

Dear Software Developers:

Enclosed is the Tax Year 2016 Idaho Individual E-File (MeF) Test Packet. This grid was developed by our audit staff and is relatively unchanged from last year's grid. You will use the federal test scenarios that best fit the Idaho test grid.

Enclosed are the test EINs, company names, and addresses for the four tax types.

You may need to modify your test returns to the forms and schedules that your software will support as outlined in the Letter of Intent.

**Send a PDF and Submission Id, of each test return that you will be transmitting, to [MeFtesting@tax.idaho.gov](mailto:MeFtesting@tax.idaho.gov). Please include a payment voucher with any return that has an amount due.**

**Idaho will follow the IRS testing calendar.**

Our office hours are Monday – Friday, 7:00 a.m. – 4:00 p.m. (MST)

Our office will be closed on the dates below:

November 11 Veterans Day  
November 24 Thanksgiving Day  
December 26 Christmas Holiday  
January 02 New Year's Holiday

If you have any testing questions, feel free to contact us.

We look forward to working with you this year.

Sincerely,

Electronic Data Management Team  
Coordination & Automation Bureau  
Idaho State Tax Commission  
(208) 332-6632  
[MeFtesting@tax.idaho.gov](mailto:MeFtesting@tax.idaho.gov)

Auston Holmes  
Income Tax eFile Coordinator  
Idaho State Tax Commission  
(208) 334-5360  
[eFileCoordinator@tax.idaho.gov](mailto:eFileCoordinator@tax.idaho.gov)

## Income Tax Rate Schedule for 2016

### **SINGLE**

At Least	Less than	Tax		Rate		
1	1,454	0.00	plus	1.6%	of the amount over	0
1,454	2,908	23.26	plus	3.6%	of the amount over	1,454
2,904	4,362	75.60	plus	4.1%	of the amount over	2,908
4,362	5,816	135.21	plus	5.1%	of the amount over	4,362
5,816	7,270	209.36	plus	6.1%	of the amount over	5,816
7,270	10,905	298.05	plus	7.1%	of the amount over	7,270
10,905		556.14	plus	7.4%	of the amount over	10,905

### **MARRIED**

At Least	Less than	Tax		Rate		
1	2,908	0.00	plus	1.6%	of the amount over	0
2,908	5,816	46.52	plus	3.6%	of the amount over	2,908
5,816	8,724	151.20	plus	4.1%	of the amount over	5,816
8,724	11,632	270.42	plus	5.1%	of the amount over	8,724
11,632	14,540	418.72	plus	6.1%	of the amount over	11,632
14,540	21,810	596.10	plus	7.1%	of the amount over	14,540
21,810		1,112.28	plus	7.4%	of the amount over	21,810

## Form 40 MeF Test Return Information

### Test 1:

400005951  
Timothy Smith  
C/o Tom Jones  
5000 W. State St.  
Boise, Idaho 83702  
Single  
Claimed Dependent  
Paid Preparer with PTIN and phone  
number

### Test 2:

400005952  
400005970  
Frank Grey  
Amber Grey  
PO Box 342  
Mackay Idaho 83251  
Married Filing Joint  
No Dependents  
Spouse was incarcerated for 6 months  
Prime is 65  
Spouse is blind

### Test 3:

Amended Indicator (If Supporting  
Amended Filings)  
Amended Reason 3 (If Supporting  
Amended Filings)  
400005953  
David Klien  
715 E Sherman Ave  
Coeur D Alene Idaho 83815  
Qualifying widower (2015)  
3 Dependent children

### Test 4:

400005954  
400005977  
Michael Pratt  
Michelle Pratt  
300 E Pine St  
Pocatello Idaho 83204  
Married filing Separate  
2 Dependent children  
On public assistance for 3 months at the  
end of the tax year

### Test 5:

400005955  
Peter Piper  
445 Highway 55  
Horseshoe Bend Idaho 83626  
Deceased in 2016  
Head of Household  
1 Dependent parent

### Test 6:

400005956  
400005975  
Donald White  
Margaret White  
6951 N Hastings  
Boise Idaho 83714  
Spouse deceased in 2016  
Married Filing Joint  
AGI greater than \$350,000  
6 Dependent children

