

2019 Idaho Individual E-File (MeF) Test Packet

October 2019

Schema Version ID_MeF2019V1.1



Dear Software Developers:

Enclosed is the Tax Year 2019 Idaho Individual e-File (MeF) Test Packet. This grid was developed by our audit staff and is relatively unchanged from last years' grid. You will use the federal test scenarios that best fit the Idaho test grid.

Enclosed are the test SSNs, names and addresses for the two tax types.

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

Send a PDF and Submission ID of each test return that you will be transmitting to: Meftesting@tax.idaho.gov.

Please include a payment voucher that contains a scanline with any return that has an amount due. Idaho will follow the IRS testing calendar.

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

Our offices will be closed on the dates below:

November 11 Veterans Day November 28 Thanksgiving Day December 25 Christmas Holiday January 01 New Year's Holiday

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

We look forward to working with you this year.

Sincerely,

Electronic Data Management Team Coordination & Automation Bureau Idaho State Tax Commission (208) 332-6632 MeFtesting@tax.idaho.gov Auston Holmes
Idaho Income Tax eFile Coordinator
Idaho State Tax Commission
208-334-5360
efileCoordinator@tax.idaho.gov

Income Tax Rate Schedule for 2019

Single				
At Least	Less Than	Tax	Rate	
1	1,541	0	plus 1.125% of the amount over	0
1,541	3,081	17.33	plus 3.125% of the amount over	1,541
3,081	4,622	65.47	plus 3.625% of the amount over	3,081
4,622	6,162	121.32	plus 4.625% of the amount over	4,622
6,162	7,703	192.57	plus 5.625% of the amount over	6,162
7,703	11,554	279.22	plus 6.625% of the amount over	7,703
11,554		534.37	plus 6.925% of the amount over	11,554
Married				
At Least	Less Than	Tax	Rate	
1	3,082	0	plus 1.125% of the amount over	0
3,082	6,162	34.66	plus 3.125% of the amount over	3,082
6,162	9,244	130.94	plus 3.625% of the amount over	6,162
9,244	12,324	242.64	plus 4.625% of the amount over	9,244
12,324	15,406	385.14	plus 5.625% of the amount over	12,324
15,406	23,108	558.44	plus 6.625% of the amount over	15,406
23,108		1068.74	plus 6.925% of the amount over	23,108

Form 40 MeF Test Return Information - 2019

Test 1: 400005951 Timothy Smith C/o Tom Jones 5000 W. State St. Boise, ID 83702

Single

Claimed Dependent

Paid Preparer with PTIN and phone number

Test 2:

400005952 400005970 Frank Grey Amber Grey PO Box 342

Mackay ID, 83251 Married Filing Joint No Dependents

Spouse was incarcerated for 6 months

Prime is 65 Spouse is blind

Payments: State Payment - Full Pay

Test 3:

Amended Indicator

(If Supporting Amended Filings)

Amended Reason 3

(If Supporting Amended Filings)

400005953 David Klien

715 E Sherman Ave Coeur D Alene, ID 83815 Qualifying widower (2018) 3 Dependent children

Payments: State Payment - Full Pay

Estimated Payment - 4/15/2020 Estimated Payment - 6/15/2020 Estimated Payment - 9/16/2020 Estimated Payment - 1/15/2021

Additional Information:

- Taxpavers date of birth=Dec 17, 1979
- 1st dependent date of birth=June 1, 2001
- 2nd dependent date of birth=Oct 19, 2002
- 3rd dependent date of birth=Nov 8, 2009

Test 4:

400005954

400005977

Michael Pratt

Michelle Pratt

300 E Pine St

Pocatello, ID 83204

Married filing Separate

2 Dependent children

On public assistance for 3 months at the end of the tax year

Payments: Estimated Payment - 4/15/2020

Estimated Payment - 6/15/2020

Test 5:

400005955

Peter Piper

445 Highway 55

Horseshoe Bend, ID 83626

Deceased in 2019 Head of Household

1 Dependent Parent

Test 6:

400005956

400005975

Donald White

Margaret White 6951 Hastings

Boise, ID 83714

Spouse deceased in 2019

Married Filing Joint

AGI greater than \$350,000

6 Dependent children

Test 7:

