

## 2019 Idaho 2-D Barcode Test Packet

November 2019



### November 2019

### Dear Software Developer:

Attached is the 2019 tax year 2-D bar code filing test packet for the state of Idaho. Idaho testing will begin after October 29, 2019. Test results will be sent to you by email 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

### **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 2019 holidays are observed on:

November 11 Veterans Day November 28 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 <a href="mailto:substituteforms@tax.idaho.gov">substituteforms@tax.idaho.gov</a> Evan Stimpson
Tax Automated Systems Specialist
Idaho State Tax Commision
(208) 334-7814
Evan.Stimpson@tax.idaho.gov

### Form 40 State Tax Commission Individual Income Tax Return

Amended F	Return? Check the box.	State Use	e Only				
See page 7 o	f instructions for the reasons to	<u> </u>					
amend and e	nter the number that applies.	•					
For calendar	year 2019 or fiscal year beginning	ng, ending _					
your first	t name and initial	Your last name		Your Social Security number (S	SSN)	Dece	ased
Sam V		Adamson		400-11-5954		in 20	19
Spouse's	s first name and initial	Spouse's last name		Spouse's Social Security numb		Dece	
Mary Mary		Adamson		400-11-5955	)	in 20	19
	mailing address N <b>Main St</b>			Forms and instruc	tions av	railable at	
City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	tax.ida		aliable at	
Poca	tello	ID	83202				
Filing Stat	us. Check only one box. If ma	arried filing jointly or s	eparately, enter :	spouse's name and Social	Security	number abo	ve.
1. 8	Single 2. Married filing	g 3. Married filin separately	ng 4. He	ead of 5. Qualifousehold with q	ying wido	w(er) dependents	
Llevesheld					, ,	•	
	See instructions, page 7. If so				s ba and b	b, it they apply	/.
6a. Yours	self 1 6b. Spouse	e 6c. Depe	ndents	6d. Total Household 3	<del></del> 0		
List your de	ependents below. If you have	more than four depende	ents, continue on	Form 39R. Enter total number	per on lin	e 6c.	
[	Dependent's first name	Dependent's las	st name	Dependent's SSN		ndent's birthdate nm/dd/yyyy)	е
	3ob	Adamson		400-90-7080		3/01/2000	$\Box$
	Sally	Adamson	*	400-45-6789	10	0/19/2001	7
	2,	, taannoon	*	100 10 01 00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
			О				┪
					$\perp$		ᆜ
	ee instructions, page 7.	oomo from fodoral Form	1040 or 1040 S	D line Oh			
	our federal adjusted gross in				7	-1000	00
	e a complete copy of your fedons ns from Form 39R, Part A, lin				8	-1000	00
	Add lines 7 and 8				9	-1000	00
	ctions from Form 39R, Part B				10	-1000	00
	ed business income deduction	•			11		00
	djusted Income. Subtract lir				12	-1000	00
	utation. See instructions, <sub>I</sub>						
Standard		- Lago - C.					
Deduction	a. If age 6	5 or older	• 🗙 You	urself • Spouse			
for Most People	13. Check b. If blind	***************************************		urself • Spouse			
Single or		parent or someone else					
Married Filing Separately:		ent, check here and ent					
\$12,200							T
Head of Household: 15. State and local income or general sales taxes included on federal Schedule A					14		00
Household: \$18,350		-			15		00
Married Filing	16. Subtract line 15 from li				16	13500	00
Jointly or				17	13300	00	
Qualifying Widow(er):					18		00
\$24,400	19. Idaho taxable income.				19 20		00
	20. Tax from tables or rate	inue to page 2.	ions, page 52		20		100
	COIII	illuc to pauc £.					