### Test 7:

400005957  
Miguel Estrada  
1832 South Pole Ln  
Meridian Idaho 83646  
Head of Household  
3 Dependent children  
Carry Forward

### Form 40 - MeF Test Data

"X" on the yes/no questions indicates a yes answer. "O" is Optional

Line Number	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
<b>Authentication Header</b>							
Filing License Type Cd	X	X	X	X	X	X	X
<b>Financial Resolution</b>							
First Input			X				
Routing Transit Num			X				
Depositor Account Num			X				
Input Timestamp			X				
Submission							
No UBA Disbursement Cd Submit		X	X				
Refund Disbursement UBA Submit							
Refund Disbursement Cd Submit	X			X	X	X	X
Pending or Unavailable							
Pend Ind	X						
Proxy Acct Num	X						
UBA Submit							
UBA Routing Transit Num Submit	X			X	X	X	X
UBA Depositor Account Num Submit	X			X	X	X	X
Refund Product Elect Cd Submit	X			X	X	X	X
Refund Product CIPCd Submit	X			X	X	X	X
<b>Prim Drvr Lcns Or State Issd Id Grp</b>							
No Drvr Lcns Or State Issd Id	X						
Drvr Lcns Num		X	X	X	X	X	X
Drv Lcns St Cd		X	X	X	X	X	X
Drv Lcns Expr Dt		X	X	X	X	X	X
Drv Lcns Issue Dt		X	X	X	X	X	X
State Issd Id Num		X	X	X	X	X	X
State Issd Id St Cd		X	X	X	X	X	X
State Issd Id Expr Dt		X	X	X	X	X	X
Expr Dt		X	X	X	X	X	X
Non Expr							
State Issd Id Issue Dt		X	X	X	X	X	X
<b>Sps Drvr Lcns Or State Issd Id Grp</b>							
No Drvr Lcns Or State Issd Id		X					
Drv Lcns Num				X			
Drv Lcns St Cd				X			
Drv Lcns Expr Dt				X			

Line Number	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Drv Lcns Issue Dt				X			
State Issd Id Num				X			
State Issd ID St Cd				X			
State Issd Id Expr Dt				X			
Expr Dt				X			
Non Expr							
State Issd Id Issue Dt				X			
<b>Filing History</b>							
Federal Original Submission Id	X	X	X	X	X	X	X
Federal Original Submission Id Dt	X	X	X	X	X	X	X
State Submission Id Current	X	X	X	X	X	X	X
State Submission Id Orig	X	X	X	X	X	X	X
State Submission Id Date Orig	X	X	X	X	X	X	X
<b>Transmission Detail</b>							
Initial Creation							
IP Address	X	X	X	X	X	X	X
IPTs	X	X	X	X	X	X	X
Device Id	X	X	X	X	X	X	X
Device Type Cd	X	X	X	X	X	X	X
User Agent Txt	X						
Browser Language Txt		X					
Platform Txt		X					
Time Zone Offset Num	X						
System Ts	X	X					
Email Address Txt				X		X	
Cell Phone Num				X		X	
Submission							
IP Address	X	X	X	X	X	X	X
IPTs	X	X	X	X	X	X	X
Device ID	X	X	X	X	X	X	X
Device Type Cd	X	X	X	X	X	X	X
User Agent Txt	X						
Browser Language Txt		X					
Platform Txt		X					
Time Zone Offset Num	X						
System Ts	X	X					
Email Address Txt		X					
Cell Phone Num		X					