400005957

Miguel Estrada

1832 South Pole Ln

Meridian, ID 83616

Head of Household

3 Dependent children

Carry Forward

Form 40 - MeF Test Data

"X" Indicates Yes - "O" Indicates Optional	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Authentication Header	Smith	Grey	Klien	Pratt	Piper	White	Estrada
Filing License Type Cd	Х	X	Х	Х	Х	Х	Х
Financial Transaction							
State Payment (quanitity of payments)		X	Х				
Checking		Х					
Savings			Х				
RoutingTransitNumber		X	Х				
BankAccountNumber		X	X				
PaymentAmount		X	Х				
RequestedPaymentDate		X	X				
EstimatedPayments (quantity of payments)			X(4)	X(2)			
Checking			X	Х			
Savings							
RoutingTransitNumber			X	Х			
BankAccountNumber			X	Х			
PaymentAmount			Х	Х			
RequestedPaymentDate			X	Х			
Financial Resolution							
First Input			Х				
RoutingTransitNumber			Х				
Depositor Account Num			Х				
Input Timestamp			X				
Submission							
No UBA Disborsement Cd Submit		X	Х				
Refund Disbursement UBA Submit							
Refund Disbursement Cd Submit	X			Х	Х	X	Х
Pending or Unavailable							
Pend Ind	X						
Proxy Acct Num	Х						
UBA Submit							
UBA Routing and Transit Num Submit	X			Х	Х	Х	Х
UBA Depositor Account Num Submit	X			Х	Х	Х	Х
Refund Product Elect Cd Submit	Х			Х	Х	Х	Х
Refund Product CIPCd	Х			Х	Х	Х	Х
Prim Drver Lcns Or State Issd ID Grp							
No Drvr Lcns Or State Issd Id	Х						
Drvr Lcns Num		Х	Х	Х	Х	Х	Х
Drv Lcns St Cd		Х	Х	Х	Х	Х	Х
Drv Lcns Expr Dt		X	X	Х	Х	X	Х

	Form 40 - N	∕le⊦ Les	t Data				
"X" Indicates Yes - "O" Indicates Optional	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Prim Drver Lcns Or State Issd ID Grp (Cont)	Smith	Grey	Klien	Pratt	Piper	White	Estrada
Drv Lcns Issue Dt		Х	Х	Х	Х	Х	Х
State Issd Id Num		Х	Х	Х	Х	Х	Х
State Issd Id Expr Dt		Х	Х	Х	Х	Х	Х
Expr Dt		Х	Х	Х	Х	Х	Х
Non Expr							
State Issd Id Issue Dt		Х	Х	Х	Х	Х	Х
Sps Drvr Lcns Or State Issd Id Grp							
No Drvr Lcns Or State Issd Id		Х					
Drvr Lcns Num				Х			
Drv Lcns St Cd				Х			
Drv Lcns Expr Dt				Х			
Drv Lcns Issue Dt				Х			
State Issd Id Num				Х			
State Issd Id Expr Dt				Х			
Expr Dt				Х			
Non Expr							
State Issd Id Issue Dt				Х			
Filing History							
Federal Original Submission Id	Х	Х	Х	Х	Х	Х	Х
Federal Original Submission Id Dt	Х	Х	Х	Х	Х	Х	Х
State Submission Id Current	Х	Х	Х	Х	Х	Х	Х
State Submission Id Orig	Х	X	Х	Х	Х	Х	Х
State Submission Id Date Orig	X	Х	Х	Х	Х	Х	Х
Transmission Detail							
Initial Creation							
IP Address	X	X	X	X	X	Х	Х
IPTs	X	X	X	X	X	Х	Х
Device Id	X	X	X	X	X	Х	Х
Device Type Cd	X	X	X	X	Х	Х	Х
User Agent Txt	X						
Browser Language Txt		Х					
Platform Txt		Х					
Time Zone Offset Num	X						
System Ts	X	X					
Email Address Txt				X		Х	
Cell Phone Num				Х		Х	
Submission							
IP Address	X	Х	Х	Х	Х	Х	Х
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Χ

Χ

IPTs

Χ

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Fo	rm 40 - N	MeF Tes	t Data				
"X" Indicates Yes - "O" Indicates Optional	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Submission (Cont)	Smith	Grey	Klien	Pratt	Piper	White	Estrada
Device Id	Х	Х	Х	Х	X	Х	Х
Device Type Cd	Х	Х	Х	Х	Х	Х	Х
User Agent Txt	Х						
Browser Language Txt		Х					
Platform Txt		Х					
Time Zone Offset Num	Х						
System Ts	Х	Х					
Email Address Txt		X					
Cell Phone Num		Х					
Final IP Port Number Submit		Х					
Total Active Time Prep Submission Ts		1			Х		
Total Preparation Submission Ts					Х		
Trusted Customer							
Trusted Customer Cd	Х	Х	Х	Х	Х	Х	Х
OOB Security Verification Cd	X	Х	Х	Х	Х	Х	Х
OOB Destination							
OOB Email	Х	Х		Х	Х	Х	
OOB Cell Phone		Х	Х	Х	Х		Х
Last Submission Rar OOB Cd							Х
Profile Change							
User Name Change Ind				Х			
Password Change Ind				Х			
Email Address Change Ind				Х			
Cell Phone Number Change Ind				Х			
Authentication Summary Cd						Х	
Payment Decline Cd		Х					
Authentication Review Cd						Х	
Authentication Review Txt						Х	
State Issued PIN							
Vendor Customer Number	0	0	0	0	0	0	0
Disaster Relief						Х	
NOTE: ONLY POPULATE DISASTER RELIEF LINE IF DISASTER OCCURRED							
Form 40							
Income							
Line 7 - Federal adjusted gross income	Х	X	Х	Х	Х	>350,000	Х
Line 11 - Qualified business income deduction	X	Х	Х	Х	Х	Х	Х
Line 12 - Total Adjusted Income	X	Х	Х	Х	Х	Х	Х

