

# 2017 Idaho 2-D Barcode Test Packet

---

September  
2017



September 2017

Dear Software Developer:

Attached is the 2017 tax year 2-D bar code filing test packet for the state of Idaho. Idaho testing will begin after September 5, 2017. Test results will be sent to you by e-mail within two workdays after receiving your test returns.

### **Idaho 2-D Test Returns:**

- Include a cover letter requesting 2-D test return approval. Please include 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 Tax Commission's [Income Tax Substitute Forms Specifications](#). 2-D 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 2-D barcode test through the production scanner. This doesn't occur until sometime in January. Software developers agree to make changes to software packages up to this final approval date.
- 2-D test returns will not be accepted by fax. Submit all 2-D test returns in:

PDF format to: [substituteforms@tax.idaho.gov](mailto:substituteforms@tax.idaho.gov)

Paper format to: Substitute Forms Document Coordinator  
Idaho State Tax Commission  
800 Park Blvd, Plaza IV  
PO Box 36  
Boise, ID 83722

### **Idaho State Tax Commission Schedule**

Our office hours are 7:00 a.m. - 4:00 p.m. MST. Our office is closed on weekends and state holidays. For the rest of 2017, holidays are observed on:

November 10 Veterans Day  
November 25 Thanksgiving  
December 25 Christmas  
January 1 New Year's

If you find any errors or have questions about the test returns, please contact the Electronic Data Management Team by e-mail or phone. Please contact Evan Stimpson if you have any questions about the record layout.

We look forward to working with you again this year!

Sincerely,

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

Evan Stimpson  
Tax Automated Systems Specialist  
Idaho State Tax Commission  
(208) 334-7814  
[Evan.Stimpson@tax.idaho.gov](mailto:Evan.Stimpson@tax.idaho.gov)

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box.  State Use Only

See page 7 of instructions for the reasons to amend, and enter the number that applies.

For calendar year 2017 or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

PLEASE PRINT OR TYPE	Your first name and initial Sam V	Last name Adamson	Your Social Security number (required) 400-11-5954	<input type="checkbox"/> Deceased in 2017
	Spouse's first name and initial Mary N	Last name Adamson	Spouse's Social Security number (required) 400-11-5955	<input type="checkbox"/> Deceased in 2017
	Current mailing address 1030 N Main St		Forms available at <a href="http://tax.idaho.gov">tax.idaho.gov</a>	
	City, state, and ZIP Code Pocatello ID 83202			

**FILING STATUS.** Check only one box.  
If married filing jointly or separately, enter spouse's name and Social Security number above.

1.  Single

2.  Married filing jointly

3.  Married filing separately

4.  Head of household

5.  Qualifying widow(er)

6. **EXEMPTIONS.** If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself a.  1 Spouse b.

c. List your dependents. If you have more than four, continue on Form 39R. Enter the total number here ..... c.  2

First name	Last name	Social Security number
Bob	Adamson	260   90   7080
Sally	Adamson	123   45   6789

d. Total exemptions. Add lines 6a through 6c. Must match federal return ..... d.  3

**INCOME.** See instructions, page 7.

7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Include a complete copy of your federal return .....	7	-1000	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R .....	8		00
9. Total. Add lines 7 and 8 .....	9	-1000	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R .....	10		00
11. TOTAL ADJUSTED INCOME. Subtract line 10 from line 9 .....	11	-1000	00

**TAX COMPUTATION.** See instructions, page 7.

**Standard Deduction for Most People**

Single or Married Filing Separately: \$6,350

Head of Household: \$9,350

Married Filing Jointly or Qualifying Widow(er): \$12,700

12. CHECK — a. If age 65 or older .....  Yourself  Spouse  
 b. If blind .....  Yourself  Spouse  
 c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 18 and 42.

13. Itemized deductions. Include federal Schedule A. Federal limits apply .....	13		00
14. All state and local income or general sales taxes included on federal Schedule A, line 5 .....	14		00
15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero .....	15		00
16. Standard deduction. See instructions, page 7, to determine amount if not standard .....	16	7600	00
17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero .....	17		00
18. Multiply <b>\$4,050</b> by the number of exemptions claimed on line 6d. Federal limits apply .....	18	12150	00
19. Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero .....	19		00
20. Tax from tables or rate schedule. See instructions, page 37 .....	20		00

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.



DON'T STAPLE

21. Tax amount from line 20 .....	21		<b>00</b>
-----------------------------------	----	--	-----------

**CREDITS. Limits apply. See instructions, page 8.**

22. Income tax paid to other states. Include Form 39R and a copy of other states' return .....	22		<b>00</b>
23. Total credits from Form 39R, Part E, line 4. Include Form 39R .....	23		<b>00</b>
24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44 .....	24		<b>00</b>
25. TOTAL CREDITS. Add lines 22 through 24 .....	25		<b>00</b>
26. Subtract line 25 from line 21. If line 25 is more than line 21, enter zero .....	26		<b>00</b>

**OTHER TAXES. See instructions, page 9.**

27. Fuels tax due. Include Form 75 .....	27		<b>00</b>
28. Sales/use tax due on untaxed purchases (internet, mail order, and other) .....	28		<b>00</b>
29. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 .....	29		<b>00</b>
30. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER .....	30		<b>00</b>
31. Permanent building fund. Check the box if you received Idaho public assistance payments for 2017..... <input type="checkbox"/>	31		<b>10 00</b>
32. TOTAL TAX. Add lines 26 through 31 .....	32		<b>10 00</b>

**DONATIONS. See instructions, page 9.** I want to donate to:

33. Nongame Wildlife Conservation Fund .....	34. Idaho Children's Trust Fund .....		
35. Special Olympics Idaho .....	36. Idaho Guard and Reserve Family ...		
37. American Red Cross of Idaho Fund .....	38. Veterans Support Fund .....		
39. Idaho Foodbank Fund .....	40. Opportunity Scholarship Program ...		
41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 .....	41	10	<b>00</b>

**PAYMENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.**

42. Grocery credit. Computed Amount (from worksheet) ..... <b>320</b> To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42 <input type="checkbox"/> To receive your grocery credit, enter the computed amount on line 42 .....	42	320	<b>00</b>
43. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R .....	43		<b>00</b>
44. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75	44		<b>00</b>
45. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding .....	45	200	<b>00</b>
46. 2017 Form 51 payment(s) and amount applied from 2016 return .....	46		<b>00</b>
47. Pass-through income tax. Withheld <input type="checkbox"/> Paid by entity <input type="checkbox"/> Include Form(s) ID K-1 ....	47		<b>00</b>
48. Reimbursement Incentive Act credit <input type="checkbox"/> Claim of Right credit <input type="checkbox"/> See instructions .....	48		<b>00</b>
49. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48 .....	49		<b>00</b>

**TAX DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line 49, GO TO LINE 53.**

50. TAX DUE. Subtract line 49 from line 41 .....			<b>00</b>
51. Penalty <input type="checkbox"/> Interest from the due date <input type="checkbox"/> Enter total .....	51		<b>00</b>
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal .....			<input type="checkbox"/>
52. TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission.....	52		<b>00</b>
53. OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid .....	53	510	<b>00</b>
54. REFUND. Amount of line 53 to be refunded to you .....		510	<b>00</b>
55. ESTIMATED TAX. Amount of line 53 to be applied to your 2018 estimated tax .....	55		<b>00</b>

**56. DIRECT DEPOSIT. See instructions, page 12.**  Check if final deposit destination is outside the U.S.

Routing No.  Account No.  Type of  Checking Account:  Savings

**AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.**

57. Total due (line 52) or overpaid (line 53) on this return .....	57		<b>00</b>
58. Refund from original return plus additional refunds .....	58		<b>00</b>
59. Tax paid with original return plus additional tax paid .....	59		<b>00</b>
60. Amended tax due or refund. Add lines 57 and 58 then subtract line 59 .....	60		<b>00</b>

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

<b>SIGN HERE</b> Your signature	Spouse's signature (if a joint return, BOTH MUST SIGN)
Date	Preparer's EIN, SSN, or PTIN <b>P12345678</b>
Taxpayer's phone number	Preparer's address and phone number <b>208-123-4567</b>
Paid preparer's signature	



IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box.  State Use Only

See page 7 of instructions for the reasons to amend, and enter the number that applies.

For calendar year 2017 or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

PLEASE PRINT OR TYPE	Your first name and initial Sam N	Last name Cook	Your Social Security number (required) 400-11-5951	<input type="checkbox"/> Deceased in 2017
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2017
	Current mailing address 121 Torch Rd		Forms available at <a href="http://tax.idaho.gov">tax.idaho.gov</a>	
	City, state, and ZIP Code Boise ID 83703			

**FILING STATUS.** Check only one box.  
If married filing jointly or separately, enter spouse's name and Social Security number above.

1.  Single

2.  Married filing jointly

3.  Married filing separately

4.  Head of household

5.  Qualifying widow(er)

6. **EXEMPTIONS.** If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself a.  1 Spouse b.

c. List your dependents. If you have more than four, continue on Form 39R. Enter the total number here ..... c.  10

First name	Last name	Social Security number
Sally	Cook	400   11   5962
Suzy	Cook	400   11   5963
Sammy	Cook	400   11   5964
Sandy	Cook	400   11   5965

d. Total exemptions. Add lines 6a through 6c. Must match federal return ..... d.  11

**INCOME.** See instructions, page 7.

7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Include a complete copy of your federal return .....	7	112398	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R .....	8	4855	00
9. Total. Add lines 7 and 8 .....	9	117253	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R .....	10	36964	00
11. TOTAL ADJUSTED INCOME. Subtract line 10 from line 9 .....	11	80289	00

**TAX COMPUTATION.** See instructions, page 7.

<p><b>Standard Deduction for Most People</b></p> <p>Single or Married Filing Separately: \$6,350</p> <p>Head of Household: \$9,350</p> <p>Married Filing Jointly or Qualifying Widow(er): \$12,700</p>	12. CHECK —	<p>a. If age 65 or older ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>b. If blind ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 18 and 42. <input type="checkbox"/></p>		
	13. Itemized deductions. Include federal Schedule A. Federal limits apply .....	13	32289	00
14. All state and local income or general sales taxes included on federal Schedule A, line 5 .....	14	1000	00	
15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero .....	15	31289	00	
16. Standard deduction. See instructions, page 7, to determine amount if not standard .....	16		00	
17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero .....	17	49000	00	
18. Multiply <b>\$4,050</b> by the number of exemptions claimed on line 6d. Federal limits apply .....	18	44550	00	
19. Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero .....	19	4450	00	
20. Tax from tables or rate schedule. See instructions, page 37 .....	20	101	00	

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.



DON'T STAPLE

21. Tax amount from line 20 .....	21	101	00
-----------------------------------	----	-----	----

**CREDITS. Limits apply. See instructions, page 8.**

22. Income tax paid to other states. Include Form 39R and a copy of other states' return .....	22	00	
23. Total credits from Form 39R, Part E, line 4. Include Form 39R .....	23	00	
24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44 .....	24	00	
25. TOTAL CREDITS. Add lines 22 through 24 .....	25		00
26. Subtract line 25 from line 21. If line 25 is more than line 21, enter zero .....	26	101	00

**OTHER TAXES. See instructions, page 9.**

27. Fuels tax due. Include Form 75 .....	27		00
28. Sales/use tax due on untaxed purchases (internet, mail order, and other) .....	28		00
29. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 .....	29		00
30. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER .....	30		00
31. Permanent building fund. Check the box if you received Idaho public assistance payments for 2017..... <input type="checkbox"/>	31	10	00
32. TOTAL TAX. Add lines 26 through 31 .....	32	111	00

**DONATIONS. See instructions, page 9.** I want to donate to:

33. Nongame Wildlife Conservation Fund .....	34. Idaho Children's Trust Fund .....		
35. Special Olympics Idaho .....	36. Idaho Guard and Reserve Family ...		
37. American Red Cross of Idaho Fund .....	38. Veterans Support Fund .....		
39. Idaho Foodbank Fund .....	40. Opportunity Scholarship Program ...		
41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 .....	41	111	00

**PAYMENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.**

42. Grocery credit. Computed Amount (from worksheet) ..... <input type="checkbox"/> 1100 To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42 <input checked="" type="checkbox"/> To receive your grocery credit, enter the computed amount on line 42 .....	42		00
43. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R .....	43		00
44. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75	44		00
45. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding .....	45		00
46. 2017 Form 51 payment(s) and amount applied from 2016 return .....	46	111	00
47. Pass-through income tax. Withheld <input type="checkbox"/> Paid by entity <input type="checkbox"/> Include Form(s) ID K-1 ....	47		00
48. Reimbursement Incentive Act credit <input type="checkbox"/> Claim of Right credit <input type="checkbox"/> See instructions .....	48		00
49. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48 .....	49	111	00

