT	
Sinist and an DOTH and in a second size	······································		LAMP DAGG	
f joint return, BOTH parties must sign, e	ven if only one had income		MMDDYYYY	
rint Signatory Name(s) (and Title if appl	icable)			
axpayer's Phone Number				
	Filing as surviving spouse		Form 1310 attached	
AID PREPARER'S SIGNATURE &	& INFORMATION			
agnature of Preparer			MMDDYYYY	
oignature of Preparer			MMDDYYYY	
			MMDDYYYY	
			MMDDYYYY	
			MMDDYYYY	
Printed Name of Preparer	Preparer Identification Number		MMDDYYYY	
Printed Name of Preparer	Preparer Identification Number		MMDDYYYY	
Printed Name of Preparer Preparer's Phone Number	Preparer Identification Number		MMDDYYYY	
Printed Name of Preparer Preparer's Phone Number	Preparer Identification Number		MMDDYYYY	
Printed Name of Preparer Preparer's Phone Number Preparer's Address	Preparer Identification Number	State		
Signature of Preparer Printed Name of Preparer Preparer's Phone Number Preparer's Address City / Town	Preparer Identification Number	State	Zip Code + 4 (or Canadian Postal Code)	
Printed Name of Preparer Preparer's Phone Number Preparer's Address	Preparer Identification Number	State		

Mail to: NH DRA PO Box 637 Concord NH 03302-0637 Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose but DO NOT staple or tape your
attachments

FILE ONLINE AT GRANITE TAX CONNECT www.revenue.nh.gov/gtc