"X" Indicates Yes - "O" Indicates Optional	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Tax Computation	Smith	Grey	Klien	Pratt	Piper	White	Estrada
Line 13a - Age 65 or older		Prime is 65					
Line 13b - Blind		Spouse					
Line 13c - Claimed dependent	Х						
Line 14 - Itemized deductions		Х	Х				
Line 15 - State and local income taxes			Х				
Line 17 - Standard deduction	Х			Х	Х	Х	Х
Line 19 - Taxable Income	Х	Х	Х	Х	Х	Х	Х
Line 20 - Tax from tables or rate schedule	Х	X	Х	Х	Х	Х	Х
Credits							
Line 22 - Credit for taxes paid to other states		X					
Line 25 - Idaho Child Tax Credit			Х				
Line 29 - Sales/Use tax due		Х					
Line 31 - Tax from recapture of QIE					Х		
Line 32 - Permanent building fund	Х		Х		Х	Х	Х
Line 33 - Total Tax	Х	X	Х	Х	Х	Х	Х
Donations							
Line 34 - Nongame Wildlife Conservation Fund					Х		
Line 35 - Children's Trust Fund					Х		
Line 36 - Special Olympics Idaho					Х		
Line 37 - Idaho Guard and Reserve Family					Х		
Line 38 - American Red Cross of Idaho Fund					Х		
Line 39 - Veterans Support Fund					Х		
Line 40 Idaho Food Bank					Х		
Line 41 Opportunity Scholarship Program			Х		Х		
Payments and Other Credits							
Line 43 - Grocery credit computed	\$0	Х	Х	X	Х	Х	Х
Line 43a - Irrevocable grocery credit donation					X		
Line 43b - Grocery Credit Received	\$0	X	Х	X	\$0	X	Х
Line 44 - Maintaining a home for aged or disabled					X		
Line 46 - Idaho income tax withheld	X	X		X	X	X	
Line 47 - Estimated payments & amount from 2018 return			X				
Line 48a - Pass-through income tax withheld					Х		
Line 48b - Pass-through income tax paid by entity					X		
Line 49a - Tax Reimbursement Incentive Credit					X		
Line 49b - Claim of Right					X		
Tax Due or Refund							
Line 51 - Tax Due		Х	X				
Line 52a - Penalty		Х					
Line 52b - Interest		Х		\top	1		

F	orm 40 -	MeF Tes	st Data				
"X" Indicates Yes - "O" Indicates Optional	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Tax Due or Refund (Cont)	Smith	Grey	Klien	Pratt	Piper	White	Estrada
Line 52 - Penalty and Interest Total		Х					
Line 53 - Total Due		X	Х				
Line 54 - Overpaid	Х			Х	Х	Х	Х
Line 55 - Refund	X			Х	Х		Х
Line 56 - Estimated Tax to 2020 Return						Х	
Line 57 - IAT Question	Х						
Line 57a - Routing and account number	X			Х			
Line 57b - Checking				Х			
Line 57c - Savings	Х						
Line 59 - Refund from original (Amended Returns only)			X				
Line 60 - Tax paid with original return (Amended Returns only)			Х				
Line 61 - Amended tax due or refund (Amended Returns only)			Х				
Form 39R		·					
Part A - Additions							
Line 1 - Federal net operation loss carryover							Х
Line 2 - Captial loss carryover incurred outside the state			Х				
Line 3 - Non-Idaho state and local bond interest and dividens			Х				Х
Line 4 - Idaho college savings account withdrawal			Х			Х	
Line 5 - Bonus depreciation			Х				
Line 6 - Other additions			Х				
Line 7 - Total additions			Х			Х	Х
Part B - Subtractions							
Line 1 - Idaho net operation loss carryover							
Line 2 - State income tax refund if included in federal income			Х				
Line 3 - Interest from U.S. Government obligations					Х		
Line 4 - Energy efficiency upgrade					Х		
Line 5a - Year 2019					Х		
Line 5b - Year 2018					Х		
Line 5c - Year 2017					Х		
Line 5d - Year 2016					Х		
Line 5e - Alternative energy devices total					Х		
Line 6 - Child dependent care					Х		
Line 7- Social security and railroad benefits		Х					
Line 8a - If single enter \$34,332; if MFJ enter \$51,498		Х					
Line 8b - Federal Railroad retirement benefits received		Х					
Line 8c - Social Security benefits		Х					
Line 8e - Qualified Retirement benefits		Х					
Line 8f - Retirement benefits deduction		Х					