**TAX DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line 49, GO TO LINE 53.**

50. TAX DUE. Subtract line 49 from line 41 .....			00
51. Penalty <input type="checkbox"/> Interest from the due date <input type="checkbox"/> Enter total .....	51		00
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal .....		<input type="checkbox"/>	
52. TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission.....	52		00
53. OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid .....	53	0	00
54. REFUND. Amount of line 53 to be refunded to you .....		0	00
55. ESTIMATED TAX. Amount of line 53 to be applied to your 2018 estimated tax .....	55		00

**56. DIRECT DEPOSIT. See instructions, page 12.**  Check if final deposit destination is outside the U.S.

Routing No.  Account No.  Type of  Checking Account:  Savings

**AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.**

57. Total due (line 52) or overpaid (line 53) on this return .....	57		00
58. Refund from original return plus additional refunds .....	58		00
59. Tax paid with original return plus additional tax paid .....	59		00
60. Amended tax due or refund. Add lines 57 and 58 then subtract line 59 .....	60		00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

<b>SIGN HERE</b> Your signature	Spouse's signature (if a joint return, BOTH MUST SIGN)
Date	Preparer's EIN, SSN, or PTIN
Taxpayer's phone number	Preparer's address and phone number
Paid preparer's signature	



Name(s) as shown on return: **Sam N. Cook** Social Security number: \_\_\_\_\_

**A. Additions. See instructions, page 20.**

1. Federal net operating loss carryover included in Form 40, line 7	1		<b>00</b>
2. Capital loss carryover incurred outside the state before becoming an Idaho resident	2	200	<b>00</b>
3. Non-Idaho state and local bond interest and dividends	3	3400	<b>00</b>
4. Idaho college savings account withdrawal	4	1100	<b>00</b>
5. Bonus depreciation. Include computations	5	100	<b>00</b>
6. Other additions. Include explanation	6	55	<b>00</b>
7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8	7	4855	<b>00</b>

**B. Subtractions. See instructions, page 20.**

1. Idaho net operating loss carryover <u>105</u>			
Idaho net operating loss carryback _____ Enter total here	1	105	<b>00</b>
2. State income tax refund, if included in federal income	2	100	<b>00</b>
3. Interest from U.S. Government obligations	3	50	<b>00</b>
4. Energy efficiency upgrades	4	800	<b>00</b>
5. Alternative energy devices deduction			

Year	Acquired	Type of Device	Total Cost	Percent			
a. 2017			\$	X 40% = 5a	500	<b>00</b>	
b. 2016			\$	X 20% = 5b	500	<b>00</b>	
c. 2015			\$	X 20% = 5c	500	<b>00</b>	
d. 2014			\$	X 20% = 5d	500	<b>00</b>	

e. Add lines 5a through 5d. Can't exceed \$5,000	5e	2000	<b>00</b>
6. Child/dependent care. Include federal Form 2441	6	2250	<b>00</b>
7. Social Security and railroad benefits, if included in federal income	7	3000	<b>00</b>
8. Retirement benefits deduction. Complete Part C	8	600	<b>00</b>
9. Technological equipment donation	9	400	<b>00</b>
10. Idaho capital gains deduction. Include Form CG	10	17959	<b>00</b>
11. Active duty military pay earned outside of Idaho	11	1000	<b>00</b>
12. Adoption expenses	12	2000	<b>00</b>
13. Idaho medical savings account. Contributions <u>600</u> Interest <u>400</u> Financial institution <u>Bank of United States</u> Account number <u>123456789</u>	13	1000	<b>00</b>
14. Idaho college savings program	14	400	<b>00</b>
15. Maintaining a home for the aged or developmentally disabled	15	300	<b>00</b>
16. Idaho lottery winnings, less than \$600 per prize	16	700	<b>00</b>
17. Income earned on a reservation by an American Indian	17	1100	<b>00</b>
18. Health insurance premiums	18	300	<b>00</b>
19. Long-term care insurance	19	1200	<b>00</b>
20. Workers' compensation insurance	20	200	<b>00</b>
21. Bonus depreciation. Include computations	21	1000	<b>00</b>
22. Other subtractions. Include explanation	22	500	<b>00</b>
23. Total subtractions. Add lines 1 through 4 and 5e through 22. Enter here and on Form 40, line 10	23	36964	<b>00</b>

**C. Retirement benefits deduction. See instructions, page 21, for qualified retirement benefits.**

1. If single, enter \$32,244, or if married filing jointly, enter \$48,366	1	32244	<b>00</b>
2. Federal Railroad Retirement benefits received	2	10000	<b>00</b>
3. Social Security benefits received	3	10000	<b>00</b>
4. Line 1 minus lines 2 and 3. If less than zero, enter zero	4	12244	<b>00</b>
5. Qualified retirement benefits included in federal income	5	600	<b>00</b>
6. Enter the smaller of line 4 or 5 here and on Part B, line 8	6	600	<b>00</b>



Name(s) as shown on return <b>Sam N. Cook</b>	Social Security number
--	------------------------

**D. Credit for income tax paid to other states. See instructions, page 25.**

This credit is being claimed for taxes paid to: \_\_\_\_\_ (State name)

1. Idaho tax, Form 40, line 20 .....	1		<b>00</b>	Include a copy of the income tax return and a separate Form 39R for each state for which a credit is claimed.
2. Federal adjusted gross income earned in other state adjusted for Idaho modifications. See instructions .....	2		<b>00</b>	
3. Idaho adjusted income. See instructions .....	3		<b>00</b>	
4. Divide line 2 by line 3. Enter percentage here .....	4		%	
5. Multiply line 1 by line 4. Enter amount here .....		5		<b>00</b>
6. Other state's tax due minus its income tax credits .....		6		<b>00</b>
7. Enter the smaller of lines 5 or 6 here and on Form 40, line 22 .....		7		<b>00</b>

**E. Credits for Idaho educational entity and Idaho youth and rehabilitation facility contributions and live organ donation expenses. See instructions, page 25.**

