

2017 Idaho 2-D Barcode Specifications

September 2017



September 1, 2017

Dear Developers:

2-D barcode forms must be approved by the Idaho State Tax Commission prior to providing the software to your clients. The Idaho Form 40 is the only form with the 2D barcode printed on it, but the barcode will contain information from Forms 39R, 75, and 44 as defined in this publication. All changes to specifications are indicated in red.

Highlights for tax year 2017 changes are described below.

All Data:

All alpha characters **must** be in upper case.

Form 40:

Index 4 - updated year

Index 24 - updated year

Index 25 - updated year

Index 89 - updated year

Index 94 - moved to Index 90

Index 90 - moved to Index 91

Index 91 - moved to Index 92

Index 92 - moved to Index 93

Index 93 - moved to Index 94

Form 39R:

No changes

Form 75:

No changes

Form 44:

Index 225- Credit for qualifying new employees allowed, removed

Index 226- Credit for qualifying new employees carryover, removed

Index 237- Biofuel Infrastructure ITC Allowed, removed

Index 238- Biofuel Infrastructure ITC Carryover, removed

Index 245- Biofuel Infrastructure ITC, removed

Idaho 2D Specification Totals:

2134 Idaho Form 40 with all fields at maximum data length, this includes the Schedule 39R, Form 44 and the Form 75.

242 Idaho Form 40 field delimiters (carriage return)

2376 Total characters with field delimiters and all fields at maximum data length.

Sample Idaho 2D Header Information

Software/Form version: A vendor defined version number that reflects the software and form revision used to produce the barcode.

Example:

Index 1 - Header Version Number"T1"

Index 2 - Developer Code "1234"

Index 3 - Taxing Jurisdiction "ID"

Index 4 - Tax Year "2017"

Index 5 - Idaho Form Type "40"

Index 6 - Specification Version "0"

Index 7 - Software Version "02"

Idaho 2D Test Returns:

- Include a cover letter requesting 2-D barcode approval with a contact person name, phone number, and e-mail address with your forms.
- Test returns can be submitted via e-mail as PDF attachments
- Test returns will be reviewed to ensure they meet the Idaho State Tax Commission's <u>Income Tax Substitute Forms Specifications</u>. 2D test return packets will be denied if they are not compliant with those specifications.
- Final approval is not granted until the Tax Commission has the opportunity to run a complete 2D barcode test through the production scanner. This does not occur until sometime in January. Software developers agree to make changes to software packages up to this final approval date.

Idaho 2D Barcode Approval

- Include a cover letter requesting substitute forms approval with a contact person name, phone number, and e-mail address with your forms.
- Substitute forms will not be accepted by fax. Submit all substitute income tax forms in PDF format to: substituteforms@tax.idaho.gov

Or in paper format to: Substitute Forms Document Coordinator Idaho State Tax Commission P.O. Box 36 800 Park Blvd, Plaza IV Boise, ID 83712

Contacts for 2-D Barcode

Primary Contact

Electronic Data Management Team PO Box 36 800 Park Blvd Plaza IV Idaho 83722 <u>substituteforms@tax.idaho.gov</u> 208-332-6632 **Secondary Contact**

Evan Stimpson PO Box 36 800 Park Blvd Plaza IV Boise, Boise, Idaho 83722 Evan.Stimpson@tax.idaho.gov 208-334-7814

2-D Barcode Record Layout Specifications Idaho Form 40 August 2017

Index	Form Line No.	Description	Field Size	Field Type	·	Changes
1	Header	Version Number	2	Alpha/Num eric	Required entry. "T1" (Standard FTA accepted header field)	
2	Header	Developer Code	4	Alpha/Num eric	Required entry. NACTP ASSIGNED CODE (Standard FTA accepted header field)	
3	Header	Taxing Jurisdiction	2	Alpha	Required entry. "ID"	
4	Header	Tax Year	4	Numeric	Required entry. "2017"	Year updated
5	Header	ldaho Form Type	3	Numeric	Required entry. "40"	
6	Header	Specification Version	1	Numeric	Draft versions of the specifications are not assigned version numbers. Final version = "0", revision thereafter will increase numerically. (Per FTA standard)	
7	Header	Software Version	2	Numeric	Required entry. Identify vendor changes to the software. (Per FTA standard)	
8	Header	Amended Return	1	Alpha	"X" = box is marked. Blank = box is not marked	
9	Header	Amended Reason	1	Numeric	Must be 1,2, 3, or 4 if Amended Return box is marked	
10	Header	Fiscal year Beginning	8	Numeric	(MMDDYYYY)	
11	Header	Fiscal year Ending	8	Numeric	MMDDYYYY)	
12	Header	Primary First Name	16	Alpha	Required entry, First Name	
13	Header	Primary Middle Initial	1	Alpha	Required entry	
14	Header	Primary Last Name	35	Alpha/Num eric	Required entry Last Name, and suffix if present (i.e. Sr., Jr.)	
15	Header	Primary SSN	9	Numeric	Required entry	
16	Header	Spouse First Name	16	Alpha	Required entry if married filing joint or married filing separate otherwise blank.	
17	Header	Spouse Middle Initial	1	Alpha	Required entry if married filing joint or married filing separate otherwise blank.	
18	Header	Spouse Last Name	35	Alpha/Num eric	Required entry if married filing joint or married filing separate otherwise blank.	
19	Header	Spouse SSN	9	Numeric	Required entry if married filing joint or married filing separate otherwise blank.	
20	Header	Mailing Address	35	Alpha/Num eric	Required entry	

