

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN

041

For the CALENDAR year **2006** or other taxable period beginning _____ and ending _____

FOR DRA USE ONLY

Due Date for CALENDAR year is on or before **April 17, 2007** 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		FEIN OR DIN
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		

STEP 2
Entity Type
& Special
Return
Type

<input type="checkbox"/> ① INDIVIDUAL	<input type="checkbox"/> ③ PARTNERSHIP	} _____ % of NEW HAMPSHIRE Ownership Interest	<input type="checkbox"/> Initial Return	Mo	Day	Year	Established NH Residency
<input type="checkbox"/> ① JOINT	<input type="checkbox"/> ④ FIDUCIARY		<input type="checkbox"/> Final Return				Abandoned NH Residency
<input type="checkbox"/> TAX FORMS MAILING ADDRESS, CITY/TOWN, STATE & ZIP CODE:			<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, if positive, 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
Overpay-
ment

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) Next years tax liability		17(a)	
	(b) Refund - Please allow 12 weeks for processing	DO NOT PAY →		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.



Signature (in ink) AND TITLE IF FIDUCIARY

Date

Signature (in ink) of Paid Preparer Other Than Taxpayer

Date



If joint return, BOTH parties must sign, even if only one had income

Date

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

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
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STEP 3 Please read Instructions before you begin.

1 From Your Federal Income Tax Return: (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(a) 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 **Taxable Annuities** or 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 (Sum of Column IV above)

2	
3	

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

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 prorata share 4(d)

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

4	
5	
6	
7	

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) If less than zero, enter amount in parenthesis

- ☐ Blind ☐ Spouse Blind ☐ 65 (or over) or disabled ☐ Spouse 65 (or over) or disabled
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	

9 **Net Taxable Income** (Line 7 minus Line 8) If less than zero, enter amount in parenthesis
Enter Line 9 amount on Page 1, Step 4, Line 10.