Fo	rr	n 40 - I	M	eF Tes	it	Data
"X" Indicates Yes - "O" Indicates Optional		Test 1		Test 2		Test 3
				_		

"X" Indicates Yes - "O" Indicates Optional	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Part B - Subtractions (Cont)	Smith	Grey	Klien	Pratt	Piper	White	Estrada
Line 9 - Technological equipment donation			Х				
Line 10 - Idaho capital gains deduction			Х				
Line 11 - Active duty militar pay earned outside of Idaho					X		
Line 12 - Adoption expenses			Х				
Line 13 - Idaho medical savings account (include Med Savings Acct)					Х		
Line 14 - Idaho college saving program						Х	
Line 15 - Maintaining home for the aged or disabled		Х					
Line 16 - Idaho lottery winnings					Х		
Line 17 - Income earned on a reservation by an American Indian			Х				
Line 18 - Health insurance premiums					Х		
Line 19 - Long-term health care insurance					Х		
Line 20 - Worker's Compensation						Х	
Line 21 - Bonus Depreciation						Х	
Line 22 - Other subtractions			Х		Х		
Line 23 - Total subtractions		Х	Х		Х	Х	
Part C - Credit for income tax paid to Other States							
Line1a - Other state's 2-letter abbreviation		MT & OR					
Line 1 - Idaho tax, Form 40 - Line 20		Х					
Line 2 - Other state's adjusted income		Х					
Line 3 - Idaho adjusted income, Form 40 - Line 11		Х					
Line 4 - Divide line 2 by line 3		Х					
Line 5 - Multiply line 1 by line 4		Х					
Line 6 - Other state's tax due less income tax credits		Х					
Line 7 - Smaller of Line 5 or 6		Х					
Part D - Credit for Contributions to Idaho Youth and Rehab							
Line 1 - Credit for contribuitons to Idaho Educational Entities		Х		Х			
Line 2 - Credit for contributions to Idaho Youth and Rehabilitation		Х		Х			
Line 3 - Credit for live organ donation expenses		Х		X			
Part E - Maintaining a Home for Family Member Age 65 or Older							
Line 1a - Yes					X		
Line 1b - No							
Line 2a - Yes					X		
Line 2b - No							
Line 3a - FirstName,LastName,SSN,Relationship,DOB, X if disabled					Х		
Line 3b - FirstName,LastName,SSN,Relationship,DOB,X if disabled							
Line 3c - FirstName,LastName,SSN,Relationship,DOB, X if disabled							
Line 4 - Total amount claimed					Х		
Part F - Dependents							
First Name, Last Name, SSN, Date of Birth						X	

Fo	orm 40 - N	ЛеF Tes	t Data				
"X" Indicates Yes - "O" Indicates Optional	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Part F - Dependents (Cont)	Smith	Grey	Klien	Pratt	Piper	White	Estrada
First Name, Last Name, SSN, Date of Birth						Х	
First Name, Last Name, SSN, Date of Birth							
First Name, Last Name, SSN, Date of Birth							
First Name, Last Name, SSN, Date of Birth							
First Name, Last Name, SSN, Date of Birth							
Form 44							
Part I							
Line 1 - ITC (Form 49)		Х					
Line 2 - Production equipment using postconsumer waste		Х					
Line 3 - Promoter sponsored event		Х					
Line 4 - Idaho research activities (Form 67)		Х					
Line 5 - Broadband equipment investment credit (Form 68)		Х					
Line 9 - Total business income tax credits allowed		Х					
Part II							
Line 1 - ITC (Form 49R)		X					
Line 2 - Broadband (Form 68R)			X				
Line 6 - Total Tax from recapture		Х	X				
Additional Schemas							
Form 49		X					
Form 49C		Х					
Form 49R		Х					
Form 56							
Form 67		Х					
Form 68		Х					
Form 68R			X				
Form 75		X					
Form CG			X				
Form ID-K1					Х		
Form 1099R with Idaho Withholding		X					
ITC Equipment List		Х					
PDF Attachments Attachment Name							
Form 49E Form_49E_01							
Form 49ER Form_49ER_01		X			Х		
Form 70 Form_70_01		X					
Reimbursement Act Credit Reimburse_Credit_01					Х		
Non-Idaho Income Tax Return OtherState_Return_01		X					
Non-Idaho Income Tax Return OtherState_Return_02		X					
Miscellaneous Statements Misc_Stmt_01		X					

Form 43 MeF Test Return Information 2019

<u>Test 8:</u>
400005958
400005962
Luke Larson
Laura Larson

9430 SW Coral St. #100 Portland, OR 97223 Married filing joint

Residency Status- Nonresidents Current state of residence - OR

Test 9: 400005959 400005974 Cindy Mac Trent Mac 847 11th Ave

Helena, MT 59601 Married filing joint

Residency Status- Resident taxpayer Part-year spouse Full months in Idaho- Resident 12 months Spouse 6 months Current state of residence - Taxpayer ID Spouse MT