	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Final IP Port Number Submit		X					
Tot Active Time Prep Submission Ts					X		
Total Preparation Submission Ts					X		
<b>Trusted Customer</b>							
Trusted Customer Cd	X	X	X	X	X	X	X
OOB Security Verification Cd	X	X	X	X	X	X	X
OOB Destination							
OOB Email	X	X		X	X	X	
OOB Cell Phone		X	X	X	X		X
Last Submission Rqr OOB Cd							X
Profile Change							
User Name Change Ind				X			
Password Change Ind				X			
Email Address Change Ind				X			
Cell Phone Number Change Ind				X			
Authentication Summary Cd						X	
Payment Decline Cd		X					
Authentication Review Cd						X	
Authentication Review Txt						X	
<b>State Issued PIN</b>							
<b>Vendor Customer Number</b>	O	O	O	O	O	O	O
<b>Income</b>							
Line 7 - Federal adjusted gross income	X	X	X	X	X	X	X
Line 11 - Total adjusted income	X	X	X	X	X	X	X
<b>Tax Computation</b>							
Line 12a - Age 65 or older		Prime is 65					
Line 12b - Blind		Spouse Blind					
Line 12c - Claimed dependent	X						
Line 13 - Itemized deductions		X	X				
Line 14 - State and local income taxes			X				
Line 16 - Standard deduction	X			X	X	X	X
Line 18 - Exemption total		X	X	X	X	X	X
Line 19 - Taxable income	X	X	X	X	X	X	X
Line 20 - Tax from tables or rate schedule	X	X	X	X	X	X	X
<b>Credits</b>							
Line 22 - Credit for taxes paid to other states		X					

Line Number	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
<b>Other taxes</b>							
Line 28 - Sales/use tax due		X					
Line 30 - Tax from recapture of qualified investment exemption (QIE)					X		
Line 31 - Permanent building fund	X	X	X	On Public Assistance	X	X	X
Line 32 - Total tax	X	X	X	X	X	X	X
<b>Donations</b>							
Line 33 - Nongame Wildlife Conservation Fund					X		
Line 34 - Children's Trust Fund					X		
Line 35 - Special Olympics Idaho					X		
Line 36 - Idaho Guard and Reserve Family					X		
Line 37 - American Red Cross of Greater Idaho Fund					X		
Line 38 - Veterans Support Fund					X		
Line 39 - Idaho Food bank					X		
Line 40 - Opportunity Scholarship Program			X		X		
<b>Payments and Other Credits</b>							
Line 42 - Grocery credit computed	\$0	X	X	X	X	X	X
Line 42a- Irrevocable grocery credit donation					X		
Line 42b - Grocery credit received	\$0	X	X	X	\$0	X	X
Line 43 - Maintaining a home for aged or disabled					X		
Line 45 - Idaho income tax withheld	X	X		X	X	X	
Line 46 - Estimated payments and amount from 2015 return			X				
Line 47a - Pass through Entity					X		
Line 47b - Pass-through income tax paid					X		
Line 48a - Reimbursement Incentive Act credit					X		
Line 48b - Claim of Right					X		
<b>Tax Due or Refund</b>							
Line 50 - Tax due		X	X				
Line 51a - Penalty		X					
Line 51b - Interest		X					
Line 51 - Penalty and interest total		X					
Line 52 - Total due		X	X				
Line 53 - Overpaid	X			X	X	X	X
Line 54 - Refund	X			X	X		X
Line 55- Estimated tax to 2016 return						X	
Line 56 - IAT question	X						
Line 56a - Routing and account number	X			X			
Line 56b - Checking				X			

Line Number	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Line 56c - Savings	X						
Line 58 – Refund from original return (Amended Returns only)			X				
Line 59 – Tax paid with original return (Amended Returns only)			X				
Line 60 – Amended tax due or refund (Amended Returns only)			X				
<b>Form 39R</b>							
<b>Part A - Additions</b>							
Line 1 - Federal net operating loss carryover							X
Line 2 - Capital loss carryover incurred outside the state			X				
Line 3 - Non-Idaho state and local bond interest and dividends			X				X
Line 4 - Idaho college savings account withdrawal			X			X	
Line 5 – Bonus depreciation			X				
Line 6 - Other additions			X				
Line 7 - Total additions			X			X	X
<b>Part B - Subtractions</b>							
Line 1 - Idaho net operating loss carryover							X
Line 2 - State income tax refund if included in federal income			X				
Line 3 - Interest from U.S. Government obligations					X		
Line 4 - Energy efficiency upgrades					X		
Line 5a through 5d - Alternate energy device deduction					X		
Line 5e - Alternative energy devices total					X		
Line 6 – Child dependent Care					X		
Line 7 - Social Security and railroad benefits		X					
Line 8 - Retirement benefits deduction		X					
Line 9 - Technological equipment donation			X				
Line 10 - Idaho capital gains deduction			X				
Line 11 - Active duty military pay earned outside of Idaho					X		
Line 12 - Adoption expenses			X				
Line 13 - Idaho medical savings account (Include Med Savings Acct)					X		
Line 14 - Idaho college savings program						X	
Line 15 - Maintaining a home for the aged or disabled		X					
Line 16 - Idaho lottery winnings					X		
Line 17 - Income earned on a reservation by an American Indian			X				
Line 18 - Health insurance premiums					X		
Line 19 - Long-term health care insurance					X		
Line 20 - Worker's compensation						X	
Line 21 - Bonus depreciation						X	
Line 22 - Other subtractions			X		X		
Line 23 - Total subtractions		X	X		X	X	X