21	Header	City	22	Alpha/Num eric	Required entry	
22	Header	State	2	Alpha	Required entry "Standard postal abbreviation"	
23	Header	Zip Code	9	Numeric	Required entry, left justified. Do not zero fill	
24	Header	Prime Deceased in (2017)	1	Alpha	"X" = box is marked. Blank= box is not marked	Year updated
25	Header	Spouse Deceased in (2017)	1	Alpha	"X" = box is marked. Blank= box is not marked	Year updated
26	Return	Filing Status (Single)	1	Alpha	"X" = box is marked. Blank = box is not marked	
27	Return	Married Filing Joint	1	Alpha	"X" = box is marked. Blank = box is not marked	
28	Return	Married Filing Separate	1	Alpha	"X" = box is marked. Blank = box is not marked	
29	Return	Head of Household	1	Alpha	"X" = box is marked. Blank = box is not marked	
30	Return	Qualifying Widow	1	Alpha	"X" = box is marked. Blank = box is not marked	
31	6a	Prime Exemption	1	Numeric	0" if claimed by someone else. Otherwise "1"	
32	6b	Spouse Exemption	1	Numeric	"0" if claimed by someone else. Otherwise "1"	
33	6c	Dependents	2	Numeric	"0" – "99"	
34	6d	Total Exemptions	2	Numeric	"0" – "99"	
35	7	Federal Adjusted Gross Income	12	Numeric	9999999999 or -9999999999 (Significant digits only, no cents, do not zero fill)	
36	8	Additions	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
37	9	Total	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
38	10	Subtractions	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
39	11	Total Adjusted Income	12	Numeric	9999999999 or -9999999999 (Significant digits only, no cents, do not zero fill)	
40	12a	Prime 65 or older	1	Alpha	"X" = box is marked. Blank = box is not marked	
41	12a	Spouse 65 or older	1	Alpha	"X" = box is marked. Blank = box is not marked	
42	12b	Prime Blind	1	Alpha	"X" = box is marked. Blank = box is not marked	
43	12b	Spouse Blind	1	Alpha	"X" = box is marked. Blank = box is not marked	

44	12 c	Claimed dependent	1	Alpha	"X" = box is marked. Blank = box is not marked	
45	13	Itemized Deductions	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill. Schedule A, Line 29)	
46	14	State and local income taxes	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill. Schedule A, Line 5)	
47	15	Net Idaho itemized deductions	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
48	16	Standard Deduction	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
49	18	Federal Exemption	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
50	19	Taxable Income	12	Numeric	9999999999 or -9999999999 (Significant digits only, no cents, do not zero fill.)	
51	20	Tax	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
52	22	Income tax paid to other state	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
53	24	Business Credits from Form 44	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
54	25	Total Credits	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
55	27	Fuels Tax due	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
56	28	Sales/Use tax due	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
57	30	Tax from recapture of qualified investments exemption	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
58	31	Public Assistance	1	Alpha	"X" = box is marked. Blank = box is not marked. If box is marked they do not pay the \$10.00 Permanent building fund tax.	
59	31a	Permanent Building fund	2	Numeric	(Significant digits only, no cents, do not zero fill. Only 10 is acceptable). The 10.00 is only applicable if the taxpayer has not marked the public assistance box and they meet the filing requirement	
60	32	Total Tax	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
61	33	Idaho Nongame Wildlife	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
62	34	Children's Trust Fund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
63	35	Special Olympics	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
64	36	Idaho Guard	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
65	37	American Red Cross	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
66	38	Veterans Support	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
		!		!	!	

67 39 daho Food Bank 12 Numeric 99999999999999999 Significant digits only, no cents, do not zero fill)		1	I		1		
12 Numeric 9999999999 (Significant digits only, no cents, do not zero fill)	67	39	Idaho Food Bank	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
70 42 Grocery Credit computed 12 Numeric 12 Numeric 1399999999999 (Significant digits only, no cents, do not zero fill) 71 42a Grocery Credit donation 1 Alpha 7x" = box is marked. Blank + box is not marked. If the box is marked X all the grocery (credit will be donated, and will not be refundable on an amended return. 72 42b Grocery Credit amount 12 Numeric 99999999999999999999999999999999999	68	40	Opportunity Scholarship Program	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
	69	41	Total Tax plus donations	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
Alpha credit will be donated, and will not be refundable on an amended return.	70	42	Grocery Credit computed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
73 43 Maintaining home for family aged 12 Numeric 99999999999999999999999999999999999	71	42a	Grocery Credit donation	1	Alpha	• •	
74 44a Special fuel tax refund 12 Numeric 99999999999 (Significant digits only, no cents, do not zero fill) 75 44b Gasoline tax refund 12 Numeric 999999999999 (Significant digits only, no cents, do not zero fill) 76 45 Idaho withholding 12 Numeric 999999999999 (Significant digits only, no cents, do not zero fill) 77 46 Estimated Payment 12 Numeric 999999999999 (Significant digits only, no cents, do not zero fill) 78 47a Pass through Withheld 12 Numeric 9999999999999 (Significant digits only, no cents, do not zero fill) 79 47b Pass through Paid by Entity 12 Numeric 9999999999999 (Significant digits only, no cents, do not zero fill) 80 48a Reimbursement Incentive Act Credit 12 Numeric 9999999999999 (Significant digits only, no cents, do not zero fill) 81 48b Claim of Right Credit 12 Numeric 999999999999 (Significant digits only, no cents, do not zero fill) 82 50 Tax Due 12 Numeric 999999999999 (Significant digits only, no cents, do not zero fill) </td <td>72</td> <td>42b</td> <td>Grocery Credit amount</td> <td>12</td> <td>Numeric</td> <td>9999999999 (Significant digits only, no cents, do not zero fill)</td> <td></td>	72	42b	Grocery Credit amount	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
75	73	43	Maintaining home for family aged	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
76 45 Idaho withholding 12 Numeric 999999999999999999999999999999999999	74	44a	Special fuel tax refund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
77 46 Estimated Payment 12 Numeric 999999999999999999999999999999999999	75	44b	Gasoline tax refund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
78	76	45	Idaho withholding	12	Numeric	99999999999999999999999999999999999999	
79 47b Pass through Paid by Entity 12 Numeric 999999999999999999999999999999999999	77	46	Estimated Payment	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
80 48a Reimbursement Incentive Act Credit 12 Numeric 999999999999999999999999999999999999	78	47a	Pass through Withheld	12	Numeric	99999999999999999999999999999999999999	
81	79	47b	Pass through Paid by Entity	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
82 50 Tax Due 12 Numeric 999999999999999999999999999999999999	80	48a	Reimbursement Incentive Act Credit	12	Numeric	99999999999999999999999999999999999999	
83 51a Penalty 12 Numeric 999999999999999999999999999999999999	81	48b	Claim of Right Credit	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
84 51b Interest 12 Numeric 999999999999999999999999999999999999	82	50	Tax Due	12	Numeric	99999999999999999999999999999999999999	
Penalty withdraw from medical savings account 1 Alpha "X" = box is marked. Blank = box is not marked	83	51a	Penalty	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
85 51c Savings account 1 Alpha "X" = box is marked. Blank = box is not marked	84	51b	Interest	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
87 53 Overpaid 12 Numeric 999999999999999999999999999999999999	85	51c	,	1	Alpha	"X" = box is marked. Blank = box is not marked	
88 54 Refund 12 Numeric 999999999999 (Significant digits only, no cents, do not zero fill)	86	52	Total Due	12	Numeric	99999999999999999999999999999999999999	
	87	53	Overpaid	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
89 55 Estimated Tax apply to 2018 12 Numeric 999999999999999999999999999999999999	88	54	Refund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
	89	55	Estimated Tax apply to 2018	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	Year updated