1. Credit for contributions to Idaho educational entities .....	1		<b>00</b>
2. Credit for contributions to Idaho youth and rehabilitation facilities .....	2		<b>00</b>
3. Credit for live organ donation expenses .....	3		<b>00</b>
4. Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 23 .....	4		<b>00</b>

**F. Maintaining a home for a family member age 65 or older or a family member with a developmental disability. See instructions, page 26.**

1. Did you maintain a home for an immediate family member age 65 or older (not including you and your spouse) and provide more than one-half of their support? .....  Yes  No
2. Did you maintain a home for an immediate family member with a developmental disability (including you and your spouse) and provide more than one-half of their support? .....  Yes  No
3. List each family member you're claiming:

Family Member's Name First Name Last Name	Family Member's Social Security Number	Relationship to Person Filing Return	Family Member's Date of Birth	Check Here if Developmentally Disabled
4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter here and on Form 40, line 43. (Credit can't be claimed if you took \$1,000 deduction on Part B, line 15.) .....				<b>00</b>

**G. Dependents: (Continued from Form 40, page 1, Line 6c)**

First Name	Last Name	Social Security Number		
Tammy	Cook	400	11	5966
Andy	Cook	400	11	5967
Brandy	Cook	400	11	5968
Candy	Cook	400	11	5969
Willy	Cook	400	11	5970
Billy	Cook	400	11	5971

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box.   State Use Only

See page 7 of instructions for the reasons to amend, and enter the number that applies.

For calendar year 2017 or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

PLEASE PRINT OR TYPE	Your first name and initial Dennis A	Last name Cox	Your Social Security number (required) 400-11-5952	<input type="checkbox"/> Deceased in 2017
	Spouse's first name and initial Edna	Last name Cox	Spouse's Social Security number (required) 400-11-5953	<input type="checkbox"/> Deceased in 2017
	Current mailing address 9374 Blue Heron		Forms available at <a href="http://tax.idaho.gov">tax.idaho.gov</a>	
	City, state, and ZIP Code Middleton ID 83644			

**FILING STATUS.** Check only one box.  
 If married filing jointly or separately, enter spouse's name and Social Security number above.

1.  Single

2.  Married filing jointly

3.  Married filing separately

4.  Head of household

5.  Qualifying widow(er)

6. **EXEMPTIONS.** If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself a.  1 Spouse b.  1

c. List your dependents. If you have more than four, continue on Form 39R. Enter the total number here ..... c.

First name	Last name	Social Security number

d. Total exemptions. Add lines 6a through 6c. Must match federal return ..... d.  2

**INCOME. See instructions, page 7.**

7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Include a complete copy of your federal return .....	7	50000	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R .....	8	100	00
9. Total. Add lines 7 and 8 .....	9	50100	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R .....	10	100	00
11. TOTAL ADJUSTED INCOME. Subtract line 10 from line 9 .....	11	50000	00

**TAX COMPUTATION. See instructions, page 7.**

<b>Standard Deduction for Most People</b>  Single or Married Filing Separately: \$6,350  Head of Household: \$9,350  Married Filing Jointly or Qualifying Widow(er): \$12,700	12. CHECK —	a. If age 65 or older ..... <input type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse b. If blind ..... <input type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 18 and 42. <input type="checkbox"/>		
	13. Itemized deductions. Include federal Schedule A. Federal limits apply .....	13		00
	14. All state and local income or general sales taxes included on federal Schedule A, line 5 .....	14		00
	15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero .....	15		00
	16. Standard deduction. See instructions, page 7, to determine amount if not standard .....	16	15200	00
	17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero .....	17	34800	00
	18. Multiply <b>\$4,050</b> by the number of exemptions claimed on line 6d. Federal limits apply .....	18	8100	00
	19. Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero .....	19	26700	00
	20. Tax from tables or rate schedule. See instructions, page 37 .....	20	1468	00

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.



DON'T STAPLE

21. Tax amount from line 20 .....	21	1468	00
-----------------------------------	----	------	----

**CREDITS. Limits apply. See instructions, page 8.**

22. Income tax paid to other states. Include Form 39R and a copy of other states' return .....	22	100	00
23. Total credits from Form 39R, Part E, line 4. Include Form 39R .....	23	240	00
24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44 .....	24	210	00
25. TOTAL CREDITS. Add lines 22 through 24 .....	25	550	00
26. Subtract line 25 from line 21. If line 25 is more than line 21, enter zero .....	26	918	00

**OTHER TAXES. See instructions, page 9.**

27. Fuels tax due. Include Form 75 .....	27	49	00
28. Sales/use tax due on untaxed purchases (internet, mail order, and other) .....	28	152	00
29. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 .....	29	65	00
30. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER .....	30		00
31. Permanent building fund. Check the box if you received Idaho public assistance payments for 2017..... <input type="checkbox"/>	31	10	00
32. TOTAL TAX. Add lines 26 through 31 .....	32	1194	00

**DONATIONS. See instructions, page 9. I want to donate to:**

33. Nongame Wildlife Conservation Fund .....	34. Idaho Children's Trust Fund .....		
35. Special Olympics Idaho .....	36. Idaho Guard and Reserve Family ...		
37. American Red Cross of Idaho Fund .....	38. Veterans Support Fund .....		
39. Idaho Foodbank Fund .....	40. Opportunity Scholarship Program ...		
41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 .....	41	1194	00

**PAYMENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.**

42. Grocery credit. Computed Amount (from worksheet) ..... <input type="checkbox"/> 220 To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42 <input type="checkbox"/> To receive your grocery credit, enter the computed amount on line 42 .....	42	220	00
43. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R .....	43		00
44. Special fuels tax refund <u>182</u> Gasoline tax refund <u>47</u> Include Form 75 .....	44	229	00
45. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding .....	45	3000	00
46. 2017 Form 51 payment(s) and amount applied from 2016 return .....	46	200	00
47. Pass-through income tax. Withheld <input type="checkbox"/> 50 Paid by entity <input type="checkbox"/> 150 Include Form(s) ID K-1 ....	47	200	00
48. Reimbursement Incentive Act credit <input type="checkbox"/> 100 Claim of Right credit <input type="checkbox"/> 100 See instructions .....	48	200	00
49. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48 .....	49	4049	00