Line Number	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
<b>Part C - Retirement Benefits Deduction</b>							
Line 1 - If single enter \$31,688; if married filing jointly enter \$47,502		X					
Line 2 - Federal Railroad Retirement benefits received		X					
Line 3 - Social Security benefits received		X					
Line 5 - Qualified retirement benefits included in federal income		X					
<b>Part D - Credit for Income Tax Paid to Other States</b>							
Line 1a - Other state's 2-letter abbreviation		MT & OR					
Line 1 - Idaho tax, Form 40 line 20		X					
Line 2 - Other state's adjusted income		X					
Line 3 - Idaho adjusted income, Form 40 line 11		X					
Line 4 - Divide line 2 by line 3		X					
Line 5 - Multiply line 1 by line 4		X					
Line 6 - Other state's tax due less income tax credits		X					
Line 7 - Smaller of line 5 or 6		X					
<b>Part E - Credit for Contributions to Idaho Educational, Youth Rehabilitation, Live Organ Donation</b>							
Line 1 - Credit for contributions to Idaho Educational Entities		X		X			
Line 2 - Credit for contributions to Idaho Youth and Rehabilitation		X		X			
Line 3 - Credit for live organ donation expenses		X		X			
<b>Part F - Maintaining a Home for Family Member Age 65 or Older</b>							
Line 1a - Yes					X		
Line 1b - No							
Line 2a - Yes					X		
Line 2b - No							
Line 3a - Firstname, lastname,SSN,relationship,DOB,check if disabled					X		
Line 3b - Firstname, lastname,SSN,relationship,DOB,check if disabled							
Line 3c - Firstname, lastname,SSN,relationship,DOB,check if disabled							
Line 4 - Total amount claimed					X		
<b>Part G - Dependents</b>							
Firstname,lastname,SSN						X	
Firstname,lastname,SSN						X	
Firstname,lastname,SSN							
Firstname,lastname,SSN							
Firstname,lastname,SSN							
Firstname,lastname,SSN							

Line Number	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
<b>Form 44</b>							
<b>Part I</b>							
Line 1 - ITC (Form 49)		X					
Line 2 - Production equipment using postconsumer waste		X					
Line 3 - Promoter sponsored event		X					
Line 4 – Credit for qualifying new employees, Include Form 55		X					
Line 5 - Idaho research activities (Form 67)		X					
Line 6 - Broadband equipment investment credit (Form 68)		X					
Line 10 - Biofuel infrastructure investment tax credit (Form 71)						X	
Line 11 - Total business income tax credits		X				X	
<b>Part II</b>							
Line 1 - ITC (Form 49R)		X					
Line 2 - Broadband (Form 68R)			X				
Line 6 - Biofuel infrastructure investment credit (Form 71R)		X				X	
Line 7 - Total tax from recapture		X	X			X	
<b>Additional Schemas</b>							
<b>Form 49</b>		X					
<b>Form 49C</b>		X					
<b>Form 49R</b>		X					
<b>Form 55</b>		X					
<b>Form 56</b>							X
<b>Form 67</b>		X					
<b>Form 68</b>		X					
<b>Form 68R</b>			X	X			
<b>Form 71</b>		X		X		X	
<b>Form 71R</b>		X				X	
<b>Form 75</b>		X					
<b>Form CG</b>			X				
<b>Form ID-K1</b>					X		
<b>Form 1099R with Idaho withholding</b>		X					
<b>ITC Equipment List</b>		X					
<b>PDF Attachments</b>	<b>Attachment Name</b>						
<b>Form 49E</b>	<b>Form_49E_01</b>						
<b>Form 49ER</b>	<b>Form_49ER_01</b>		X		X		
<b>Form 70</b>	<b>Form_70_01</b>		X				
<b>Reimbursement Act Credit</b>	<b>Reimburse_Credit_01</b>				X		
<b>Non-Idaho Income Tax Return</b>	<b>OtherState_Return_01</b>		X				
<b>Non-Idaho Income Tax Return</b>	<b>OtherState_Return_02</b>		X				