Payments: State Payment - Full Pay

Test 10:

Amended Indicator (If Supporting Amended Filings) Amended

Reason 3 (If Supporting Amended Filings) 400005960

Scott Squidly

USS Michigan (SSBN 727)

FPO AP 96222 Head of Household

Residency Status- Military Nonresident

Current state of residence- NV

5 dependent children

Payments: Estimated Payment - 4/15/20

Estimated Payment - 9/16/20

Test 11: 400005961 400005976 Buck Deer Debbie Deer

1123 Cleveland Blvd Caldwell, ID 83607 Married Filing Joint

Residency Status- Taxpayer Idaho Resident on Active Military Duty Current state of residence- Taxpayer ID Spouse OR

3 dependent children AGI greater than \$313,800

Payments: State Payment - Full Pay

Estimated Payment - 4/15/20 Estimated Payment - 6/15/20 Estimated Payment - 9/16/20 Estimated Payment - 1/15/21

Additional Information:

Taxpayers date of birth=Dec 17,1979

• 1st dependent date of birth=June 1, 2001

• 2nd dependent date of birth=Oct 19, 2002

• 3rd dependent date of birth=Nov 8, 2009

Test 12: Paws Tiger 400005973

2100 Woodward Ave Detroit, MI 48201

Check the nonresident aliens for federal

purposes box Single

Residency Status - Nonresident

Form 4	3 - N	1eF Tes	t Da	ata					
"X" Indicates Yes - "O" Indicates Optional		Test 8	Te	est 9	Test 1	.0	Test 11		Test 12
Authentication Header		Larson	N	Vlac	Squid	ly	Deer		Tiger
Filing License Type Cd		Х		Х	Х		Х		Х
Financial Transaction									
State Payment (quantity of payments)				Χ			Х		
Checking							Х		
Savings			_	Х					
Routing Transit Number				Χ			Х		
BankAccountNumber				Х			Х		
PaymentAmount				Χ			Х		
RequestedPaymentDate				Х			Х		
EstimatedPayments (quantity of payments)					X(2)		X(4)		
Checking					Х		Х		
Savings							Х	\perp	
RoutingTransitNumber					Х			\perp	
BankAccountNumber					Х		Х		
PaymentAmount					Х		Х	\perp	
RequestedPaymentDate					Х		X	Ш	
Financial Resolution									
First Input					Х		1	\perp	
RoutingTransitNumber					X		1	$\downarrow \downarrow$	
Depositor Account Num					Х		1	\perp	
Input Timestamp					Х			\perp	
Submission								\perp	
No UBA Disborsement Cd Submit				Χ			Х	\perp	
Refund Disbursement UBA Submit								\perp	
Refund Disbursement Cd Submit		Х			Х			\perp	Х
Pending or Unavailable									
Pend Ind					Х				
Proxy Acct Num					Х				
UBA Submit								\perp	
UBA Routing and Transit Num Submit		Х						\perp	Х
UBA Depositor Account Num Submit		Х							Х
Refund Product Elect Cd Submit		Х			Х			\perp	Х
Refund Product CIPCd		Х			Х				Х
Prim Drver Lcns Or State Issd ID Grp									
No Drvr Lcns Or State Issd Id								\perp	Х
Drvr Lcns Num		Х			Х		Х		
Drv Lcns St Cd		Х			Х		Х	\perp	
Drv Lcns Expr Dt		Х			Х		Х		
Drv Lcns Issue Dt		Х			Х		Х		
State Idds Id Num		Х			Х		Х		
State Issd Id St Cd		Х			Х		Х		
State Issd Id Expr Dt		Х			Х		Х		
Expr Dt		Х			Х		Х		
Non Expr							1		
State Issd Id Issue Dt		Х			Х		X		
Sps Drvr Lcns Or State Issd Id Grp									
No Drvr Lcns Or State Issd Id		Х					Х		
Drvr Lcns Num		Х					Х		
Drv Lcns St Cd		Х					X		
Drv Lcns Expr Dt		X					X	+	
Drv Lcns Issue Dt		X					X	+	
State Issd Id Num		X					X	+	
State Issd Id St Cd		X	_				X	+	
State Issd Id Expr Dt		X					X	+	
Expr Dt		Х					Х	+	
Non Expr							1	\vdash	
State Issd Id Issue Dt		Х					X		
Filing History									
Federal Original Submission Id		X			X		1	+	X
Federal Original Submission Id Dt		X			X		1	\vdash	X
State Submission Id Current		X							X