90	56a	IAT	1	Alpha	"X" = box is marked. Blank = box is not marked	Index moved from 94 to 90
91	56b	Routing Number	9	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	Index moved from 90 to 91
92	56c	Account Number	17	Alpha/Num eric	Account number can be up to 17 characters left justify do not zero fill. Do not use hyphens, spaces or special symbols	Index moved from 91 to 92
93	56d	Checking account box	1	Alpha	"X" = box is marked. Blank = box is not marked	Index moved from 92 to 93
94	56e	Savings account box	1	Alpha	"X" = box is marked. Blank = box is not marked	Index moved from 93 to 94
95	58	Refund from original return	12	Numeric	99999999999999999999999999999999999999	
96	59	Tax paid with original return	12	Numeric	99999999999999999999999999999999999999	
97		Authorize Preparer Check box	1	Numeric	"X" = box is marked. Blank = box is not marked	
98		Daytime Phone	10		Left justified. Do not zero fill	
99		Paid preparer EIN, SSN or PTIN	9	Alpha/Num eric		

DON'T STAPLE R FF000089 M 05-31-2017 DAHO INDIVIDUAL INCOME TAX RETURN

AMEN	DED RETURN? Check the box. ■ 🖁	State Use Only					
See pa	ge 7 of instructions for the reasons to and enter the number that applies.						
For ca	alendar year 2017 or fiscal year beginning						
	Your first name and initial	_ast name	Your Social Security number	r (require	ed)		
S	42 42	14	15				eceased 2017
PRINT OR	12 13 Spouse's first name and initial L	_ast name	Spouse's Social Security n	umber (re	equired)		
E PRI	16 17	18				De	eceased
	Current mailing address		19			25 in	2017
PLEASE	20		Forms ou	oilabla c	t tov idaha a		
ਕ	City, state, and ZIP Code		I OIIIIS ava	iliable a	at tax.idaho.go	,,	
	21 22	23					
	G STATUS. Check only one box.	6. EXEMPTIONS. If someone	can claim you as a Enter "1" i	n boxes	s 6a, Yours	elf a.	31
	ried filing jointly or separately, enter spouse's and Social Security number above.	dependent,	, leave box 6a blank. and 6b, if	they ap	^{ply.} Spous	se b.	32
			u have more than four, continu			Г	22
•	. 26 Single	Enter the total number here	e			c.	33
2	2. 27 Married filing jointly	First name	Last name	Soci	ial Security nu	mber	
,	B. 28 Married filing separately						
Ì							
4	I. 29 Head of household						
į	5. 30 Qualifying widow(er)						
		d. Total exemptions. Add line	es 6a through 6c. Must match f	ederal	return	d. [34
INCO	ME. See instructions, page 7.			\top			Т
	nter your federal adjusted gross income from fed	eral Form 1040, line 37: federal F	form 1040A. line 21:				
	r federal Form 1040EZ, line 4. Include a complete	·		• 7		35	00
8. A	dditions from Form 39R, Part A, line 7. Include Fo	orm 39R		8		36	
9. T	otal. Add lines 7 and 8			9		37	00
10. S	ubtractions from Form 39R, Part B, line 23. Include	de Form 39R		10		38	00
11. T	OTAL ADJUSTED INCOME. Subtract line 10 fro	om line 9		- 11		39	00
TAX	COMPUTATION. See instructions, page 7.						
		• 40 Yourse					
Stan Dedu	ction	• 42 Yourse					
for N	lost C. If your parent or so	omeone else can claim you as a c	_ `				
Ped		nter zero on lines 18 and 42. • 44	4				_
Sing Married	13. Remized deductions. Include lede	ral Schedule A. Federal limits app	oly	1 3		4	5 00
Separ	ately:						
\$6,3	14. All state and local income or gener	ral sales taxes included on federa	al Schedule A, line 5	• 14		40	6 00
Hea House	To: Cubitate mile 11 mont mile 10: it you	u don't use federal Schedule A, er	nter zero	15		47	7 00
\$9,3		ons, page 7, to determine amount	if not standard	1 6		48	8 00
Married	9	r 16 from line 11. If less than zero	, enter zero	17			00
Joint Quali	40 Markallanda 64 OFO harathan at a	exemptions claimed on line 6d. Fe	ederal limits apply	1 8		49	00
Widov \$12,	v(er):			1 9		50	
Ψ1Ζ,	20. Tax from tables or rate schedule. S			20			

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 INCLUDE A COMPLETE COPY OF YOUR FEDERAL RETURN.