**TAX DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line 49, GO TO LINE 53.**

50. TAX DUE. Subtract line 49 from line 41 .....			00
51. Penalty <input type="checkbox"/> Interest from the due date <input type="checkbox"/> Enter total .....	51		00
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal .....			
52. TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission.....	52		00
53. OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid .....	53	2855	00
54. REFUND. Amount of line 53 to be refunded to you .....		1975	00
55. ESTIMATED TAX. Amount of line 53 to be applied to your 2018 estimated tax .....	55	880	00

**56. DIRECT DEPOSIT. See instructions, page 12.  Check if final deposit destination is outside the U.S.**

Routing No. 6 8 6 9 4 5 0 6 8 Account No. 9 2 1 3 2 0 8 0 8 6 6 2 3 4 9 8 3 Type of  Checking Account:  Savings

**AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.**

57. Total due (line 52) or overpaid (line 53) on this return .....	57		00
58. Refund from original return plus additional refunds .....	58		00
59. Tax paid with original return plus additional tax paid .....	59		00
60. Amended tax due or refund. Add lines 57 and 58 then subtract line 59 .....	60		00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

<b>SIGN HERE</b> <input type="checkbox"/> Your signature	<input type="checkbox"/> Spouse's signature (if a joint return, BOTH MUST SIGN)
Date	Preparer's EIN, SSN, or PTIN
Taxpayer's phone number	Preparer's address and phone number
Paid preparer's signature	



Name(s) as shown on return <b>Cox</b>	Social Security number <b>400-11-5952</b>
--	--

**A. Additions. See instructions, page 20.**

1. Federal net operating loss carryover included in Form 40, line 7 .....	1	100	00
2. Capital loss carryover incurred outside the state before becoming an Idaho resident .....	2		00
3. Non-Idaho state and local bond interest and dividends .....	3		00
4. Idaho college savings account withdrawal .....	4		00
5. Bonus depreciation. Include computations .....	5		00
6. Other additions. Include explanation .....	6		00
7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8 .....	7	100	00

**B. Subtractions. See instructions, page 20.**

1. Idaho net operating loss carryover <span style="float:right;">100</span> Idaho net operating loss carryback <span style="float:right;">Enter total here</span> .....	1	100	00
2. State income tax refund, if included in federal income .....	2		00
3. Interest from U.S. Government obligations .....	3		00
4. Energy efficiency upgrades .....	4		00
5. Alternative energy devices deduction			

	Year Acquired	Type of Device	Total Cost	Percent	5a	5b	5c	5d	
a.	2017		\$	X	40% =				00
b.	2016		\$	X	20% =				00
c.	2015		\$	X	20% =				00
d.	2014		\$	X	20% =				00

e. Add lines 5a through 5d. Can't exceed \$5,000 .....	5e		00
6. Child/dependent care. Include federal Form 2441 .....	6		00
7. Social Security and railroad benefits, if included in federal income .....	7		00
8. Retirement benefits deduction. Complete Part C .....	8		00
9. Technological equipment donation .....	9		00
10. Idaho capital gains deduction. Include Form CG .....	10		00
11. Active duty military pay earned outside of Idaho .....	11		00
12. Adoption expenses .....	12		00
13. Idaho medical savings account. Contributions <span style="float:right;">Interest</span> Financial institution <span style="float:right;">Account number</span> .....	13		00
14. Idaho college savings program .....	14		00
15. Maintaining a home for the aged or developmentally disabled .....	15		00
16. Idaho lottery winnings, less than \$600 per prize .....	16		00
17. Income earned on a reservation by an American Indian .....	17		00
18. Health insurance premiums .....	18		00
19. Long-term care insurance .....	19		00
20. Workers' compensation insurance .....	20		00
21. Bonus depreciation. Include computations .....	21		00
22. Other subtractions. Include explanation .....	22		00
23. Total subtractions. Add lines 1 through 4 and 5e through 22. Enter here and on Form 40, line 10 .....	23	100	00

**C. Retirement benefits deduction. See instructions, page 21, for qualified retirement benefits.**

1. If single, enter \$32,244, or if married filing jointly, enter \$48,366 .....	1		00
2. Federal Railroad Retirement benefits received .....	2		00
3. Social Security benefits received .....	3		00
4. Line 1 minus lines 2 and 3. If less than zero, enter zero .....	4		00
5. Qualified retirement benefits included in federal income .....	5		00
6. Enter the smaller of line 4 or 5 here and on Part B, line 8 .....	6		00



# IDAHO BUSINESS INCOME TAX CREDITS AND CREDIT RECAPTURE

# 2017

Name(s) as shown on return <b>Dennis A &amp; Edna Cox</b>	Social Security number or EIN
--	-------------------------------

**PART I — BUSINESS INCOME TAX CREDITS**

		Credit Allowed	Carryover
1. Investment tax credit. Include Form 49 .....	1	25	10
2. Credit for production equipment using post-consumer waste .....	2	10	5
3. Promoter-sponsored event credit .....	3	5	
4. Credit for Idaho research activities. Include Form 67 .....	4	25	10
5. Broadband equipment investment credit. Include Form 68 .....	5	50	35
6. Small employer investment tax credit. Include Form 83 .....	6	50	25
7. Small employer real property improvement tax credit. Include Form 84 .....	7	30	20
8. Small employer new jobs tax credit. Include Form 85 .....	8	15	10
9. Total business income tax credits allowed. Add lines 1 through 8 .....	9	210	

**PART II — TAX FROM RECAPTURE OF BUSINESS INCOME TAX CREDITS**

<b>Tax from recapture of:</b>		
1. Investment tax credit. Include Form 49R .....	1	15
2. Broadband equipment investment credit. Include Form 68R .....	2	20
3. Small employer investment tax credit. Include Form 83R .....	3	10
4. Small employer real property improvement tax credit. Include Form 84R .....	4	10
5. Small employer new jobs tax credit. Include Form 85R .....	5	10
6. Total tax from recapture of business income tax credits. Add lines 1 through 5 .....	6	65

# IDAHO FUELS USE REPORT

## FOR FUEL BOUGHT ON OR AFTER JULY 1, 2015

<b>PLEASE PRINT OR TYPE</b>	Name <b>Dennis Cox</b>	Social Security Number											
	Assumed Business Name (DBA)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">4</td> <td style="width: 10%;">0</td> <td style="width: 10%;">0</td> <td style="width: 10%;">-</td> <td style="width: 10%;">1</td> <td style="width: 10%;">1</td> <td style="width: 10%;">-</td> <td style="width: 10%;">5</td> <td style="width: 10%;">9</td> <td style="width: 10%;">5</td> <td style="width: 10%;">2</td> </tr> </table>	4	0	0	-	1	1	-	5	9	5	2
	4	0	0	-	1	1	-	5	9	5	2		
	Address <b>9374 Blue Heron</b>	Federal Employer Identification Number											
City, State, and Zip Code <b>Middleton ID 83644</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>												

**Section I. FILING PERIOD** Beginning \_\_\_\_\_, \_\_\_\_\_ and ending • \_\_\_\_\_, \_\_\_\_\_

Use this form for fuel purchased on or after July 1, 2015.