Form 43 -	M	eF Tes	st	Data						
"X" Indicates Yes - "O" Indicates Optional		Test 8		Test 9		Test 10		Test 11		Test 12
Transmission Detail (Cont)		Larson		Mac		Squidly		Deer		Tiger
State Submission Id Date Orig		Х				X				X
Initial Creation		Χ		Х		Х		Х		Х
IP Address		Х		Х		Х		Х		Х
IPTs		Χ		Х		Х		Х		Х
Device Id		Χ		Х		Х		Х		Х
Device Type Cd		Χ		Х		Х		Х		Х
User Agent Txt		Х								
Browser Language Txt				Х						
Platform Txt				Х						
Time Zone Offset Num				Х						
System Ts				Х						
Email Address Txt				Х						
Cell Phone Num				Х						
Submission										
IP Address		Х		Х		Х		Х		Х
IPTs		X		X		X		X		X
Device Id	$\dagger \dagger$	X		X		X		X	H	X
Device Type Cd	$\dagger \dagger$	X		X		X		X	H	X
User Agent Txt	+	.,				X		.,	H	
Browser Language Txt		Х	-							
Platform Txt	++	X							\dashv	
Time Zone Offset Num	++	X							\dashv	
System Ts	H	^				Х				
Email Address Txt	H					X				
Cell Phone Num						X				
Final IP Port Number Submit						X				
		· · ·								
Total Active Time Prep Submission Ts		X		X		X		X		X
Total Preparation Submission Ts		Х		X		Х		Х		X
Trusted Customer										
Trusted Customer Cd										X
OOB Security Verification Cd										Х
OOB Destination	\vdash	.,		.,						
OOB Email		Х		Х		Х				
OOB Cell Phone				Х				Х		Х
Last Submission Rar OOB Cd										Х
Profile Change										
User Name Change Ind								Х		
Password Change Ind								Х		
Email Address Change Ind								Х		
Cell Phone Number Change Ind								Х		
Authentication Summary Cd								Х		
Payment Decline Cd				Х						
Authentication Review Cd						X				
Authentication Review Txt						X				
State Issued PIN										
Vendor Customer Number										
Disaster Relief		Χ		0		0		0		0
NOTE: ONLY POPULATE DISASTER RELIEF LINE IF DISASTER OCCURRED										
Form 43		Test 8		Test 9		Test 10		Test 11		Test 12
Line Number		Larson		Mac		Squidly		Deer		Tiger
Line 7 - Wages, salaries, tips, etc.		X		X		X		X		X
Line 8 - Taxable interest income				X		X				
Line 9 - Dividend income						X				
Line 10 - Alimony received						X			\exists	
Line 10 - Allinoity received Line 11 - Business income or loss	+					X			\dashv	
Line 12 - Capital gain or loss	\vdash		-			X			\dashv	
Line 13 - other gains or losses	++	Х	-			^				
Line 13 - Other gains or losses Line 14 - IRA distributions	++	^		Х					\vdash	
Line 14 - IKA distributions Line 15 - Pensions and annuities	++		-	^	\vdash	v	\vdash	v	\dashv	
Line 15 - Pensions and annuities Line 16 - Rents, royalties, partnerships, S coporations, trusts, etc	++		-			X		Х		
	1 1					Λ.		l		
Line 17 - Farm income or loss	++	Х								

Form 43 - MeF Test Data								
"X" Indicates Yes - "O" Indicates Optional	Test 8	Test 9	Test 10	Test 11	Test 12			
Form 43 (Cont)	Larson	Mac	Squidly	Deer	Tiger			
Line 18 - Unemployment compensation		Х						
Line 19 - Other income	Х							
Line 20 - Total income	Х	Х	Х	Х	Х			
Idaho Adjustments								
Line 21 - Deductions for IRA and health savings account		Х						
Line 22 - Moving expenses, Alimony Paid, and Student Loan Interest	Х							
Line 23 - Deductions for self-employment tax, health insurance, etc.	Х							
Line 24 - Penalty on early withdrawal of savings			Х					
Line 25 - Other deductions		Х	Х					
Line 27 - Idaho adjusted gross income	Х	Х	Х	Х	Х			
Column A								
Line 28a - Federal adjusted gross income	Х	Х	Х	Х	Х			
Line 31a - Qualified business income deduction	Х	Х	Х	Х	Х			
Line 32a - Total Adjusted income. Add lines 28 & 29, minus 30 & 31	Х	Х	Х	Х	Х			
Column B								
Line 31b - Qualified business income deduction	Х	Х	Х	Х	Х			
Line 32b - Total adjusted income. Add lines 28 & 29, minus 30 & 31	Х	Х	Х	Х	Х			
Line 33a - Age 65 or older								
Line 33b - Blind								
Line 33c - Claimed Dependent								
Line 34 - Itemized deductions	Х	Х			Х			
Line 35 - State and local income or general sales taxes	Х	Х			Х			
Line 36 -								
Line 37 - Standard deductions			Х	Х				
Line 39 - Idaho percentage	Х	Х	Х		Х			
Line 41 - Idaho taxable income	Х	Х	Х		Х			
Line 42 - Tax from tables or rate schedule	Х	Х	Х		Х			
Line 43 - In come tax paid to other states		Х						
Line 46 - Idaho Child Tax Credit				Х				
Other Taxes								
Line 49 - Sales/Use tax due		Х	X					
Line 51 - Tax from recapture of qualified investment exemption			Х					
Line 52 - Permanent buildling fund	Х	х	Х	Х	Х			
Line 53 - Total tax	Х	Х	Х	Х	Х			
Donations								
Line 54 - Veterans Support Fund	Х							
Line 55 - Opportunity Scholarship Program	Х							
Line 56 - Idaho Guard and Reserve Family	Х							
Line 57 - Idaho Children's Trust Fund	Х							
Line 58 - Special Olympics Idaho	Х							
Line 59 - Idaho Nongame Wildlife Fund	Х							
Line 60 - American Red Cross of Idaho Fund	Х							
Line 61 - Idaho Foodbank Fund	Х							
Payments								
Line 63 - Grocery credit computed		Х		Х				
Line 63a - Irrevocable grocery donation				Х				
Line 63b - Grocery credit received		Х		\$0				
Line 64 - Maintaining a home for aged or disabled				X				
Line 66 - Idaho income tax withheld	Х	Х	х	X	Х			
Line 67 - Estimated payments and amount from 2018 return				X				
Line 68a - Pass-through income tax paid by entity	1	1	х	1				
Line 68b - Pass-through income tax withheld	 	1	X	1				
Line 69a - Tax Reimbursement Incentive Credit		1	X	1				
Line 69b - Claim of Right		1	X	1				
_								
Tax Due		Х		Х				
			1		+			
Line 71 - Tax Due		х						
Line 71 - Tax Due Line 72a - Penalty		X						
Line 71 - Tax Due Line 72a - Penalty Line 72b - Interest		Х		X				
Line 71 - Tax Due Line 72a - Penalty Line 72b - Interest Line 73 - Total Due				X				
Line 71 - Tax Due Line 72a - Penalty Line 72b - Interest	X	Х	X	x	X			

