АНС) State Tax Commission

Form 39R Resident Supplemental Schedule

ames as shown on return

Names as shown on return Socia						cial Security number								
A .	Add	litior	s. See instructions	s. page 27.										
<i>,</i>			eral net operating lo		ncluded on Fo	rm 4	0, line 7					•	1	00
	2.	Сар	tal loss carryover in	curred outside	e the state befo	ore b	ecoming ar	ı Ida	ho re	sident		•	2	00
	3.	Non	Idaho state and loc	al bond intere	st and dividend	ls						•	3	00
	4.	Idał	o college savings a	ccount withdra	wal							•	4	00
	5.	Bon	us depreciation. Incl	lude Form 456	62s							•	5	00
	6.	Oth	er additions. Include	explanation								•	6	00
	7.	Tota	l additions. Add line	s 1 through 6.	Enter here and	d on	Form 40, li	ne 8				•	7	00
В.			ions. See instructi	••••	•									
	1.		o net operating loss	•	•									
			o net operating loss	-	•		Enter total					Ì	1	00
			e income tax refund									ł	2	00
			est from U.S. gover	-								1	3	00
			rgy efficiency upgra			•••••						•	4	00
	э.	Alle	native energy devic Year											
			Acquired Type	e of Device	Total Cost		Percentage	·						
		a.	2020		\$	Х	40% =	5a	•			00		
		b.	2019		\$	Х	20% =	5b	•			00		
		C.	2018		\$	Х	20% =	<u>5c</u>	 •			00		
		d.	2017		\$	Х	20% =	5d	•			00		
		e.	Add lines 5a throug	h 5d. Can't ex	ceed \$5,000	•••••						•	5e	00
	6.	Chil	d/dependent care. C	Complete work	sheet on page	29	and include	fede	eral F	orm 244	1	•	6	00
			al Security and railr		f included in fe	dera	al income					•	7	00
	8.		rement benefits ded					Г						
			If single, enter \$36,		•••••			F	8a			00		
			Federal Railroad Re					F	8b			00		
			Social Security ben					F	8c			00		
			Line 8a minus lines						8d			00		
			Qualified retirement					_				00		
	_		Enter the smaller of									i i	8f	00
			nological equipmer									1	9	00
			o capital gains dedu									ł	10	00
			ve duty military pay									ŀ	11	00
			otion expenses									F	12	00
	13.		o medical savings a									I		
			ancial Institution				nt number _					•	13	00
			o college savings p	-								i i	14	00
			ntaining a home for	-								t i	15	00
			o lottery winnings, l									ŀ	16	00
	17.	inco	me earned on a res	ervation by an	American Ind	an .						•	17	00

IDAHO State Tax Commission

Form	39R	2020	(continued)
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Na	ames as shown on return					Social See	curity	number			
	18. Health insurance premiums						. •	18		00	
	•	19. Long-term care insurance									
	20. Workers' compensation insurar	nce					•	20		00	
	21. Bonus depreciation. Include Fo	orm 4562s					. • [21		00	
	22. First-time home buyer savings ad	ccount. Cont	tributions	I	nterest _		_				
	Financial Institution		Account numbe	er			-				
	By checking the box, I a	attest that I am a	a first-time home b	ouyer. S	ee instru	ctions.	•	22		00	
	23. Other subtractions. Include exp	lanation					-	23		00	
	24. Total subtractions. Add lines 1 t Enter here and on Form 40, line	through 4, 5e th e 10	rough 7, and 8f th	rough 2	3.		-	24		00	
C.	Credit for income tax paid to othe										
	This credit is being claimed for taxe	s paid to: • _						(State name)			
	1. Idaho tax, Form 40, line 20	1. Idaho tax, Form 40, line 20									
	2. Federal adjusted gross income	2. Federal adjusted gross income earned in other state adjusted for Idaho modifications. See instructions							Include a copy of the income tax return and a separate Form 39R for each state for which		
	Idaho modifications. See instru										
	3. Idaho adjusted income. See ins	structions			3		00		dit is claimed.		
	4. Divide line 2 by line 3. Enter percentage here										
	5. Multiply line 1 by line 4. Enter amount here									00	
	6. Other state's tax due minus its	income tax cred	dits				•	6		00	
	7. Enter the smaller of lines 5 or 6	. •	7		00						
D.	Credits for Idaho educational entity and Idaho youth and rehabilitation facility contributions, and live organ donation expenses. See instructions, page 36.										
		1. Credit for Idaho educational entity contributions									
		 Credit for Idaho educational entity contributions Credit for Idaho youth and rehabilitation facility contributions 									
	 Credit for live organ donation e 		2		00						
	-	i i									
Е.	4. Total credits. Add lines 1 throug Maintaining a home for a family n	,						4		00	
	Maintaining a home for a family member age 65 or older or a family member with a developmental disability. See instructions, page 37.										
	 Did you maintain a home for ar you and your spouse) and prov 	ſ									
	2. Did you maintain a home for a		'	es 🔄 N	lo						
	(including you and your spouse	. [Y	′es 🗌 N	lo						
	3. List each family member you're										
	Family Member's Name First Name Last	Name	Family Member's Social Security Number		nship to Per ing Return		ily Me Birthda m/dd/		Check her Developme Disable	ntally	
				\dashv							
	 Total amount claimed (\$100 for Enter here and on Form 40, line deduction on Part B, line 15.) 	e 44. (Credit ca	n't be claimed if y	ou took	\$1,000			4		00	
F.		Dependents: (Continued from Form 40, page 1, line 6)									
	First Name								Birthdate (mm/dd/yyyy)		
		1									