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

0 1 9 1 5 0 9 5

ID/ <sup>A</sup>	HO State Tax Commission	Fo	orm 40	0 2	2019	(continu	ed)
21	Tax amount from line 20			21		N N	00
	dits. Limits apply. See instructions, page 9.		<u> </u>	21			00
	Income tax paid to other states. Include Form 39R and a copy of other states' returns	22	00				
		23	00	1			
	Total business income tax credits from Form 44, Part I, line 9. Include Form 44		00	ł			
	Idaho Child Tax Credit. Computed amount from worksheet on page 10		00	ł			
	Total Credits. Add lines 22 through 25			26			00
	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero			27			00
	er Taxes. See instructions, page 10.		***	21			00
	Fuels use tax due. Include Form 75			20			00
				28 29			00
	Sales/use tax due on untaxed purchases (online, mail order and other)			30			00
	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Fo			31			00
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER			31			UU
32.	Permanent building fund tax.  Check the box if you received Idaho public assistance payments for 2019		$\Box$	32		10	nn
33	Total Tax. Add lines 27 through 32			33			00
	ations. See instructions, page 10. I want to donate to:			33			00
		=					
34.	Idaho Nongame Wildlife Fund • 35. Idaho Children's Trust Fund						
30.	Special Olympics Idaho						
38.	American Red Cross of Idaho Fund   39. Veterans Support Fund	<u>-</u>					
		_		40			
	Total Tax Plus Donations. Add lines 33 through 41			42			00
	ments and Other Credits.  Grocery Credit. Computed amount from worksheet on page 12	320					
10.	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero		П				
	To receive your grocery credit, enter the computed amount on line 43		_	43		320	00
44.	Maintaining a home for family member age 65 or older or developmentally disabled. Inclu			44			00
45.		de Form 75 .		45			00
46.	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withhe			46		2007 - COC - 1007	00
47.	2019 Form 51 payments and amount applied from 2018 return			47		200	00
				48			00
40. 40	Pass-through income tax. Paid by entity   Withheld   Include F  Tax Reimbursement Incentive credit   Claim of Right credit   Se	e instructions		49			00
<del>7</del> 3.	Total Payments and Other Credits. Add lines 43 through 49	se msudcuons	·	50			00
	Due or Refund. See instructions, page 13.		Ι Ι	30 [			00
	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42	-	51				00
	Penalty • Interest from the due date • Enter total			52			00
<b>υ</b> Ζ.	Check box if penalty is caused by an unqualified Idaho medical savings account without			102			00
53.			_	53			00
	Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50			54		520	00
54.	•		55	54			00
55. 56	Refund. Amount of line 54 to be refunded to you			56		320	
56.	Estimated Tax. Amount of line 54 to be applied to your 2020 estimated tax						00
57.	Direct Deposit. See instructions, page 13. • Check if final deposit destination	n is outside	tne U.	.5.	Type of '	X Check	king
■ Rou	ing No. 3 2 4 1 7 3 6 2 5 • Account No. 2 2 3 4 5 6 7 8 9 1	0 1 1 1 1	2 1	3 /	Account:	Saving	
Ame	ended Return Only. Complete this section to determine your tax due or refund. S	ee instructio	ns.				
58.	Total due (line 53) or overpaid (line 54) on this return			58			00
59.	Refund from original return plus additional refunds		=	59			00
60.	Tax paid with original return plus additional tax paid			60			00
61.	Amended tax due or refund. Add lines 58 and 59 then subtract line 60			61			00
	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this r	eturn with the	paid p	repare			07. 020
-	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is		and co		1000	struction	S.
	Your signature Spouse's signature (if a joint return, both	i musi sign)			Date		

Sign	•					
Here	Paid preparer's signature	Preparer's EIN, S	SN, PTIN	Taxpayer's phone number		
	•	-				
Preparer's address		State	ZIP Code	Preparer's phone number		