21.	Tax amount from	n line 20															21		00
CRE	DITS. Limits ap	ply. See ir	structi	ons, pa	ge 8.														
22.	Income tax paid	to other sta	ites. Inc	lude Fo	rm 39R	and a co	py of	othe	er sta	ates' re	turn.	• 2	2	5	2	00			
23.	Total credits from	n Form 39R	, Part E	, line 4.	Include	Form 39	R					2	3			00			
24.	Total business in	come tax c	redits fr	om For	m 44, Pa	art I, line	9. Ind	clude	e For	m 44		2	4	5	3	00			
25.	TOTAL CREDIT	S. Add lines	22 thro	ough 24													25	54	00
26.	Subtract line 25	from line 21	I. If line	25 is m	ore thar	line 21,	ente	rzer	0								26		00
	ER TAXES. See																07	EE	
	Fuels tax due. In																27	55	
	Sales/use tax d				•					-								56	00
	Total tax from re																29	E 7	00
	Tax from recaptu																		00
	Permanent build TOTAL TAX. Ad																31		
																	32	60	00
	IATIONS. See in Nongame Wildlit						3/1	ldak	20 CI	hildran	'e Tru	et Fun	Ч		62				
	Special Olympic																		
	American Red C																		
	Idaho Foodbank																		
	TOTAL TAX PLU																41	69	00
	MENTS and OTH																41	09	00
	Grocery credit. C														70				
	To donate your g	rocery cred	dit to the	Coope	rative W	/elfare Fu	ınd, d	chec	k the	box a	nd er	ter zei	o or	line 42	• 7·	1			
	To receive your	grocery cred	dit, ente	r the co	mputed	amount of	on lin	e 42	2							······ •	42	72	00
	Maintaining a ho			_													43	73	00
	Special fuels tax																44		00
45.	Idaho income ta:	x withheld.	Include	Form(s) W-2 ar	nd any 10	99(s) tha	t sho	ow Idał	no wit	hholdir	ng .			····· •	45	76	00
	2017 Form 51 pa																46	77	00
	Pass-through inc																47		00
48.	Reimbursement	Incentive A	ct credit	•	80	Claim o	f Rig	ht cr	edit	8	31	;	See	instructi	ons		48		00
49.	TOTAL PAYMEN	TS AND O	THER C	REDIT	S. Add li	nes 42 th	roug	h 48	3								49		00
TAX	DUE or REFUND	. See instru	uctions,	page 1	1. If line	41 is mo	re th	an li	ine 4	9, GO	TO LI	NE 50.	lf li	ne 41 is	less th	an lin	e 49,	GO TO LINE 53.	
50	TAX DUE. Subt	ract line 10	from lin	ω <i>1</i> 1															
50.	IAX DOL. Subt	iaci iiiie 43	110111 1111															82	00
51.	Penalty83	Ir	nterest f	rom the	due da	te • 84			1	Enter to	otal						51		00
	Check box if per																31		00
52	TOTAL DUE. Ad	-	-						_								52	86	00
																		00	
53.	OVERPAID. Line	e 49 minus	lines 41	and 51	. I his is	the amo	unt y	ou o	verp	aid						·····	53	87	00
54.	REFUND. Amou	unt of line 5	3 to be	refunde	d to you	ı												88	00
	ESTIMATED TA																55	89	00
56.	DIRECT DEPOS	SIT. See in	structio	ons, pa	ge 12. ·	90 Che	ck if	final	l dep	osit d	estin	ation i	s oı	utside th	ne U.S.			Type of 93 Ch	ecking
	uting No. 9 1				■ Acco	unt No. 9	2											Account: 94 Sa	vingo
■ Rou				1 1				_				- Ca		-44:-				- 0 1 3a	virigs
	<u> </u>	ONLY Co	mnlete	this so	ction to	determi	no v	Our	tav r	חר פוור	rofur		in م		ne	·			
AME	ENDED RETURN		•														57		00
AME 57.	ENDED RETURN Total due (line 5	2) or overpa	aid (line	53) on	this retu	rn											57 58	95	00
AME 57. 58.	ENDED RETURN Total due (line 5. Refund from orig	2) or overpa ginal return	aid (line plus ade	53) on ditional	this retu refunds	rn										-	58	95	00
57. 58. 59.	ENDED RETURN Total due (line 5: Refund from oriç Tax paid with ori	2) or overpa ginal return ginal return	aid (line plus add plus ad	53) on ditional Iditional	this retu refunds tax paid	rn 										• •	58 59	95 96	00
57. 58. 59. 60.	ENDED RETURN Total due (line 5) Refund from orig Tax paid with ori Amended tax du	2) or overpa ginal return ginal return e or refund	aid (line plus add plus ad . Add lii	53) on ditional Iditional nes 57	this retu refunds tax paid and 58 t	rndhen subti	ract li	ine 5	59							• •	58 59 60	96	00
57. 58. 59. 60.	ENDED RETURN Total due (line 5: Refund from orig Tax paid with ori Amended tax du Within 180 days Under penalties	2) or overpaginal return ginal return e or refund of receiving	aid (line plus add plus ad . Add lii this retu	53) on ditional ditional nes 57 m, the lo	this retu refunds tax paid and 58 to daho Stat	rnd hen subti e Tax Com my knowle	ract li	ine 5	59	scuss th	nis retu	urn with	the rect,	paid prep	arer ide	• • ntified	58 59 60 below	96	00
57. 58. 59. 60. • 9.	ENDED RETURN Total due (line 5: Refund from orig Tax paid with ori Amended tax du Within 180 days Under penalties	2) or overpaginal return ginal return e or refund of receiving	aid (line plus add plus ad . Add lii this retu	53) on ditional ditional nes 57 m, the lo	this retu refunds tax paid and 58 to daho Stat	rndhen subti	ract li	ine 5	59	scuss th	nis retu	urn with	the rect,	paid prep	arer ide	• • ntified	58 59 60 below	96	00
57. 58. 59. 60. • 9: SIGN HERN	ENDED RETURN Total due (line 5: Refund from orig Tax paid with ori Amended tax du Within 180 days Under penalties	2) or overpa ginal return ginal return e or refund s of receiving s of perjury, I	aid (line plus add plus add . Add lin this retu declare t	53) on ditional ditional nes 57 m, the lo	this retu refunds tax paid and 58 to daho Stat	hen subti e Tax Com my knowled Spouse's	ract li imissi edge a signat	ine 5 on m and b ure (if	iay di elief t	scuss the scussian the scuss the scussian theorem the scussian theorem the scussian the scussian the scussian theorem the scussian theorem the scussian theorem the scussian theorem the scussian the scussian the scussian	nis retu	urn with	the rect,	paid prep	arer ide	• • ntified	58 59 60 below	96	00
57. 58. 59. 60. • 9.	ENDED RETURN Total due (line 5: Refund from orig Tax paid with ori Amended tax du Within 180 days Under penalties	2) or overpa ginal return ginal return e or refund s of receiving of perjury, I	aid (line plus add plus add . Add lin this retu declare t	53) on ditional ditional nes 57 m, the lo	this retu refunds tax paid and 58 to daho Stat	hen subti e Tax Commy knowle Spouse's	ract li imissi edge a signat	ine 5 on m and b ure (if	iay di elief t	scuss the scussian the scuss the scussian theorem the scussian theorem the scussian the scussian the scussian theorem the scussian theorem the scussian theorem the scussian theorem the scussian the scussian the scussian	nis retu	urn with	the rect,	paid prep	arer ide	• • ntified	58 59 60 below	96	00
57. 58. 59. 60. • 9. SIGN HER! Date	ENDED RETURN Total due (line 5: Refund from orig Tax paid with ori Amended tax du Within 180 days Under penalties	2) or overpa ginal return ginal return e or refund s of receiving s of perjury, I	aid (line plus add plus add . Add lin this retu declare t	53) on ditional ditional nes 57 m, the lo	this reture refunds tax paid and 58 t daho Stat e best of	hen subti e Tax Com my knowled Spouse's	ract limissi edge a signat	on mand bure (if	59 lay direlief to a join or PTI	scuss the scussian the scuss the scussian theorem the scussian theorem the scussian the scussian the scussian theorem the scussian theorem the scussian theorem the scussian theorem the scussian the scussian the scussian	nis retu	urn with	the rect,	paid prep	arer ide	• • ntified	58 59 60 below	96	00

