IDAHO PART-YEAR RESIDENT & NONRESIDENT INCOME TAX RETURN 2018

	See p	page 13 of instructions for reasons to	ate Use Only									
		d, and enter the number that applies			Value Capial Capinity mumbar /re	- m.i.u.d.)						
		calendar year 2018 or fiscal year beginning	, ending		Your Social Security number (re	equired)						
	S R	Your first name and initial Last name	ie			Deceased						
	È	Spouse's first name and initial Last nam	10		Spouse's Social Security numb	in 2018						
	PRINT YPE				Spouse's Social Security Humb							
		Current mailing address	\dashv	Deceased in 2018								
	PLEASE T											
	<u>H</u>	City, state, and ZIP Code	Forms available	o at tay idaha gay								
	<u> </u>			e at tax.idaho.gov								
	If th	e IRS considers you or your spouse a nonresident alien,	•									
	Resi	dency status Resident	Nonresident Part-Year Resid	dent Military Nonresident								
		k one for yourself and one for Yourself 1 •	2 •		3 4 4	5 •						
		spouse, if a joint return. Spouse				• 🗆						
	Full	months in Idaho this year • Yourself • Spou	ise Curr	ent state abbrevi	ation. • Yourself	_ • Spouse						
	FILI	NG STATUS. Check only one box. If married filing joint	ly or separately,	enter spouse's n	ame and Social Security	number above.						
		1. Single 2. Married filing 3. Marrie separa	ed filing 4.	Head of House	ehold 5. Qualifyin	ng widow(er)						
	HOUSEHOLD. See instructions, page 14. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a, and 6b, if they apply List your dependents below. If you have more than four, continue on Form 39NR. Enter total number on line 6c.											
		First Name Yourself 6a. ———	Last Name		Social Security Number	Birthdate (mm/dd/yyyy)						
		Spouse 6b										
	Depe	ndent(s) 6c										
		Total 6d										
-	IDA	HO INCOME. See instructions, page 14.				Idaho Amounts						
		Wages, salaries, tips, etc. Include Form(s) W-2			7							
		Taxable interest income				00						
		Dividend income		00								
		Alimony received		00								
ш		Business income or (loss). Include federal Schedule C or		00								
7		Capital gain or (loss). If required, include federal Schedul		00								
ΤĀ		Other gains or (losses). Include federal Form 4797		00								
ST		IRA distributions (taxable amount)				00						
—		Pensions and annuities (taxable amount)				00						
ż		Rents, royalties, partnerships, S corporations, trusts, etc.				00						
0		Farm income or (loss). Include federal Schedule F		00								
_		Unemployment compensation		00								
		Other income. Include explanation		00								
		TOTAL INCOME. Add lines 7 through 19		00								
-		HO ADJUSTMENTS. See instructions, page 14.			20	00						
		Deductions for IRAs, health savings accounts, and IRC 50		00								
		Moving expenses, alimony paid, and student loan interest			<u> </u>							
		Deductions for self-employment tax, health insurance, and		00								
		Penalty on early withdrawal of savings	20									
		Other deductions. See instructions		00								
		TOTAL ADJUSTMENTS. Add lines 21 through 25	20	00								
	۷٠.	TOTAL ADJUSTIMENTS. Add lilles 21 tillough 25	26	00								
	27.	ADJUSTED GROSS INCOME. Subtract line 26 from line	21	00								
-	•	Within 180 days of receiving this return, the Idaho State Tax Co										
-	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions. Your signature											
	SIGN			INCLUDE A COMPLETE								
-	HERE	Spouse's signature (if a joint return, BOTH MUST SIGN)	Taxpayer's phone	COPY OF YOUR								
	Paid :	preparer's signature Preparer's	s EIN, SSN, or PTIN	FEDERAL RETUR	_{N.} 							
			, _ 5.1, 511 1114									
	Prepa	rer's address and phone number		1		AI III B Bibi bi bi						

		Form 43 - 2018		Co	<u>olumn B - Idah</u>	10	
	28.	Enter amount from federal Form 1040, line 7.	00	,		00	
	20	Enter amount from line 27 in Column B	00			00	
	l	Subtractions from Form 39NR, Part B, line 26. Include Form 39NR	00			00	
		Qualified business income deduction	00			00	
	32.	TOTAL ADJUSTED INCOME. Add lines 28 and 29 minus lines 30 and 31 32	00			00	
$\overline{}$		33. a. Check if age 65 or older • Yourself • Spouse b. Check if blind •	-		■ Spouse		
- 1	Stand	c. If your parent or someone else can claim you as a dependent, check here and enter zero on lin			• [-	
	Deduction of the formal depth of the formal de	tion 24 Itemized deductions Include federal Schodule A Federal limite confu		34		00	
	Peop			35		00	
	Single	36 Standard deduction See instructions have 15 to determine amount if not standard		36		00	
		Filing 37. Enter the LARGER of line 35 or line 36		37		00	
8	Separa \$12,0			38	0	%	
	φ12,0	39. Multiply amount on line 37 by the percentage on line 38 and enter the result here		39	Ī	00	
[Head House	40 TOARD TAXADE INCOME SUDMACHINE 39 HOUTINE 37 COMMIN D		40		00	
'	\$18,0	44 TAY 6 4 1 1 1 1 0 1 4 6 00		41		00	
N 4	arriad	42. Income tax paid to other states. Include Form 39NR and other states' returns		42		00	
	Jointly			43		00	
- 1	Qualif			44		00	
'	Nidow \$24,0			45		00	
-		46. Line 41 minus lines 42 through 45. If less than zero, enter zero		46		00	
	47.	Fuels use tax due. Include Form 75		47		00	
(ES	1	Sales/use tax due on untaxed purchases (online, mail order, and other)		48		00	
TAX		Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44		49		00	
OTHER		Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	•	50	40	00	
5		Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2018 •		51	10		
	_	TOTAL TAX. Add lines 46 through 51	÷	52		00	
DONATIONS	59.	Special Olympics Idaho	_	61		00	
	62.	Grocery credit. Computed amount from worksheet page 18.					
		To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 62					
		To receive your grocery credit, enter the computed amount on line 62	•	62		00	
	63.	Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR	•	63		00	
PAYMENTS	64.	Special fuels tax refund Gasoline tax refund Include Form 75		64		00	
ΥME		Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding		65		00	
4	1	2018 Form 51 payment(s) and amount applied from 2017 return		66		00	
		Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1		67		00	
	1	Tax Reimbursement Incentive credit Claim of Right credit See instructions		68		00	
	69.	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 62 through 68		69		00	
	70.	TAX DUE. Subtract line 69 from line 61					
DUE	71.	Penalty • Interest from the due date • Enter total.				00	
TAX DUE		Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal		71		00	
	72.	TOTAL DUE. Add lines 70 and 71. Pay online or make check payable to the Idaho State Tax Commission		72		00	
	73.	OVERPAID. Line 69 minus lines 61 and 71		73		00	
REFUND	74.	REFUND. Amount of line 73 to be refunded to you				00	
ı.c	75.	ESTIMATED TAX. Amount of line 73 to be applied to your 2019 estimated tax		75		00	
R	_	DIRECT DEPOSIT. See instructions, page 19. • Check if final deposit destination is outside of the U		Ty	. $$	ecking	
AMENDED	77.	Total due (line 72) or overpaid (line 73)					
	78. Refund from original return plus additional refunds						
		79. Tax paid with original return plus additional tax paid					
		Amended tax due or refund. Add lines 77 and 78 minus line 79 80 00					
	1 3 3.	0	 	■ ■ 8 1	1 1■■ 1■1 ■1 7 2 9 4	11	