### Form 40 State Tax Commission 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 2019 or fiscal year beginning	ng, ending							
Your first name and initial Sam N	Your last name Cook	Your Social Security number (SS 400-11-5951	SN)	Decea in 201				
Your first name and initial Sam N Spouse's first name and initial Current mailing address	Spouse's first name and initial Spouse's last name Spouse's Social Security number			er (SSN) Deceas				
		Forms and instruct	ione avai	lable at				
2   121 Torch Rd   City   Boise	o.gov	iable at						
Filing Status. Check only one box. If ma	ID   83703	□ spouse's name and Social S	ecurity nu	ımber abo	ve.			
1. Single 2. Married filing 3. Married filing 4. Head of Household 5. Qualifying widow(er) with qualifying dependents								
Household. See instructions, page 7. If so	meone can claim you as a dependent, leave	line 6a blank. Enter "1" on lines	6a and 6b,	if they apply	<u>.</u>			
	e 6c. Dependents10		_					
List your dependents below. If you have			– er on line f	ac.				
Dependent's first name	,	Dependent's SSN	Depende	ent's birthdate	Э			
Sally	Dependent's last name  Cook	400-11-5962		/dd/yyyy) 01/2000				
Suzy	Cook	400-11-5963		19/2001	$\dashv$			
Sammy	Cook	400-11-5964	+	08/2009	$\dashv$			
Sandy	Cook	400-11-5965	20 4142 10	08/2009	$\dashv$			
Income. See instructions, page 7.	3331	1.00.1.1.00.00	1					
	come from federal Form 1040 or 1040-S	R. line 8b.						
	eral return	2	7	112398	00			
8. Additions from Form 39R, Part A, lin	e 7. Include Form 39R		8	4855	00			
			9	117253	00			
	, line 23. Include Form 39R		10	36064	00			
11. Qualified business income deduction	TO A DATA COMMENT OF THE STREET OF THE STREE	ATT ATT POST OF A STATE OF A STAT	11	500	00			
12. Total Adjusted Income. Subtract lin		•	12	80689	00			
Tax Computation. See instructions, p	page 8.							
Standard Deduction a. If age 6	5 or older • 🔲 You	urself • Spouse						
for Most	=	urself • Spouse						
	parent or someone else can claim you as							
Married Filing depend	ent, check here and enter zero on line 43	_						
\$12,200   14. Itemized deductions. It	nclude federal Schedule A. Federal limits	s apply	14	32289	00			
	e or general sales taxes included on fede	ral Schedule A	15	1000	00			
	ne 14. If you don't use federal Schedule		16	31289	00			
Jointly or	ee instructions, page 8, to determine am		17	24400	00			
Qualifying 18. Subtract the <b>larger</b> of	line 16 or 17 from line 12. If less than zer		18	49400	00			
\$24,400°   19. Idano taxable income.	Enter amount from line 18	-	19	49400	00			
20. Tax from tables or rate	20	2889	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.

EFO00089 09-30-2019

ID/	HO State Tax Commission		Form 4	)	2019	(continu	ed)
21.	Tax amount from line 20			21		2889	00
Cre	dits. Limits apply. See instructions, page 9.						
22.	Income tax paid to other states. Include Form 39R and a		00				
	Total credits from Form 39R, Part D, line 4. Include Form		00				
	Total business income tax credits from Form 44, Part I,		00				
	Idaho Child Tax Credit. Computed amount from workshe		1640 00				
	Total Credits. Add lines 22 through 25			26			00
	Subtract line 26 from line 21. If line 26 is more than line	21, enter zero		27		1249	00
	er Taxes. See instructions, page 10.						۱
	Fuels use tax due. Include Form 75			28			00
	Sales/use tax due on untaxed purchases (online, ma			29	-		00
	Total tax from recapture of income tax credits from Form			30			00
	Tax from recapture of qualified investment exemption (C	JIE). Include Form 49ER	········	31			00
32.	Permanent building fund tax. Check the box if you received Idaho public assistance p	sayments for 2019		32		10	١
33	Total Tax. Add lines 27 through 32	-	<del> </del>	33		1259	-
	ations. See instructions, page 10. I want to done			00		1233	100
		Idaho Children's Trust Fund •					
36	Special Olympics Idaho	Idaho Guard & Reserve Family	_				
38	American Red Cross of Idaho Fund 39.	Veterans Support Fund					
40.		Opportunity Scholarship Program					
	Total Tax Plus Donations. Add lines 33 through 41			42		1259	00
	ments and Other Credits.				•		
	Grocery Credit. Computed amount from worksheet on p	page 12 •1	100				
	To donate your grocery credit to the Cooperative Welfare Fu	ind, check the box and enter zero on line	13 • X				
	To receive your grocery credit, enter the computed a			43			00
44.	Maintaining a home for family member age 65 or older or			44			00
45.	Special fuels tax refund Gasoline tax r	refund Include Form	75	45			00
46.	Idaho income tax withheld. Include Form W-2s and any	1099s that show Idaho withholding		46			00
47.	2019 Form 51 payments and amount applied from 2018	3 return		47		1259	00
48.	Pass-through income tax. Paid by entity •	Withheld ■ Include Form ID I	(-1s	48			00
49.	Tax Reimbursement Incentive credit  Claim o			49			00
50.	Total Payments and Other Credits. Add lines 43 throu			50		1259	00
Tax	Due or Refund. See instructions, page 13.						
51.	Tax Due. If line 42 is more than line 50, subtract line 50						00
52.	Penalty • Interest from the due date •_	Enter total		52			00
	Check box if penalty is caused by an unqualified Idaho	-					
53.	<b>Total Due.</b> Add lines 51 and 52. Pay online or make chec			53			00
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 a			54			00
55.				1000			00
56.	Estimated Tax. Amount of line 54 to be applied to your	2020 estimated tax		56			00
57.	Direct Deposit. See instructions, page 13. • Che	ck if final deposit destination is out	side the U	S.	Type of •	Check	rina
	ting No. Account No.				Account:	Savin	
Am	ended Return Only. Complete this section to determ						
58.				58			00
59.				59			00
60.	Tax paid with original return plus additional tax paid			60			00
61.	Amended tax due or refund. Add lines 58 and 59 then s	THOUGH THE ATTROCT IS RECIOUS IN THE TRANSPORT INCLUDES A SECTION OF SECTION	Programme 1 (1)	61	L		00
• [	Within 180 days of receiving this return, the Idaho State Ta Under penalties of perjury, I declare that to the best of my k	knowledge and belief this return is true, co					
	Your signature	Spouse's signature (if a joint return, both must sign)			Date		
Sigr			1-				
Here	Paid preparer's signature	Preparer's FIN SSN PTIN	I Taynav	er's I	phone num	her	