Miscellaneous Statements

Misc Stmt 01

X

## Form 43 MeF Test Return Information

### Test 8:

400005958  
400005973  
Luke Larson  
Laura Larson  
9430 SW Coral St. #100  
Portland, OR 97223  
Married filing joint  
Residency Status- Nonresidents  
Current state of residence - OR

### Test 12:

400005962  
Paws Tiger  
2100 Woodward Ave  
Detroit, MI 48201  
Check the nonresident aliens for federal  
purposes box  
Single  
Residency Status - Nonresident

### Test 9:

400005959  
400005974  
Cindy Mac  
Trent Mac  
847 11<sup>th</sup> Ave  
Helena MT 59601  
Married filing joint  
Residency Status- Resident taxpayer Part-year spouse  
Full months in Idaho- Resident 12 months Spouse 6 months  
Current state of residence- Taxpayer ID Spouse MT

### Test 10:

Amended Indicator (If Supporting Amended Filings)  
Amended Reason 3 (If Supporting Amended Filings)  
400005960  
Scott Squidly  
USS Michigan (SSBN 727)  
FPO AP 96222  
Head of Household  
Residency Status- Military Nonresident  
Current state of residence- NV  
5 dependent children

### Test 11:

400005961  
400005976  
Buck Deer  
Debbie Deer  
1123 Cleveland Blvd  
Caldwell Idaho 83607  
Married Filing Joint  
Residency Status- Taxpayer Idaho Resident on Active Military Duty  
Current state of residence- Taxpayer ID Spouse OR  
3 dependent children  
AGI greater than \$311,300

### Form 43 - MeF Test Data

Line Number	Test 8	Test 9	Test 10	Test 11	Test 12
<b>Authentication Header</b>					
Filing License Type Cd	X	X	X	X	X
<b>Financial Resolution</b>					
First Input			X		
Routing Transit Num			X		
Depositor Account Num			X		
Input Time Stamp			X		
Submission					
No UBA Disbursement Cd Submit		X		X	
Refund Disbursement UBA Submit					
Refund Disbursement Cd Submit	X		X		X
Pending Or Unavailable					
Pend Ind			X		
Proxy Acct Num			X		
UBA Submit					
UBA Routing Transit Num Submit	X				X
UBA Routing Transit Num Submit	X				X
Refund Product Elect Cd Submit	X		X		X
Refund Product CIP Cd Submit	X		X		X
<b>Prim Driver Lcns Or State Issd Id Grp</b>					
No Drvr Lcns Or State Issd Id					X
Drvr Lcns Num	X		X	X	
Drvr Lcns St Cd	X		X	X	
Drvr Lcns Issue Dt	X		X	X	
State Issd Id Num	X		X	X	
State Issd Id St Cd	X		X	X	
State Issd Id Expr Dt	X		X	X	
Expr Dt	X		X	X	
Non Expr					
State Iss dl dl Issue Dt	X		X	X	
<b>Sps Drvr Lcns Or State Issd Id Grp</b>					
No Drvr Lcns Or State Issd Id	X	X		X	
Drvr Lcns Num	X	X		X	
Drvr Lcns Expr Dt	X	X		X	
Drvr Lcns Issue Dt	X	X		X	
State Issd Id Num	X	X		X	
State Issd Id St Cd	X	X		X	
State Issd Id Expr Dt	X	X		X	
Expr Dt	X	X		X	
Non Expr					
State Issd Id Issue Dt	X	X		X	
<b>Filing History</b>					
Federal Original Submission Id	X		X		X
Federal Original Submission Id Dt	X		X		X
State Submission Id Current	X		X		X
State Submission Id Orig	X		X		X
State Submission Id Date Orig	X		X		X
<b>Transmission Detail</b>					
Initial Creation	X	X	X	X	X