If you've already claimed a refund of this tax from the Tax Commission on another Form 75 for this period, *don't complete this form.*

State use only

--	--	--	--	--	--	--	--	--	--

**Section II. BUSINESS ACTIVITIES** Mark each box below that describes the business activities of your company.

1. <input checked="" type="checkbox"/> Farming	6. <input type="checkbox"/> Landscaping & tree service	11. <input type="checkbox"/> Golf course
2. <input type="checkbox"/> Logging	7. <input type="checkbox"/> Well drilling	12. <input type="checkbox"/> Outfitter
3. <input type="checkbox"/> Construction	8. <input type="checkbox"/> Equipment rental/leasing	13. <input type="checkbox"/> Mining
4. <input type="checkbox"/> Trucking	9. <input type="checkbox"/> Concrete/asphalt/gravel	14. <input checked="" type="checkbox"/> Other (describe) _____
5. <input type="checkbox"/> Manufacturing	10. <input type="checkbox"/> Excavating	

**Section III. NONTAXABLE USE** Mark each box below that describes the nontaxable use(s) to claim a refund of fuels taxes.

<p>IDAHO TAX-PAID special fuels (diesel, propane, or natural gas) used in</p> <p>1. <input type="checkbox"/> Stationary engines</p> <p>2. <input checked="" type="checkbox"/> Unregistered equipment (list) _____</p> <p>3. <input type="checkbox"/> Refrigeration unit with separate tank</p> <p>4. <input type="checkbox"/> Intrastate motor vehicles off-highway miles (attach Form 75-IMV)</p> <p>5. <input type="checkbox"/> IFTA power take-off and auxiliary engine allowances (attach Form 75-IC)</p> <p>6. <input type="checkbox"/> Intrastate motor vehicle power take-off and auxiliary engine allowances (attach Form 75-IMV)</p> <p>7. <input type="checkbox"/> Federal, state, and local government motor vehicles</p> <p>8. <input type="checkbox"/> Aircraft (see instructions)</p> <p>9. <input type="checkbox"/> Other (describe) _____</p>	<p>*IDAHO TAX-PAID gasoline used in</p> <p>10. <input type="checkbox"/> Stationary engines</p> <p>11. <input type="checkbox"/> Unregistered equipment (list) _____</p> <p>12. <input type="checkbox"/> Refrigeration unit with separate tank</p> <p>13. <input type="checkbox"/> IFTA auxiliary engine allowance (attach Form 75-IC)</p> <p>14. <input type="checkbox"/> Intrastate motor vehicle auxiliary engine allowance (attach Form 75-IMV)</p> <p>15. <input type="checkbox"/> Aircraft (see instructions)</p> <p>16. <input type="checkbox"/> Commercial motor boat</p> <p>17. <input checked="" type="checkbox"/> Other (describe) _____ ATV</p>
---	---

\* Gasoline used in a registered motor vehicle (government or privately owned) doesn't qualify for a refund of the gasoline tax.

**Section IV. Total refund or tax due**

Complete the sections on page 2 that apply to you (Sections V, VI, or VII) before completing this section.

1. Gasoline tax refund from page 2, Section V, line 5.....	\$ 47										
2. Special fuels tax refund from page 2, Section V, line 6 .....	182										
3. Gasoline tax due from page 2, Section VI, line 4.....	16										
4. Special fuels tax due from page 2, Section VI, line 5 .....	33										
5. Total of use tax due from page 2, Section VII, line 8 .....	152										
<input type="checkbox"/> I paid the use tax with my sales/use tax return. Permit number _____											
6. <b>Refund.</b> If the total of lines 1 and 2 is greater than the total of lines 3, 4, and 5, enter the difference.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>										
7. <b>Tax Due.</b> If the total of lines 1 and 2 is less than the total of lines 3, 4, and 5, enter the difference.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>										

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

<b>SIGN HERE</b>	Authorized signature • _____	Date _____	<p>Call 334-7660 in the Boise area or toll-free at (800) 972-7660.</p> <p><b>MAIL TO:</b> Idaho State Tax Commission PO Box 76 Boise ID 83707-0076</p>
	Title _____	Daytime phone _____	
Paid preparer's signature _____		Preparer's EIN, SSN, or PTIN • _____	
Address and phone number _____			

<b>Section V. FUELS TAX REFUND</b>	<b>A** Gasoline</b>	<b>B Av Gas</b>	<b>C Jet Fuel</b>	<b>D** Undyed Diesel*</b>	<b>E** Propane</b>	<b>F** CNG</b>	<b>G** LNG</b>	<b>H Totals</b>
1. Total tax-paid gallons purchased from all sources (whole gallons) ..	100	100	125	150		200	200	
2. Total nontaxable gallons (whole gallons).....	100	100	125	150		200	200	
3. Tax rate .....	.32	.07	.06	.32	.232	.32	.349	
4. Fuels tax refund .....	32	7	8	48		64	70	
5. Gasoline tax refund. Add line 4, columns A, B, and C. Enter here and on page 1, Section IV, line 1.....								47
6. Special fuels tax refund. Add line 4, columns D, E, F, and G. Enter here and on page 1, Section IV, line 2.....								182

<b>Section VI. FUELS TAX DUE</b>	<b>A** Gasoline</b>	<b>B Av Gas</b>	<b>C Jet Fuel</b>	<b>D** Undyed Diesel*</b>	<b>E** Propane</b>	<b>F** CNG</b>	<b>G** LNG</b>	<b>H Totals</b>
1. Taxable gallons (whole gallons) .....		100	150			50	50	
2. Tax rate .....	.32	.07	.06	.32	.232	.32	.349	
3. Fuels tax due.....		7	9			16	17	
4. Gasoline tax due. Add line 3, columns A, B and C. Enter here and on page 1, Section IV, line 3.....								16
5. Special fuels tax due. Add line 3, columns D, E & F, and G. Enter here and on page 1, Section IV, line 4.....								33