## State Tax Commission | Form 39R | Resident Supplemental Schedule

Na	ames as shown on return Social Se	curity	numl	per	
	Sam N Cook		400	115951	
Α.	Additions. See instructions, page 27.				
	Federal net operating loss deduction included on Form 40, line 7		1		00
	2. Capital loss carryover incurred outside the state before becoming an Idaho resident	. •	2	200	
	Non-Idaho state and local bond interest and dividends	. •	3	3400	_
	Idaho college savings account withdrawal		4	1100	
	Bonus depreciation. Include Form 4562s	. •	5	100	_
	Other additions. Include explanation	•	6	55	00
	7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8	. •	7	4855	00
B.	, <b></b>				
	1. Idaho net operating loss carryover •105		١.	105	
	Idaho net operating loss carryback • Enter total here		1	105	
	State income tax refund, if included in federal income		2	100	
	Interest from U.S. government obligations		3	50	_
	4. Energy efficiency upgrades		4	800	00
	Alternative energy device deduction     Year				
	Acquired Type of Device Total Cost Percentage				
	a. 2019 \$ X 40% = 5a • 500	00			
	b. 2018 \$ X 20% = 5b • 500	00			
	c. 2017 \$ X 20% = 5c • 500	00			
	d. 2016 \$ X 20% = 5d • 500	00			
	e. Add lines 5a through 5d. Can't exceed \$5,000		5e	2000	00
	6. Child/dependent care. Complete worksheet on page 29 and include federal Form 2441	٠	6	2250	00
	7. Social Security and railroad benefits, if included in federal income		7	3000	00
	8. Retirement benefits deduction				
	a. If single, enter \$34,332 or if married filing jointly, enter \$51,498 • 8a 34332	00			
	b. Federal Railroad Retirement benefits received 8b 10000	00			
	c. Social Security benefits received 8c 10000	00			
	d. Line 8a minus lines 8b and 8c. If less than zero, enter zero 8d 14332	00			
	e. Qualified retirement benefits included in federal income	00			
	f. Enter the smaller of line 8d or 8e here		8f	600	00
	9. Technological equipment donation	. •	9	400	00
	10. Idaho capital gains deduction. Include Form CG		10	17959	00
	11. Active duty military pay earned outside of Idaho	. •	11	1000	00
	12. Adoption expenses	. •	12	2000	00
	13. Idaho medical savings account. Contributions600 Interest400				_
	Financial Institution Bank Of United State Account number 123456789		13	1000	00
	14. Idaho college savings program		14	400	
	15. Maintaining a home for the aged or developmentally disabled		15	300	
	16. Idaho lottery winnings, less than \$600 per prize		16	700	
	17. Income earned on a reservation by an American Indian		17	1100	