IP Address		X	X	X	X	X
IPTs		X	X	X	X	X
Device Id		X	X	X	X	X
Device Type Cd		X	X	X	X	X
User Agent Txt		X				
Browser Language Txt			X			
Platform Txt			X			
Time Zone Offset Num			X			
System Ts			X			
Email Address Txt			X			
Cell Phone Num			X			
Submission						
IP Address		X	X	X	X	X
IPTS		X	X	X	X	X
Device Id		X	X	X	X	X
Device Type Cd		X	X	X	X	X
User Agent Txt				X		
Browser Language Txt		X				
Platform Txt		X				
Time Zone Offset Num		X				
System Ts				X		
Email Address Txt				X		
Cell Phone Num				X		
Final Port Number Submit				X		
Tot Active Time Prep Submission Ts		X	X	X	X	X
Total Preparation Submission Ts		X	X	X	X	X
<b>Trusted Customer</b>						
Trusted Customer Cd						X
OOB Security Verification Cd						X
OOB Destination						
OOBE mail		X	X	X		
OOB Cell Phone			X		X	X
Last Submission Rqr OOB Cd						X
Profile Change						
User Name Change Ind					X	
Password Change Ind					X	
Email Address Change Ind					X	
Cell Phone Number Change Ind					X	
Authentication Summary Cd					X	
Payment Decline Cd			X			
Authentication Review Dd				X		
Authentication Review Txt				X		
<b>State Issued PIN</b>						
<b>Vendor Customer Number</b>		O	O	O	O	O
<b>Line Number</b>		<b>Test 8</b>	<b>Test 9</b>	<b>Test 10</b>	<b>Test 11</b>	<b>Test 12</b>
Line 7 - Wages, salaries, tips, etc.		X	X	X	X	X
Line 8 - Taxable interest income			X	X		
Line 9 - Dividend income				X		
Line 10 - Alimony received				X		
Line 11 - Business income or loss				X		

Line Number	Test 8	Test 9	Test 10	Test 11	Test 12
Line 12 - Capital gain or loss			X		
Line 13 - Other gains or losses	X				
Line 14 - IRA distributions		X			
Line 15 - Pensions and annuities			X	X	
Line 16 - Rents, royalties, partnerships, S corporations, trusts, etc.			X		
Line 17 - Farm income or loss	X				
Line 18 - Unemployment compensation		X			
Line 19 - Other income	X				
Line 20 - Total income	X	X	X	X	X
<b>Idaho Adjustments</b>					
Line 21 - Deductions for IRA and health savings account		X			
Line 22 - Moving expenses, Alimony Paid, and Student Loan Interest	X				
Line 23 - Deductions for self-employment tax, health insurance, etc.	X				
Line 24 - Penalty on early withdrawal of savings			X		
Line 25 - Other deductions		X	X		
Line 27 - Idaho adjusted gross income	X	X	X	X	X
<b>Column A</b>					
Line 28a - Federal adjusted gross income	X	X	X	X	X
Line 31a - Total adjusted income. Add lines 28 and 29, less line 30.	X	X	X	X	X
<b>Column B</b>					
Line 28b - Idaho adjusted gross income from line 27	X	X	X	X	X
Line 31b - Total adjusted income. Add lines 28 and 29, less line 30.	X	X	X	X	X
Line 32a - Age 65 or older					
Line 32b - Blind					
Line 32c - Claimed dependent					
Line 33 - Itemized deductions	X	X			X
Line 34 - State and local income or general sales taxes	X	X			X
Line 36 - Standard deduction			X	X	
Line 37 - Exemption amount	X	X	X	X	X
Line 39 - Idaho percentage	X	X	X		X
Line 41 - Idaho taxable income	X	X	X		X
Line 42 - Tax from tables or rate schedule	X	X	X		X
Line 43 - Income tax paid to other states		X			
<b>Other Taxes</b>					
Line 48 - Sales/use tax due		X	X		
Line 50 - Tax from recapture of qualified investment exemption (QIE)			X		
Line 51 - Permanent building fund	X	X	X	X	X
Line 52 - Total tax	X	X	X	X	X
<b>Donations</b>					
Line 53 - Veterans Support Fund	X				
Line 54 - Opportunity Scholarship Program	X				
Line 55 - Idaho Guard and Reserve Family	X				
Line 56 - Idaho Children's Trust Fund	X				
Line 57 - Special Olympics Idaho	X				
Line 58 - Nongame Wildlife Conservation	X				
Line 59 - American Red Cross of Greater Idaho	X				
Line 60 - Idaho Food bank	X				
<b>Payments</b>					
Line 62 - Grocery credit computed		X		X	
Line 62a - Irrevocable grocery donation				X	
Line 62b - Grocery credit received		X		\$0	