<b>Section VII. USE TAX DUE</b>	<b>A** Gasoline</b>	<b>B Av Gas</b>	<b>C Jet Fuel</b>	<b>D** Undyed Diesel*</b>	<b>E** Propane</b>	<b>F** CNG</b>	<b>G** LNG</b>	<b>H Totals</b>
1. Number of gallons from Section V, line 2 .....	100	100	125	150		200	200	
2. Average price per gallon (carry 4 decimal places x.xxxx)....	3.7500	3.2500	4.2500	3.0000		3.2500	3.2500	
3. Less state fuels tax/gallon .....	.32	.07	.06	.32		.32	.349	
4. Less federal fuels tax/gallon .....	.184	.194	.219	.244		.183	.42	
5. The base cost per gallon (line 2 less 3 & 4) .....	3.246	2.986	3.971	2.436		2.747	2.481	
6. Total amount subject to use tax (multiply line 1 by line 5) .....	325	299	496	365		549	496	
7. Use tax due (multiply line 6 by 6%).....	19	18	30	22		33	30	
8. Use tax due. Add line 7, columns A through G. Enter here and on page 1, Section IV, line 5.....								152

\* Includes Biodiesel and Biodiesel Blends  
 \*\* Rate change effective July 1, 2015



IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box.  State Use Only

See page 7 of instructions for the reasons to amend, and enter the number that applies.

For calendar year 2017 or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

PLEASE PRINT OR TYPE	Your first name and initial <b>Ted N</b>	Last name <b>Noon</b>	Your Social Security number (required) <b>400-11-5950</b>	<input type="checkbox"/> Deceased in 2017
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2017
	Current mailing address <b>13 Winners Circle Dr</b>		Forms available at <a href="http://tax.idaho.gov">tax.idaho.gov</a>	
	City, state, and ZIP Code <b>Horseshoe Bend ID 83626</b>			

**FILING STATUS.** Check only one box.  
If married filing jointly or separately, enter spouse's name and Social Security number above.

- Single
- Married filing jointly
- Married filing separately
- Head of household
- Qualifying widow(er)

**6. EXEMPTIONS.** If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself a.  Spouse b.

c. List your dependents. If you have more than four, continue on Form 39R. Enter the total number here ..... c.

First name	Last name	Social Security number

d. Total exemptions. Add lines 6a through 6c. Must match federal return ..... d.

**INCOME. See instructions, page 7.**

7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Include a complete copy of your federal return .....	7	10000	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R .....	8		00
9. Total. Add lines 7 and 8 .....	9	10000	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R .....	10		00
11. TOTAL ADJUSTED INCOME. Subtract line 10 from line 9 .....	11	10000	00

**TAX COMPUTATION. See instructions, page 7.**

<p><b>Standard Deduction for Most People</b></p> <p>Single or Married Filing Separately: \$6,350</p> <p>Head of Household: \$9,350</p> <p>Married Filing Jointly or Qualifying Widow(er): \$12,700</p>	12. CHECK	<p>a. If age 65 or older ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>b. If blind ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 18 and 42. <input checked="" type="checkbox"/></p>		
	13. Itemized deductions. Include federal Schedule A. Federal limits apply .....	13		00
	14. All state and local income or general sales taxes included on federal Schedule A, line 5 .....	14		00
	15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero .....	15		00
	16. Standard deduction. See instructions, page 7, to determine amount if not standard .....	16	6350	00
	17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero .....	17	3650	00
	18. Multiply <b>\$4,050</b> by the number of exemptions claimed on line 6d. Federal limits apply .....	18	0	00
	19. Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero .....	19	3650	00
	20. Tax from tables or rate schedule. See instructions, page 37 .....	20	105	00

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.



DON'T STAPLE

21. Tax amount from line 20 .....	21		<b>00</b>
-----------------------------------	----	--	-----------

**CREDITS. Limits apply. See instructions, page 8.**

22. Income tax paid to other states. Include Form 39R and a copy of other states' return .....	22		<b>00</b>
23. Total credits from Form 39R, Part E, line 4. Include Form 39R .....	23		<b>00</b>
24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44 .....	24		<b>00</b>
25. TOTAL CREDITS. Add lines 22 through 24 .....	25		<b>00</b>
26. Subtract line 25 from line 21. If line 25 is more than line 21, enter zero .....	26	105	<b>00</b>

**OTHER TAXES. See instructions, page 9.**

27. Fuels tax due. Include Form 75 .....	27		<b>00</b>
28. Sales/use tax due on untaxed purchases (internet, mail order, and other) .....	28		<b>00</b>
29. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 .....	29		<b>00</b>
30. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER .....	30		<b>00</b>
31. Permanent building fund. Check the box if you received Idaho public assistance payments for 2017..... <input type="checkbox"/>	31	10	<b>00</b>
32. TOTAL TAX. Add lines 26 through 31 .....	32	115	<b>00</b>

**DONATIONS. See instructions, page 9.** I want to donate to:

33. Nongame Wildlife Conservation Fund .....	5	34. Idaho Children's Trust Fund .....	5
35. Special Olympics Idaho .....	5	36. Idaho Guard and Reserve Family .....	5
37. American Red Cross of Idaho Fund .....	5	38. Veterans Support Fund .....	5
39. Idaho Foodbank Fund .....	5	40. Opportunity Scholarship Program .....	5
41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 .....	41	155	<b>00</b>

**PAYMENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.**

42. Grocery credit. Computed Amount (from worksheet) .....			
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42 <input type="checkbox"/>			
To receive your grocery credit, enter the computed amount on line 42 .....	42		<b>00</b>
43. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R .....	43		<b>00</b>
44. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75	44		<b>00</b>
45. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding .....	45		<b>00</b>
46. 2017 Form 51 payment(s) and amount applied from 2016 return .....	46		<b>00</b>
47. Pass-through income tax. Withheld <input type="checkbox"/> Paid by entity <input type="checkbox"/> Include Form(s) ID K-1 ....	47		<b>00</b>
48. Reimbursement Incentive Act credit <input type="checkbox"/> Claim of Right credit <input type="checkbox"/> See instructions .....	48		<b>00</b>
49. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48 .....	49		<b>00</b>