Form 39R

2019

(continued)

Na		s shown on return am N Cook						Social Se	ecurity		er 1159:	51	
V 1	18.	Health insurance	premiums							18		300	00
		Long-term care i								19		1200	00
	20.	Workers' compe	nsation insuran	ce					·	20		200	00
	21.	Bonus depreciat	ion. Include Foi	rm 4562s					· ·	21		100	00
	22.	Other subtraction	ns. Include exp	lanation					•	22		500	00
	23.	Total subtraction Enter here and c			rough 7 and 8f thr					23		36064	00
C.	Cre	dit for income ta	x paid to othe	r states. See ir	nstructions, page	e 35.					400		_
	This	s credit is being cl	aimed for taxes	paid to:	3525 - 5555					(Sta	ate na	ame)	
	1.	Idaho tax, Form	40, line 20			[	1		00	X <b>=</b> 6/2/44624	INCOMES POSS ASAB		
		Federal adjusted	gross income	earned in other		r [	2		00	inco	clude a copy of the come tax return and separate Form 39R		nd
	3.	Idaho adjusted ir	ncome. See ins	tructions		ver vivos	3		00	for	each s	state for wh	
	4.	Divide line 2 by I	ine 3. Enter pei	centage here			4		%	acı	edit is	s claimed.	
	5.	Multiply line 1 by	line 4. Enter a	mount here						5			00
		Other state's tax								6	Ö		00
	7.	Enter the smalle	r of lines 5 or 6	here and on Fo	orm 40, line 22					7			00
D.		dits for Idaho ed ility contribution					ns nade	36		_	****		•
		Credit for Idaho	100 D		-		VASTO 35TA			1			00
		Credit for Idaho								2			00
		Credit for live org								3			00
		Total credits. Add								4			00
E.		intaining a home				300		***					100
	dev	elopmental disa	bility. See inst	ructions, page	37.	my me							
	1.	Did you maintain you and your spo			ily member age 6 ne-half of that pe						Yes	☐ No	)
	2.	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 that person's support? Yes No											
	3.	List each family	member you're	claiming:									
		Family M First Name	lember's Name Last I	Name	Family Member's Relationship to Pe Social Security Filing Return Number						Check here Development Disabled	tally	
-								ζ.		33337			
											-		
								_			_		
·	2.0		716									<u> </u>	
	4.		on Form 40, line	44. (Credit car	member but not n't be claimed if yo	ou took	\$1,000			4			00
F.	Dep	endents: (Conti							202	(3)			
	Variable	First Name		,	Last Name		Soc	ial Security l	Numbe	er		Birthdate ım/dd/yyyy)	
		Tammy		(	Cook			4001159	66			2/12/2010	
		Andy			Dook			4001159	67		50	/17/2011	
		Brandy		(	**************************************		4001159	68		10	0/31/2012		
		Candy		(	Cook			4001159	69		03	3/14/2014	
(4)	Willy			(	Cook			4001159	00115970			06/24/2015	