Line Number	Test 8	Test 9	Test 10	Test 11	Test 12
Line 63 - Maintaining a home for aged or disabled				X	
Line 65 - Idaho income tax withheld	X	X	X	X	X
Line 66 - Estimated payments and amount from 2015 return				X	
Line 67a - Pass-through income tax withheld			X	X	
Line 67b - Pass-through income tax paid			X		
Line 68a - Reimbursement Incentive Act Credit			X		
Line 68b - Claim of Right			X		
<b>Tax Due</b>					
Line 70 - Tax due		X		X	
Line 71a- Penalty		X			
Line 71b - Interest		X			
Line 72 - Total due		X		X	
<b>Refund</b>					
Line 73 - Overpaid	X		X		X
Line 74 - Refund	X		X		X
Line 75 - Estimated tax	X				
Line 76 - IAT question	X				
Line 76a - Routing and account number	X		X		
Line 76b - Checking	X				
Line 76c - Savings			X		
Line 78 - Refund from original return (Amended Returns only)			X		
Line 79 - Tax paid with original return (Amended Returns only)			X		
Line 80 - Amended tax due or refund (Amended Returns only)			X		
<b>Form 39NR</b>					
<b>Part A - Additions</b>					
Line 1b - Non-Idaho state and local bond interest and dividends			X		
Line 2b - Idaho college savings account withdrawal	X				
Line 3b - Bonus depreciation			X		
Line 4b - Other additions			X		
Line 5b - Total additions	X		X		
<b>Part B - Subtractions</b>					
Line 1a - Idaho net operating loss carryover (Original Return Only)			X		
Line 1b - Idaho net operating loss carryback (Amended Prior Year Return Only)			X		
Line 3b - Interest from U.S. Government obligations			X		
Line 4b - Child/dependent care				X	
Line 6b - Idaho capital gains deduction			X		
Line 7a - Idaho resident - Active duty military pay earned outside of Idaho				X	
Line 7b - Idaho resident - Active duty military pay earned outside of Idaho				X	
Line 8a - Idaho medical savings account			X		
Line 8b - Idaho medical savings account			X		
Line 9b - Idaho college savings program			X		
Line 10b - Adoption expenses		X			
Line 11b - Maintaining a home for the aged or disabled			X		
Line 12b - Idaho lottery winnings			X		
Line 13b - Income earned on a reservation by an American Indian					
Line 14b - Worker's compensation			X		
Line 15b - Partner's and shareholder's pass-through subtractions			X		
Line 16b - Energy Efficiency Upgrades			X		