**TAX DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line 49, GO TO LINE 53.**

50. TAX DUE. Subtract line 49 from line 41 .....		155	<b>00</b>
51. Penalty <input type="checkbox"/> 10 _____ Interest from the due date <input type="checkbox"/> 5 _____ Enter total .....	51	15	<b>00</b>
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal <input type="checkbox"/>			
52. TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission.....	52	170	<b>00</b>
53. OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid .....	53		<b>00</b>
54. REFUND. Amount of line 53 to be refunded to you .....			<b>00</b>
55. ESTIMATED TAX. Amount of line 53 to be applied to your 2018 estimated tax .....	55		<b>00</b>

**56. DIRECT DEPOSIT. See instructions, page 12.**  Check if final deposit destination is outside the U.S.

Routing No.  Account No.  Type of  Checking Account:  Savings

**AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.**

57. Total due (line 52) or overpaid (line 53) on this return .....	57		<b>00</b>
58. Refund from original return plus additional refunds .....	58		<b>00</b>
59. Tax paid with original return plus additional tax paid .....	59		<b>00</b>
60. Amended tax due or refund. Add lines 57 and 58 then subtract line 59 .....	60		<b>00</b>

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

<b>SIGN HERE</b> Your signature	Spouse's signature (if a joint return, BOTH MUST SIGN)
Date	Preparer's EIN, SSN, or PTIN
Taxpayer's phone number	Preparer's address and phone number
Paid preparer's signature	



IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box.    
 See page 7 of instructions for the reasons to amend, and enter the number that applies.   
 State Use Only

For calendar year 2017 or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

PLEASE PRINT OR TYPE	Your first name and initial <b>Ted M</b>	Last name <b>Norris</b>	Your Social Security number (required) <b>400-11-5956</b>	<input type="checkbox"/> Deceased in 2017
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2017
	Current mailing address <b>13 Winners Circle Dr</b>		Forms available at <a href="http://tax.idaho.gov">tax.idaho.gov</a>	
	City, state, and ZIP Code <b>Horseshoe Bend ID 83626</b>			

**FILING STATUS.** Check only one box. **If married filing jointly or separately, enter spouse's name and Social Security number above.**

1.  Single  
 2.  Married filing jointly  
 3.  Married filing separately  
 4.  Head of household  
 5.  Qualifying widow(er)

6. **EXEMPTIONS.** If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself a.  1 Spouse b.

c. List your dependents. If you have more than four, continue on Form 39R. Enter the total number here ..... c.  2

First name	Last name	Social Security number
John	Norris	400   11   5970
Sam	Norris	400   11   5971

d. Total exemptions. Add lines 6a through 6c. Must match federal return ..... d.  3

**INCOME. See instructions, page 7.**

7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Include a complete copy of your federal return .....	7	26125	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R .....	8		00
9. Total. Add lines 7 and 8 .....	9	26125	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R .....	10		00
11. TOTAL ADJUSTED INCOME. Subtract line 10 from line 9 .....	11	26125	00

**TAX COMPUTATION. See instructions, page 7.**

<b>Standard Deduction for Most People</b>  Single or Married Filing Separately: \$6,350  Head of Household: \$9,350  Married Filing Jointly or Qualifying Widow(er): \$12,700	12. CHECK — a. If age 65 or older ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 18 and 42. <input type="checkbox"/>		
	13. Itemized deductions. Include federal Schedule A. Federal limits apply .....	13	
14. All state and local income or general sales taxes included on federal Schedule A, line 5 .....	14		00
15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero .....	15		00
16. Standard deduction. See instructions, page 7, to determine amount if not standard .....	16	9350	00
17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero .....	17	16775	00
18. Multiply <b>\$4,050</b> by the number of exemptions claimed on line 6d. Federal limits apply .....	18	12150	00
19. Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero .....	19	4625	00
20. Tax from tables or rate schedule. See instructions, page 37 .....	20	108	00

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.



DON'T STAPLE



IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box.  State Use Only

See page 7 of instructions for the reasons to amend, and enter the number that applies.

For calendar year 2017 or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

PLEASE PRINT OR TYPE	Your first name and initial <b>Clint</b>	Last name <b>Smith</b>	Your Social Security number (required) <b>400-11-5957</b>	<input type="checkbox"/> Deceased in 2017
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2017
	Current mailing address <b>9100 Lansing St</b>		Forms available at <a href="http://tax.idaho.gov">tax.idaho.gov</a>	
	City, state, and ZIP Code <b>Middleton ID 83644</b>			

**FILING STATUS.** Check only one box.  
If married filing jointly or separately, enter spouse's name and Social Security number above.

- Single
- Married filing jointly
- Married filing separately
- Head of household
- Qualifying widow(er)

**6. EXEMPTIONS.** If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself a.  1 Spouse b.

c. List your dependents. If you have more than four, continue on Form 39R. Enter the total number here ..... c.

First name	Last name	Social Security number

d. Total exemptions. Add lines 6a through 6c. Must match federal return ..... d.  1

**INCOME. See instructions, page 7.**

7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Include a complete copy of your federal return .....	7	NRF	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R .....	8		00
9. Total. Add lines 7 and 8 .....	9		00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R .....	10		00
11. TOTAL ADJUSTED INCOME. Subtract line 10 from line 9 .....	11		00

**TAX COMPUTATION. See instructions, page 7.**

**Standard Deduction for Most People**

Single or Married Filing Separately: \$6,350

Head of Household: \$9,350

Married Filing Jointly or Qualifying Widow(er): \$12,700

12. CHECK —	a. If age 65 or older ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		
	b. If blind ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		
	c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 18 and 42. <input type="checkbox"/>		
13. Itemized deductions. Include federal Schedule A. Federal limits apply .....	13		00
14. All state and local income or general sales taxes included on federal Schedule A, line 5 .....	14		00
15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero .....	15		00
16. Standard deduction. See instructions, page 7, to determine amount if not standard .....	16	6350	00
17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero .....	17		00
18. Multiply <b>\$4,050</b> by the number of exemptions claimed on line 6d. Federal limits apply .....	18	4050	00
19. Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero .....	19		00
20. Tax from tables or rate schedule. See instructions, page 37 .....	20		00

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.



DON'T STAPLE