## State Tax Commission | Form 39R | Resident Supplemental Schedule

Na	ames as shown on return Social S	ecurity	number	
_	Sam N Cook		400115951	
Α.	Additions. See instructions, page 27.			
	Federal net operating loss deduction included on Form 40, line 7		1	00
	Capital loss carryover incurred outside the state before becoming an Idaho resident	•	2	00
	Non-Idaho state and local bond interest and dividends		3	00
	Idaho college savings account withdrawal		4	00
	5. Bonus depreciation. Include Form 4562s	*	5	00
	Other additions. Include explanation	•	6	00
	7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8	•	7	00
B.	, , , , , , , , , , , , , , , , , , , ,			
	1. Idaho net operating loss carryover		1,1	
	Idaho net operating loss carryback • Enter total here		1	00
	State income tax refund, if included in federal income		2	00
	Interest from U.S. government obligations		3	00
	4. Energy efficiency upgrades	•	4	00
	Alternative energy device deduction     Year			
	Acquired Type of Device Total Cost Percentage			
	a. 2019 \$ X 40% = 5a •	00		
	b. 2018 \$ X 20% = 5b •	00		
	c. 2017 \$ X 20% = 5c •	00		
	d. 2016 \$ X 20% = 5d •	00		
	e. Add lines 5a through 5d. Can't exceed \$5,000		5e	00
	6. Child/dependent care. Complete worksheet on page 29 and include federal Form 2441		6	00
	7. Social Security and railroad benefits, if included in federal income		7	00
	8. Retirement benefits deduction			
	a. If single, enter \$34,332 or if married filing jointly, enter \$51,498 • 8a	00		
	b. Federal Railroad Retirement benefits received 8b	00		
	c. Social Security benefits received 8c	00		
	d. Line 8a minus lines 8b and 8c. If less than zero, enter zero 8d	00		
	e. Qualified retirement benefits included in federal income 8e	00		
	f. Enter the smaller of line 8d or 8e here		8f	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 Interest			
	Financial Institution Account number		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
	• • • • • • • • • • • • • • • • • • • •		<u> </u>	1,000,000

Form 39R 2019

(continued)

Na	imes as shown on return Sam N Cook					Social Security		er 1159	51	
Access to the second se	18. Health insurance premium	s					18			00
	19. Long-term care insurance						19			00
	20. Workers' compensation ins	surance	***************************************				20			00
	21. Bonus depreciation. Includ	le Form 4562s					21			00
	22. Other subtractions. Include	e explanation					22			00
	23. Total subtractions. Add line Enter here and on Form 40						23			00
c.	Credit for income tax paid to	other states. See in	nstructions, page	e 35.				-(1)		
	This credit is being claimed for		1000				(Sta	ate na	me)	
	1. Idaho tax, Form 40, line 20	ĵ			1	00	5 1027		81	
	Federal adjusted gross include Idaho modifications. See included the second secon	ome earned in other	state adjusted fo	r 🗀	2	00	Include a copy of the income tax return and a separate Form 39R			
	3. Idaho adjusted income. Se	ee instructions			3	00	for	each s	state for v	which
	4. Divide line 2 by line 3. Ent				4	%	a cı	redit is	claimed.	5
	5. Multiply line 1 by line 4. Er	SI SE		-			5			00
	6. Other state's tax due minu						6			00
	7. Enter the smaller of lines 5						7			00
D.	Credits for Idaho educationa	l entity and Idaho y	outh and rehabil	itation				<u> </u>		
	facility contributions, and live	103 <del>-2</del> 3	-		VA3-60 25-049					T.,
	Credit for Idaho education						1			00
	<ol><li>Credit for Idaho youth and</li></ol>	5					2	-		00
	<ol><li>Credit for live organ donat</li></ol>	ion expenses					3			00
	4. Total credits. Add lines 1 th	nrough 3. Enter total	here and on Forn	n 40, line	23		4			00
E.	Maintaining a home for a fam developmental disability. See			nily mem	ber with a	3				
	Did you maintain a home f you and your spouse) and	or an immediate fam	nily member age 6	5 or older	r (not inclu port?	ıding		Yes	П r	۷o
	Did you maintain a home (including you and your sp	for an immediate fa ouse) and provide m	mily member with ore than one-half	n a develo of that pe	opmental rson's sup	disability port?		Yes		<b>1</b> 0
	3. List each family member y	ou're claiming:								
	Family Member's Nar		Family Member's		hip to Persor	n Family Me			Check he Developme	
¥2-	First Name	Last Name	Social Security Number	EIIII	g Return	(mm/dd			Disable	10.00
			5.0							
				-						
			<u> </u>	<u> </u>						_
	Total amount claimed (\$10     Enter here and on Form 40     deduction on Part B, line 1	D, line 44. (Credit car	n't be claimed if yo	ou took \$	1,000	**********	4			00
F.	Dependents: (Continued from	n Form 40, page 1,	line 6)							•
	First Name	2 <del>-</del> 2	Last Name		Social	Security Numbe	er		Birthdate m/dd/yyyy)	
300	Billy	C	Cook		40	0115971		02	2/04/201	7
-	12 Table 1 Tab						$\top$			
-							$\top$			
-							+			
, a							+			-