		2-D Barcoo	de Record		Specifications Idaho. Form 39R
	1			Section /	A Additions
100	1	Federal Net Operating loss carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
101	2	Capital loss carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
102	3	Non-Idaho state and local bond interest and dividends	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
103	4	Idaho college savings account	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
104	5	Bonus Depreciation (Additions)	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
105	6	Other Additions	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
	•			Section B	Subtractions
106	1a	Idaho net operating loss carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
107	1b	Idaho net operating loss carry back	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
108	2	State income tax refund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
109	3	Interest from U.S, government obligations	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
110	4	Energy Efficiency Upgrades	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
111	5e	Alternative Energy	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
112	6	Child Care	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
113	7	Social Security	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
114	8	Retirement Benefit	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
115	9	Technological	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
116	10	Idaho capital gains deductions	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
117	11	Military Pay	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
118	12	Adoption Expense	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
119	13	Idaho Medical savings account	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
120	14	Idaho college savings program	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
121	15	Home for the aged	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
122	16	Idaho Lottery	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)

123	17	Income earned on a reservation by an American Indian	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
124	18	Health Insurance	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
125	19	Long-Term care	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
126	20	Worker's compensation	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
127	21	Bonus Depreciation (Subtractions)	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
128	22	Other Subtractions	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
	•		Section	C Retireme	nt Benefits Deduction
129	1	Retirement Benefits	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
130	2	Federal railroad retired benefits	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
131	3	Social Security benefits received	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
132	5	Qualified retirement benefits	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
		Se	ction D Cre	dit for Incor	ne Tax Paid to Other States
133	D	State Name credit for taxes paid	2	Alpha	Abbreviated state name of where taxes were paid, if more than one state you must attach additional 39R's. Example Idaho "ID"
134	2	Other states adjusted income	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
135	6	Other state's tax due less credits	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
136	7	Total Line	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
			Secti	on E Credits	s for Contributions
137	1	Education credit	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
138	2	Youth and Rehab. Credit	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)
139	3	Live organ Don.	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)

IDAHO SUPPLEMENTAL SCHEDULE

2017

For Form 40, Resident Returns Only

ame(s) a	as sho	own on return									Social Se	curity number	
. Ac	ldit	tions. See ins	structions, page 20.										
1.	Fe	ederal net opera	ating loss carryover includ	ded in Form 4	0, line 7						1	100	00
2.		=	over incurred outside the								2	101	
3.		•	and local bond interest ar			_					3	102	
4.			ings account withdrawal								4		
5		-	on. Include computations								5	103	١
6.		•	nclude explanation								6	104	
7.			dd lines 1 through 6. En								7	105	00
B. Su			instructions, page 2				,				-		
			ng loss carryover <u>10</u>										
•			ng loss carryback • 10		- Ente	r to	otal here				1		00
2.			refund, if included in fede								2	108	00
			Government obligations								3		1
			upgrades								4	109 110	
			devices deduction								7	110	00
		Year											
		Acquired	Type of Device	Total	Cost		Percen	t					
	a.	2017	71	\$	2	Χ	40% =	5a		00			
	b.	2016		\$	2	Χ	20% =	5b		00			
	c.	2015		\$		Χ	20% =	5c		00			
	d.	2014		\$	2	Χ	20% =	5d		00			
	e.	Add lines 5a th	rough 5d. Can't exceed	\$5.000							5e	111	0
6.			care. Include federal For								6	112	-
		•	nd railroad benefits, if inc								7	113	+-
			its deduction. Complete I								8	114	-
			ipment donation								9	115	-
			s deduction. Include For								10	116	-
			y pay earned outside of								11	117	-
		-	es								12	117	-
			vings account. Contributi								12	110	0
		nancial institutio									13	119	00
14.			ings program								14	120	-
			ne for the aged or develo									120	—
		-	ings, less than \$600 per								-	121	T -
			a reservation by an Am									123	-
			premiums								18	123	-
			· surance								19	125	1 -
		•	sation insurance								20	126	T -
21.		•	on. Include computations								-	127	T -
22.			s. Include explanation								22	128	
			. Add lines 1 through 4 a									120	"
			Form 40, line 10								23		0
. Re			s deduction. See ins										
			2,244, or if married filing		_		-		129				
2.		-	Retirement benefits rece						130				
3.			enefits received						131				
4			s 2 and 3. If less than zer					4	131	00			
4.				,				_ 4		-50			
4. 5.		ualified retireme	ent benefits included in fe	ederal income				5	132	በበ			