Line Number	Test 8	Test 9	Test 10	Test 11	Test 12
Line 17b - Technological equipment donation			X		
Line 18b - Health insurance premiums			X		
Line 19b - Long-term health care insurance			X		
Line 20a through 20d - Alternate energy device deduction			X		
Line 20e - Alternate energy device total			X		
<b>Line 22 - Retirement benefits deduction</b>					
Line 22a - column A - If single enter <b>\$31,668</b> ;if married jointly enter <b>\$47,502</b>				X	
Line 22b - column A - Federal Railroad Retirement received				X	
Line 22c - column A - Social Security benefits received				X	
Line 22e - column A - Qualified retirement benefits included in federal gross income				X	
Line 22g, column B - Qualified retirement benefits included in ID gross income				X	
Line 22h, column B - Divide line 22g by line 22e				X	
Line 22i, column B benefits				X	
Line 23a - Nonresident military pay included in line 28, Column A			X		
Line 24b - Bonus depreciation			X		
Line 25b - Other subtractions			X		
Line 26b - Total subtractions		X	X	X	
<b>Part C - Credit for Income Tax Paid to Other States</b>					
Enter state 2-letter abbreviation		MT & OR			
Line 2 - Other state's adjusted income		X			
Line 3 - Amount of income taxed by Idaho and also taxed by another state		X			
Line 7 - Other state's tax due less its income tax credits		X			
Line 10 - Enter the smaller of line 6 or line 9		X			
<b>Part D - Credit for Income Tax Paid to Other States by Idaho Residents</b>					
Enter state 2-letter abbreviation				X	
Line 2 - Other state's adjusted income				X	
Line 6 - Other state's tax due less income tax credits				X	
Line 7 - Smaller of line 5 or 6				X	
<b>Part E - Credit for contributions to Educational, Youth, Rehabilitation, and Live organ donations</b>					
Line 1 - Education Contribution Credit		X			
Line 2 - Youth Rehab Contribution Credit		X			
Line 3 - Live organ donation expenses		X			
<b>Part F - Maintaining a Home for Family Member Age 65 or Older</b>					
Line 1a - Yes				X	
Line 1b - No					
Line 2a - Yes				X	
Line 2b - No					
Line 3a - Firstname,lastname,SSN,relationship,DOB,check if disabled				X	
Line 3b - Firstname,lastname,SSN,relationship,DOB,check if disabled				X	
Line 4 - Total amount claimed				X	
<b>Part G - Dependents</b>					
Firstname,lastname,SSN			X		
Firstname,lastname,SSN					
Firstname,lastname,SSN					
Firstname,lastname,SSN					
Firstname,Lastname,SSN					

Line Number	Test 8	Test 9	Test 10	Test 11	Test 12
<b>Form 44</b>					
<b>Part I Credit Allowed</b>					
Line 1 ITC			X		
Line 2 - Production equipment using postconsumer waste			X		
Line 3 - Promoter sponsored event			X		
Line 4 - Credit for qualifying new employees, Include Form 55			X		
Line 5 - Idaho research activities (Form 67)			X		
Line 6 - Broadband equip. invest. credit (Form 68)			X		
Line 10 - Biofuel infrastructure invest. tax credit (Form 71)			X		
Line 11 - Total business tax credits allowed			X		
<b>Part II</b>					
Line 1 - ITC (Form 49R)			X		
Line 2 - Broadband (Form 68R)			X		
Line 6 - Biofuel infrastructure investment credit (Form 71R)			X		
Line 7 - Total tax from recapture			X		
<b>Additional Schemas</b>					
<b>Form 49</b>			X		
<b>Form 49C</b>			X		
<b>Form 49R</b>			X		
<b>Form 55</b>			X		
<b>Form 56</b>			X		
<b>Form 67</b>			X		
<b>Form 68</b>			X		
<b>Form 68R</b>			X		
<b>Form 71</b>			X		
<b>Form 71R</b>			X		
<b>Form 75</b>			X		
<b>Form CG</b>	X		X		
<b>Form ID-K1</b>			X	X	
<b>Form 1099R with Idaho withholding</b>		X		X	
<b>ITC Equipment List</b>			X		
<b>PDF Attachments</b>	<b>Attachment Name</b>				
<b>Form 49E</b>	<b>Form_49E_01</b>				
<b>Form 49ER</b>	<b>Form_49ER_01</b>				
<b>Form 70</b>	<b>Form_70_01</b>				
<b>Form 402</b>	<b>Form_402_01</b>				
<b>Reimbursement Act Credit</b>	<b>Reimburse_Credit_01</b>				
<b>Miscellaneous Statements</b>	<b>Misc_Stmt_01</b>				
<b>Non-Idaho Income Tax Return</b>	<b>OtherState_Return_01</b>				