### Form 40 State Tax Commission Individual Income Tax Return

Amended	d Return? Check the box.	■ State Us	e Only				
	7 of instructions for the reasons to						
amend and	d enter the number that applies.	<u> </u>					
	ar year 2019 or fiscal year beginnir	ng, ending _					
Your f Den	first name and initial nis A	Your last name Cox		Your Social Security number (S 400-11-5952		Decea in 201	
Print or Type Spons Curre	se's first name and initial a	Spouse's last name Cox		Spouse's Social Security numb	. ,	Decea in 201	
	nt mailing address 4 Blue Heron			Forms and instruc	tions ava	ilable at	
Oity Midd	dleton	State ID	ZIP Code 83644	tax.ida	ho.gov		
Filing St	atus. Check only one box. If ma	arried filing jointly or s	eparately, enter	spouse's name and Social	Security n	umber abo	ve.
1.	Single 2. Married filing jointly	g 3. Married filin separately	ng 4. He	ead of 5. Qualifousehold 5.	ying widow ualifying de	(er) ependents	
Househo	ld. See instructions, page 7. If so	meone can claim you as a	dependent, leave	line 6a blank. Enter "1" on lines	6a and 6b	, if they apply	<u>.</u>
6a. Yo	urself 1 6b. Spouse	e <u>1                                    </u>	ndents	6d. Total Household2			
List vour	dependents below. If you have	more than four depende	ents, continue on	Form 39R. Enter total numb	er on line	6c.	
	Dependent's first name	Dependent's las		Dependent's SSN	Depend	lent's birthdate n/dd/yyyy)	9
							╛
							_
Income.	See instructions, page 7.						
	r your federal adjusted gross in			12			
	ide a complete copy of your fed				8	50000 100	00
	tions from Form 39R, Part A, lin l. Add lines 7 and 8				9	50100	00
	ractions from Form 39R, Part B				10	100	00
	lified business income deduction				11	0	00
	I Adjusted Income. Subtract lir				12	50000	00
Tax Con	nputation. See instructions, p	page 8.					
Standard			_	_			
Deduction for Most	n a. If age 6	5 or older	• You	ırself • 🗙 Spouse			
People							
Single or Married Fili		parent or someone else					
Separately \$12,200	/: L depend	ent, check here and en	ter zero on line 4.	· • 🔲			
Head of	14. Itemized deductions. It	nclude federal Schedule	A. Federal limits	apply	14		00
Household	g:   15. State and local income	e or general sales taxes	included on fede	ral Schedule A	15		00
\$18,350	16. Subtract line 15 from it				16		00
Married Fili Jointly or	Tr. Starragia acadeticii. C	3 (75)			17	27000	00
Qualifying Widow(er)	(·			21	18	23000	00
\$24,400	19. Idano taxable income.				19 20	23000 1062	00
	20. Tax from tables or rate	scriedule. See instructi	ons, page 5∠	······································	20	1002	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.