Nan	ne(s) as shown on return						So	ocial Security	/ number			
D.	Credit for income ta	x paid to other states.	See instructions, page	25.								
	This credit is being clair	med for taxes paid to:	133		(State n	ame)						
	1. Idaho tax, Form 40,	line 20		. 1		00		Landa a a				
		oss income earned in other	•	_				Include a copy of the income tax return and a				
		See instructions		_	134	00			rm 39R for or which a			
	,	ne. See instructions				00		dit is clair				
		3. Enter percentage here		· L · L		%	5			00		
		e minus its income tax cred					6		135	00		
	o. Other states tax due	, minds its income tax cred							135	100		
	7. Enter the smaller of	lines 5 or 6 here and on Fo	orm 40, line 22				7		136	00		
Ε.		lucational entity and ld s and live organ donat			page 25							
	-	ns to Idaho educational en	-		_		1		137	00		
		ns to Idaho youth and reha					2		138	00		
	3. Credit for live organ	donation expenses					3		139	00		
	4 Tatal and dita. Add lin	one distance allo Contantatal	have and an Farm 40 line	22			4					
		e for a family member a					4			00		
		nome for an immediate fam our spouse) and provide m nber you're claiming:				[Y	es	No Charle Har	ro if		
_	Family Me First Name	ember's Name Last Name	Family Member's Social Security Number	Relationship Filing F			ily Men ate of B		Check Her Developmer Disabled	ntally		
_												
	Enter here and on F	d (\$100 for each qualifying form 40, line 43. (Credit car	n't be claimed if you took \$	1,000 deduc		4						
_						4				00		
G	. Dependents: (Con	tinued from Form 40, _I	page 1, Line 6c)									
_	First Name		Last Name				Soc	ial Security	Number			
_									1			
								i	İ			
_								1	I .			
_												
								1	I I			
									I			
_								-	1			

	2-D Barcode Record Layout Specifications Idaho. Form 75										
				Section II	. Business Activities						
140	1	Farming	1	Alpha	"X" = box is marked. Blank = box is not marked						
141	2	Logging	1	Alpha	"X" = box is marked. Blank = box is not marked						
142	3	Construction	1	Alpha	"X" = box is marked. Blank = box is not marked						
143	4	Trucking	1	Alpha	"X" = box is marked. Blank = box is not marked						
144	5	Manufacturing	1	Alpha	"X" = box is marked. Blank = box is not marked						
145	6	Landscaping, tree	1	Alpha	"X" = box is marked. Blank = box is not marked						
146	7	Well drilling	1	Alpha	"X" = box is marked. Blank = box is not marked						
147	8	Equipment Rental	1	Alpha	"X" = box is marked. Blank = box is not marked						
148	9	Concrete/Asphalt	1	Alpha	"X" = box is marked. Blank = box is not marked						
149	10	Excavating	1	Alpha	"X" = box is marked. Blank = box is not marked						
150	11	Golf course	1	Alpha	"X" = box is marked. Blank = box is not marked						
151	12	Outfitter	1	Alpha	"X" = box is marked. Blank = box is not marked						
152	13	Mining	1	Alpha	"X" = box is marked. Blank = box is not marked						
153	14	Other	1	Alpha	"X" = box is marked. Blank = box is not marked						
				Section	III. Nontaxable Use						
154	1	Stationary engines	1	Alpha	"X" = box is marked. Blank = box is not marked						
155	2	Unregistered equip.	1	Alpha	"X" = box is marked. Blank = box is not marked						
156	3	Refrigeration unit	1	Alpha	"X" = box is marked. Blank = box is not marked						
157	4	Intrastate motor off highway	1	Alpha	"X" = box is marked. Blank = box is not marked						
158	5	IFTA power	1	Alpha	"X" = box is marked. Blank = box is not marked						
159	6	Intrastate Motor Power Takeoff/Aux Engine	1	Alpha	"X" = box is marked. Blank = box is not marked						
160	7	Federal, State	1	Alpha	"X" = box is marked. Blank = box is not marked						
161	8	Aircraft	1	Alpha	"X" = box is marked. Blank = box is not marked						
162	9	Other	1	Alpha	"X" = box is marked. Blank = box is not marked						
163	10	Stationary engines	1	Alpha	"X" = box is marked. Blank = box is not marked						

	1	T			·	
164	11	Unregistered equip.	1	Alpha	"X" = box is marked. Blank = box is not marked	
165	12	Refrigeration	1	Alpha	"X" = box is marked. Blank = box is not marked	
166	13	IFTA auxiliary	1	Alpha	"X" = box is marked. Blank = box is not marked	
167	14	Intrastate Motor Auxiliary Engine	1	Alpha	"X" = box is marked. Blank = box is not marked	
168	15	Aircraft	1	Alpha	"X" = box is marked. Blank = box is not marked	
169	16	Commercial boat	1	Alpha	"X" = box is marked. Blank = box is not marked	
170	17	Other	1	Alpha	"X" = box is marked. Blank = box is not marked	
			Se	ection IV. To	otal Refund or Tax Due	
171	1	Gasoline tax refund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
172	2	Special fuel refund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
173	3	Gasoline tax due	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
174	4	Special fuel tax due	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
175	5	Use tax due	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
176	6	Refund	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
177	7	Tax Due	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	
				Section \	/. Fuels Tax Refund	
178	1a	Total tax-paid gasoline	12		9999999999 (Significant digits only, no cents, do not zero fill)	
179	1b	Total tax-paid Av Gas	12		9999999999 (Significant digits only, no cents, do not zero fill)	
180	1c	Total tax-paid Jet Fuel	12		9999999999 (Significant digits only, no cents, do not zero fill)	
181	1d	Total tax-paid Undyed Diesel	12		9999999999 (Significant digits only, no cents, do not zero fill)	
182	1e	Total tax-paid Propane	12		9999999999 (Significant digits only, no cents, do not zero fill)	
183	1f	Total tax-paid CNG	12		9999999999 (Significant digits only, no cents, do not zero fill)	
184	1g	Total tax-paid LNG	12		9999999999 (Significant digits only, no cents, do not zero fill)	
185	2a	Total Nontaxable Gasoline	12		9999999999 (Significant digits only, no cents, do not zero fill)	
186	2b	Total Nontaxable Av Gas	12		9999999999 (Significant digits only, no cents, do not zero fill)	
187	2c	Total Nontaxable Jet Fuel	12		9999999999 (Significant digits only, no cents, do not zero fill)	
188	2d	Total Nontaxable Undyed Diesel	12		9999999999 (Significant digits only, no cents, do not zero fill)	
189	2e	Total Nontaxable Propane	12		99999999999 (Significant digits only, no cents, do not zero fill)	
190	2f	Total Nontaxable CNG	12		9999999999 (Significant digits only, no cents, do not zero fill)	