Form 43 - MeF Test Data									
"X" Indicates Yes - "O" Indicates Optional	Test 8	Test 9	Test 10	Test 11	Test 12				
Refund (Cont)	Larson	Mac	Squidly	Deer	Tiger				
Line 76 - Estimated tax to 2020 return	Х								
Line 77 - IAT question	X								
Line 77a - Routing and account number	Х		Х						
Line 77b - Checking	Х								
Line 77c - Savings			X						
Line 79 - Refund from original return (Amended Returns Only)			X						
Line 80 - Tax paid with original return (Amended Returns Only)			X						
Line 81 - Amended tax due or refund (Amended Returns Only)			X						
Form 39NR									
Part A - Additions			V						
Line 1a - Non-Idaho state and local bond interest and dividends			X						
Line 1b - Non-Idaho state and local bond interest and dividends	, , , , , , , , , , , , , , , , , , ,		X						
Line 2b - Idhao college savings account withdrawal	Х		V						
Line 3a - Bonus depreciation	+		X		+				
Line 3b - Bonus depreciation Line 4a - Other additions	+	+	^	X					
Line 4b - Other additions	+	+	х	^					
Line 4b - Other additions Line 5b - Total additions	Х		X	+					
Part B - Subtractions			^						
Line 1a - Idaho net operation loss carryover (Original Return Only)			X						
Line 1b - Idaho net operation loss carryboel (Original Return Ority)	+	+	X	+ +					
Line 3a - Interest from U.S. Government obligations			X						
Line 3b - Interest from U.S. Government obligations			X						
Line 4a - Child/dependent care			X						
Line 4b - Child/dependent care				Х					
Line 6a - Idaho capital gains deduction			Х	,					
Line 6b - Idaho capital gains deduction			X						
Line 7a - Idaho resident - Active duty military pay earned outside Idaho				Х					
Line 7b - Idaho resident - Active duty military pay earned oustide Idaho				X					
Line 8a - Idaho medical savings account			Х						
Line 8b - Idaho medical savings account			Х						
Line 9b - Idaho college savings program			Х						
Line 10b - Adoption expenses		Х							
Line 11b - Maintaining a home for the aged or disabled			Х						
Line 12b - Idaho lottery winnings			Х						
Line 13b - Income earned on a reservation by an American Indian			Х						
Line 14b - Worker's compensation			X						
Line 15a - Partner's and shareholder's pass-through subtractions			X						
Line 16a - Energy efficency upgrades			X						
Line 16b - Energy efficency upgrades			X						
Line 17a - Technological equipment donation			Х						
Line 17b - Technological equipment donation			Х						
Line 18a - Health insurance premiums			X						
Line 18b - Health insurance premiums			Х						
Line 19a - Long-term health care insurance			X						
Line 19b - Long-term health care insurance			X						
Line 20a - Year 2019			X						
Line 20b - Year 2018	+ +		X	1					
Line 20c - Year 2017	+ +		X	+ +					
Line 20d - Year 2016 Line 22a Column A. If single optor \$24,222; if MEL optor \$51,409	+ +		X						
Line 22a - Column A - If single enter \$34,332; if MFJ enter \$51,498	+	+	X	X					
Line 22b - Column A - Federal Railroad Retirement received Line 22c - Column A - Social Security benefits received	+	+	+	+					
Line 22c - Column A - Social Security benefits received Line 22e - Column A - Qualifed retirement benefits include FGI	+		+	X					
Line 22f - Column A - Qualified retirement benefits include FGI Line 22f - Column A - Benefits. Lesser of line 22d and line 22e	+		+	X					
Line 22g - Qualified retirement benefits include ID gross income	+		+	X					
Line 22h - divide line 22g by line 22e	+ +	+	+	X	+				
Line 22i - Column B - benefits deduction		+		X					
Line 23a - Nonresident military pay included in line 28 - Column A		+	X	^					
Line 24a - Bonus depreciation	+	+	X						
Line 24b - Bonus depreciation	+	+	X						
Line 25a - Other subtractions	1	+	X	+					
Eme 25a Other Subtractions			^	_1					

