

IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

2018

00

6

A. Additions. See instructions, page 20. 1 1 00. 2. Capital loss carryover included in Form 40, line 7 2 00. 3. Non-Idaho state and local bond interest and dividends 3 00. 4. Idaho college savings account withdrawal 4 00. 6. Bonus depreciation. Include Form(5) 4562 5 00. 7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8 7 00. 8. Subtractions. See instructions, page 20. 1 1 00. 1. Idaho net operating loss carryover *	Name(s)	as shown on return		Social Security n	umber
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	5.		00		

6. Enter the smaller of line 4 or 5 here and on Part B, line 8

Name(s) as shown on return

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	00	In	aluda a conv of the	
2. Federal adjusted gross income earned in other state adjusted for				nclude a copy of the ncome tax return and a	
Idaho modifications. See instructions		00		eparate Form 39R for	
3. Idaho adjusted income. See instructions	3	00		ach state for which a redit is claimed.	
4. Divide line 2 by line 3. Enter percentage here	4	%		euit is claimeu.	
5. Multiply line 1 by line 4. Enter amount here			5		00
6. Other state's tax due minus its income tax credits			6		00
7. Enter the smaller of lines 5 or 6 here and on Form 40, line 22			7		00
E. Credits for Idaho educational entity and Idaho youth and rehabilitat facility contributions, and live organ donation expenses. See instru					
1. Credit for contributions to Idaho educational entities			1		00
2. Credit for contributions to Idaho youth and rehabilitation facilities					00
3. Credit for live organ donation expenses					00
4. Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 23			4		00
F. Maintaining a home for a family member age 65 or older or a family developmental disability. See instructions, page 26.	m	ember with a			

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
2	List so sh fourily us us have set up a later in a		

3.	List each	family	member	you're	claiming:
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Family Me First Name	ember's Name Last Name	Family Member's Social Security Number	Relationship to Person Filing Return	Fa	amily Member's Birthdate _(mm/dd/yyyy)	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 44. (Credit can't be claimed if you took \$1,000 deduction on Part B, line 15.)						00

G. Dependents: (Continued from Form 40, page 1, line 6)

First Name	Last Name	Social Security Number	Birthdate (mm/dd/yyyy)

Social Security number