				,					
191	2g	Total Nontaxable LNG	12	9999999999 (Significant digits only, no cents, do not zero fill)					
Section VI. Fuels Tax Due									
192	1a	Taxable gallons gasoline	12	9999999999 (Significant digits only, no cents, do not zero fill)					
193	1b	Taxable gallons Av gas	12	9999999999 (Significant digits only, no cents, do not zero fill)					
194	1c	Taxable gallons Jet fuel	12	9999999999 (Significant digits only, no cents, do not zero fill)					
195	1d	Taxable gallons Undyed diesel	12	9999999999 (Significant digits only, no cents, do not zero fill)					
196	1e	Taxable gallons Propane	12	9999999999 (Significant digits only, no cents, do not zero fill)					
197	1f	Taxable gallons CNG	12	9999999999 (Significant digits only, no cents, do not zero fill)					
198	1g	Taxable gallons LNG	12	9999999999 (Significant digits only, no cents, do not zero fill)					
				Section VII. Use Tax Due					
199	1a	Gasoline gallons	12	9999999999 (Significant digits only, no cents, do not zero fill)					
200	1b	Av gas gallons	12	9999999999 (Significant digits only, no cents, do not zero fill)					
201	1c	Jet Fuel gallons	12	9999999999 (Significant digits only, no cents, do not zero fill)					
202	1d	Undyed diesel gallons	12	9999999999 (Significant digits only, no cents, do not zero fill)					
203	1e	Propane gallons	12	9999999999 (Significant digits only, no cents, do not zero fill)					
204	1f	CNG gallons	12	9999999999 (Significant digits only, no cents, do not zero fill)					
205	1g	LNG gallons	12	9999999999 (Significant digits only, no cents, do not zero fill)					
206	2a	Average price per gallon of gas	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
207	2b	Average price per gallon AV gas	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
208	2c	Average price per gallon jet fuel	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
209	2d	Average price per gallon undyed diesel	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
210	2e	Average price per gallon propane	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
211	2f	Average price per gallon CNG	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
212	2g	Average price per gallon LNG	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
213	4a	Federal tax per gallon gas	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
214	4b	Federal tax per gallon AV gas	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					
215	4c	Federal tax per gallon jet fuel	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill					

216	4d	Fed. tax per gallon undyed diesel	5		9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill		
217	4e	Federal tax per gallon propane	5	5 9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill			
218	4f	Federal tax per gallon CNG	5	9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill			
219	4g	Federal tax per gallon LNG	5		9.999 (decimal between 1st and 2nd) This is a price per gallon field. Right justify zero fill		



IDAHO FUELS USE REPORT

FOR FUEL BOUGHT ON OR AFTER JULY 1, 2015

	INIoma				7 7	•, •		Cool	Със	-the Mu	ومداد			
DI EAG	Name							Soci	ial Secu	urity inu	mber			Γ
PLEAS PRIN	l Assumed Business Name (DBA)				┪•[_			-			
OR	Address				┨ _		Fede	ral Em	ployer I	dentific	ation N	umber		
TYPE				_] .		_							
	City, State, and Zip Code] L									
Section	I. FILING PERIOD Beginning _	,;	and ending •,		1				Sta	ate use	only			
Use this f	form for fuel purchased on or afte	er July 1, 2015.									\Box	\Box	\top	
	already claimed a refund of this tax eriod, don't complete this form.	from the Tax Com	mission on another Fo	orm 75						[
			below that descri									y.		
140 1. • 141 2. •		145 6. • ☐ La 146 7. • ☐ We	andscaping & tree se ell drilling	ervice			11. 12.				rse			
142 3. •	☐ Construction 1	147 8. • 🗌 Eq	quipment rental/leas			152	13.	•	Min	ing				
143 4.	☐ Trucking	148 9. • 🗌 Cd	oncrete/asphalt/grav								escri	be) _		
144 5.	Manufacturing 1	149 10. ■ 🗌 Ex	cavating											
	III. NONTAXABLE USE Mark					•	•						axes	3.
_	O TAX-PAID special fuels (diese ☐ Stationary engines	l, propane, or m		10. • 🗌 S	*IDAH Station:			_	asoıı	ne u	sed ii	n		
	⊒ Stationary engines ⊒ Unregistered equipment (list)	١		10. • 🔲 S					≏nt (i	ict)				
100		1	104	11) i i i	u 0 ₉ .	11 P	511c (.					
	Refrigeration unit with separa			12. • 🔲 F										
157 4.	Intrastate motor vehicles off-	highway miles (a	attach Form 75-IMV) 16	613. • 🔲 II	FTA au	xiliar	y eng	ine a	llowa	nce (attac	h For	m 75	-IC)
158 5. • [IFTA power take-off and auxi	liary engine allo	wances 167	14. • 🗌 li								gine		
159 ₆ .	(attach Form 75-IC) ☐ Intrastate motor vehicle power	er take off and a	···viliany ongine 168		allowan Aircraft					-IIVI v	')			
1 0 0	allowances (attach Form 75-			16. • 🗆 C										
160 7. . [Federal, state, and local gove	,		17. • 🔲 C										_
161 8. •□	Aircraft (see instructions)													
162 9. ▪ L	Other (describe)			soline used										
			privat	tely owned)	doesn	't qu	ality t	or a	retur	nd ot	the g	asolli	ne ta	Χ.
	IV. Total refund or tax due	* b- 45 you (Onton VVI or	'''' Laforo	n	1-4in	- Ahja	- 30/	dian.					
	ete the sections on page 2 that asoline tax refund from page 2,											171		
	pecial fuels tax refund from page 2,											172		
3. G	asoline tax due from page 2, Se	ection VI, line 4							•			173		
	pecial fuels tax due from page 2 otal of use tax due from page 2,											174		_
	I paid the use tax with my sa					····						175		
6. R	efund. If the total of lines 1 and	d 2 is greater tha	an the total of lines 3										7	
	nter the differenceax Due. If the total of lines 1 an						. • [1	7	6
	ax Due. If the total of lines 1 an		,				• [1	7	7
	Within 180 days of receiving this retu	ırn. the Idaho State	Tax Commission may o	discuss this re	turn wit	h the	naid p	repar	er ide	ntified	belov	 V.		
• 📗	Under penalties of perjury, I declare t		ny knowledge and belief											
SIGN	Authorized signature		Date		334-766	0 in t	he Boi	se are	ea or t	oll-fre	e at (8	300) 97	72-766	i0.
HERE	Title		Daytime phone	Idah	L TO: no State Box 76	Tax C	ommis	ssion						
Paid prepar	rer's signature	Preparer's EIN,	SSN, or PTIN	I -	вох 76 se ID 837	707-00	076							
			, , ,											
Address an	nd phone number													