Form 43 - I	MeF Tes	t Data			
"X" Indicates Yes - "O" Indicates Optional	Test 8	Test 9	Test 10	Test 11	Test 12
Subtractions (Cont)	Larson	Mac	Squidly	Deer	Tiger
Line 25b - Other subtractions			Х		
Line 26b - Total subtractions		Х	Х	Х	
Part C - Credit for Income Tax Paid to Other States					
Enter State's 2-Letter Abbreviation		MT & OR			
Line 2 - Other state's adjusted income		X			
Line 3 - Amount of income taxed by Idaho and also by another state		X			
Line 7 - Other state's tax due less it's income tax credits		Х			
Line 10 - Enter the smaller of line 6 or line 9		X			
Part D - Credit for Income Tax Paid to Other States by Residents on Duty					
Enter State's 2-Letter Abbreviation				X	
Line 2 - Other state's adjusted income				Х	
Line 6 - Other state's tax due less income tax credits				X	
Line 7 - Smaller of Line 5 or 6				X	
Part E - Credit for contributions to Education, Rehab, Live Organ					
Line 1 - Education Contribution Credit		X			
Line 2 - Youth Rehab Contribution Credit		Х			
Line 3 - Live Organ donation expenses		X			
Part F - Maintianing a home for Family Member Age 65 or Older					
Line 1a - Yes	+	+	1	Х	
Line 1b - No					
Line 2a - Yes	+	+	1	Х	
Line 2b - No					
Line 3a - First Name, Last Name, SSN, Relationship, DOB, "X" if Disabled				X	
Line 3b - First Name, Last Name, SSN, Relationship, DOB, "X" if Disabled				Х	
Line 4 - Total amount claimed				Х	
Part G - Dependents					
First Name, Last Name, SSN, Date of birth	+		Х		
First Name, Last Name, SSN, Date of birth			<u> </u>		
First Name, Last Name, SSN, Date of birth	+				
First Name, Last Name, SSN, Date of birth					
First Name, Last Name, SSN, Date of birth					
First Name, Last Name, SSN, Date of birth					
Form 44	+				+
Part 1 - Business Income Tax Credits - Credit Allowed			- V		
Line 1 - ITC	+		X	+	
Line 2 - Production equipment using postconsumer waste Line 3 - Promoter sponsored event	+		X	+	
Line 4 - Idaho research activities (Form 67)	+		X	+	+
Line 5 - Broadband Equipment Investment Credit (Form 68)	+	+	X	+	+
Line 9 - Total Business tax credits allowed	+	+	X	+	+
Part 2 - Tax From Recapture of Business Income Tax Credits			_ ^		
Line 1 - ITC (Form 49R)			х		
Line 2 - Broadband (Form 68R)	+	+	X	+	_
Line 6 - Total Tax from Recapture	+	+	X	+	_
Additional Schemas			^		
Form 49			х		
Form 49C	+		X	+	-
Form 49R	+	+	X	+	+
Form 56	+	+	X	+	+
Form 67	+	+	X	+	1
Form 68	+	+	X	+	1
Form 68R	+	+	X	+	1
Form 75	+	+	X	+	+
Form ID-K1	+	+	X	х	+
Form 1099R with Idaho Withholding	+ +	Х		X	1
ITC Equipment List	+ +	+ +	Х	+	1
PDF Attachments Attachment Name					
Form 49E Form 49E 01			х		
Form 49ER Form 49ER 01	+	+	X	+	+
Form 70 Form 70 01	+	+	X	+	+
Form 402 Form 402 01			X		

Form 43 - MeF Test Data										
"X" Indicates Yes - "O" Indicates Optional			Test 8		Test 9		Test 10		Test 11	Test 12
PDF Attachments (Cont)	Attachment Name		Larson		Mac		Squidly		Deer	Tiger
Miscellaneous Statements	Misc_Stmt_01						Х			
Non-Idaho Income Tax Return	OtherState_Return_01						Х			