EF000286 08-11-15 Form 75 Page 2

Outline V. FUEL O TAX DEFUND	A**	В	С	D**	_ E**	F**	G**	H
Section V. FUELS TAX REFUND	Gasoline	Av Gas	Jet Fuel	Undyed Diesel*	Propane	CNG	LNG	Totals
Total tax-paid gallons purchased from all sources (whole gallons)	178	179	180	181	182	183	184	
2. Total nontaxable gallons (whole gallons)	185	186	187	188	189	190	191	
3. Tax rate	.32	.07	.06	.32	.232	.32	.349	
4. Fuels tax refund								

- 5. Gasoline tax refund. Add line 4, columns A, B, and C. Enter here and on page 1, Section IV, line 1......
- 6. Special fuels tax refund. Add line 4, columns D, E, F, and G. Enter here and on page 1, Section IV, line 2.....

	A**	В	С	D**	E**	F**	G**	Н
Section VI. FUELS TAX DUE	Gasoline	Av Gas	Jet Fuel	Undyed Diesel*	Propane	CNG	LNG	Totals
Taxable gallons (whole gallons)	192	193	194	195	196	197	198	
2. Tax rate	.32	.07	.06	.32	.232	.32	.349	
3. Fuels tax due								

- 4. Gasoline tax due. Add line 3, columns A, B and C. Enter here and on page 1, Section IV, line 3.....
- 5. Special fuels tax due. Add line 3, columns D, E & F, and G. Enter here and on page 1, Section IV, line 4.....

Section VII. USE TAX DUE	A** Gasoline	B Av Gas	C Jet Fuel	D** Undyed Diesel*	E** Propane	F** CNG	G** LNG	H Totals
1. Number of gallons from Section V, line 2	199	200	201	202	203	204	205	
2. Average price per gallon (carry 4 decimal places x.xxxx)•	206	207	208	209	210	211	212	
3. Less state fuels tax/gallon								
1. Less federal fuels tax/gallon	213	214	215	216	217	218	219	
5. The base cost per gallon (line 2 less 3 & 4)								
6. Total amount subject to use tax (multiply line 1 by line 5)								
7. Use tax due (multiply line 6 by 6%)								

^{8.} Use tax due. Add line 7, columns A through G. Enter here and on page 1, Section IV, line 5......

^{*} Includes Biodiesel and Biodiesel Blends

^{**} Rate change effective July 1, 2015

2-D Barcode Record Layout Specifications Idaho. Form 44

Part L - Business Income Tax Credits

Part I - Business Income Tax Credits									
Index	Form Line No.	Description	Field Size	Field Type	Acceptable Values	Changes			
220	1a	Investment tax credit Allowed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
221	1b	Investment tax credit Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
222	2a	Credit for production equipment using post-consumer waste Allowed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
223	2b	Credit for production equipment using post-consumer waste Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
224	3	Promoter sponsored event credit	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
225	4a	Credit for qualifying new employees Allowed	12	Numeric	9999999999999999 (Significant digits only, no cents, do not zero fill)	Removed			
226	4 b	Credit for qualifying new employees Carryover	12	Numeric	9999999999999999 (Significant digits only, no cents, do not zero fill)	Removed			
225	4a	Credit for Idaho research activities Allowed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
226	4b	Credit for Idaho research activities Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
227	5a	Broadband equipment investment credit Allowed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
228	5b	Broadband equipment investment credit Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
229	6a	Small employer investment tax credit Allowed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
230	6b	Small employer investment tax credit Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
231	7a	Small employer real property improvement tax credit Allowed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
232	7b	Small employer real property improvement tax credit Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
233	8a	Small employer new jobs tax credit Allowed	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
234	8b	Small employer new jobs tax credit Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
237	10a	Biofuel infrastructure ITC Allowed	12	Numeric	999999999999999 (Significant digits only, no cents, do not zero fill)	Removed			
238	10b	Biofuel infrastructure ITC Carryover	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)	Removed			
235	9	Total business credits	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
			Part II-F	Recapture o	of Income Tax Credits				
236	1	Recapture of investment tax credit	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
237	2	Recapture of broadband equipment	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
238	3	Recapture of small employer's investment tax	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
239	4	Recapture of small employer's real property	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
240	5	Recapture of small employer's new job	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
245	5	Biofuel infrastructure ITC	12	Numeric	999999999999999 (Significant digits only, no cents, do not zero fill)	Removed			
241	6	Total Tax and Recapture	12	Numeric	9999999999 (Significant digits only, no cents, do not zero fill)				
242	Static	End of Record Ind.	5	Alpha	"*EOD* (Standard FTA accepted trail field.)				

IDAHO BUSINESS INCOME TAX CREDITS AND CREDIT RECAPTURE

2017

Name(s) as shown on return		Social Security nur	mber or	EIN
PART I — BUSINESS INCOME TAX CREDITS				
	C	redit Allowed		Carryover
1. Investment tax credit. Include Form 49	1	220		221
2. Credit for production equipment using post-consumer waste	2	222		223
3. Promoter-sponsored event credit	3	224		
4. Credit for Idaho research activities. Include Form 67	4	225		226
5. Broadband equipment investment credit. Include Form 68	5	227		228
6. Small employer investment tax credit. Include Form 83	6	229		230
7. Small employer real property improvement tax credit. Include Form 84	7	231		232
8. Small employer new jobs tax credit. Include Form 85	8	233		234
9. Total business income tax credits allowed. Add lines 1 through 8	9	235		
PART II — TAX FROM RECAPTURE OF BUSINESS INCOME TAX CREDITS	3			
Tax from recapture of:				
Investment tax credit. Include Form 49R			1	236
2. Broadband equipment investment credit. Include Form 68R			2	237
Small employer investment tax credit. Include Form 83R			3	238
4. Small employer real property improvement tax credit. Include Form 84R			4	239
5. Small employer new jobs tax credit. Include Form 85R			5	240
6. Total tax from recapture of business income tax credits. Add lines 1 through 5		- 6	6	241