ID/	<b>√</b> H <b>○</b> State Tax Commission	Form 4	0	<b>2019</b> (contin	ued)
	Tax amount from line 20	975-03-440-0	21	1062	loo
	dits. Limits apply. See instructions, page 9.			1002	. 100
	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22	100 00			
	Total credits from Form 39R, Part D, line 4. Include Form 39R	240 00	4		
	Total business income tax credits from Form 44, Part I, line 9. Include Form 44	210 00			
	Idaho Child Tax Credit. Computed amount from worksheet on page 10 25	00	1		
	Total Credits. Add lines 22 through 25		26	550	00
	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero		27		00
	er Taxes. See instructions, page 10.			0.12	
	Fuels use tax due. Include Form 75		28	49	00
	Sales/use tax due on untaxed purchases (online, mail order and other)		29		00
30.			30		00
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER		31	- 33	00
	Permanent building fund tax.		<u> </u>		+00
02.	Check the box if you received Idaho public assistance payments for 2019	. 🗆	32	Blind 40	- 00
33.	Total Tax. Add lines 27 through 32		33		00
	nations. See instructions, page 10. I want to donate to:				
	Idaho Nongame Wildlife Fund 35. Idaho Children's Trust Fund				
	Special Olympics Idaho				
	American Red Cross of Idaho Fund   39. Veterans Support Fund				
	Idaho Foodbank Fund	_			
	Total Tax Plus Donations. Add lines 33 through 41		42	778	00
	ments and Other Credits.	1211211122			
-	Grocery Credit. Computed amount from worksheet on page 12	220			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43	- 🗆			
	To receive your grocery credit, enter the computed amount on line 43		43	220	00
44.			44		00
45.	and the state of t		45	229	00
46.			46	3000	
47.			47	200	00
48.			48		00
49.	Tax Reimbursement Incentive credit • 100 Claim of Right credit • 100 See instruction		49	200	00
	Total Payments and Other Credits. Add lines 43 through 49		50	4049	_
	Due or Refund. See instructions, page 13.	TT			
	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42	. ■ 51			00
	Penalty Interest from the due date Enter total		52		00
	Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal				
<b>53</b> .			53		00
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50		54	3271	00
55.	Medianed Milanda Milan			2387	00
56.	Estimated Tax. Amount of line 54 to be applied to your 2020 estimated tax		56	884	00
57	Direct Deposit. See instructions, page 13. • Check if final deposit destination is outside.	de the U	S	_	_
		4 9 8	T 1	Type of Check Account: Savi	_
Ame	ended Return Only. Complete this section to determine your tax due or refund. See instruc	tions			
58.	Total due (line 53) or overpaid (line 54) on this return		58		00
59.			59		00
60.	Tax paid with original return plus additional tax paid		60		00
	Amended tax due or refund. Add lines 58 and 59 then subtract line 60		61		00
J 1.	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the state Tax Commission may discuss this return with the state Tax Commission may discuss this return with the state Tax Commission may discuss this return with the state Tax Commission may discuss this return with the state Tax Commission may discuss this return with the state Tax Commission may discuss this return with the state Tax Commission may discuss this return with the state Tax Commission may discuss this return.			rer identified belov	_
<u>.</u>	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, corre				
	Your signature Spouse's signature (if a joint return, both must sign)			Date	



## State Tax Commission | Form 39R | Resident Supplemental Schedule

Na	mes as shown on return Social S	Security	number		
_	Cox		40011595	2	
Α.	Additions. See instructions, page 27.			400	
	Federal net operating loss deduction included on Form 40, line 7		1	100	
	2. Capital loss carryover incurred outside the state before becoming an Idaho resident		2		00
	Non-Idaho state and local bond interest and dividends		3		00
	Idaho college savings account withdrawal		4		00
	5. Bonus depreciation. Include Form 4562s		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		00
B.	Subtractions. See instructions, page 28.				
	1. Idaho net operating loss carryover • 100			100	
	Idaho net operating loss carryback  Enter total here		1	100	
	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
	Alternative energy device deduction     Year				
	Acquired Type of Device Total Cost Percentage				
	a. 2019 \$ X 40% = 5a •	00			
	b. 2018 \$ X 20% = 5b •	00			
	c. 2017 \$ X 20% = 5c •	00			
	d. 2016 \$ X 20% = 5d •	00			
	e. Add lines 5a through 5d. Can't exceed \$5,000		5e		00
	6. Child/dependent care. Complete worksheet on page 29 and include federal Form 2441	•	6		00
	7. Social Security and railroad benefits, if included in federal income		7		00
	8. Retirement benefits deduction				
	a. If single, enter \$34,332 or if married filing jointly, enter \$51,498 • 8a	00			
	b. Federal Railroad Retirement benefits received 8b	00			
	c. Social Security benefits received 8c	00			
	d. Line 8a minus lines 8b and 8c. If less than zero, enter zero 8d	00			
	e. Qualified retirement benefits included in federal income 8e	00			
	f. Enter the smaller of line 8d or 8e here		8f		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 Interest				Г
	Financial Institution Account number		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
	·				_

Form	2019	
		(continued

Na	mes as shown on return Cox						Social Sec			er 1159	52			
	18. Health insurance	premiums							18			00		
	19. Long-term care i							3	19			00		
	20. Workers' compe							3	20			00		
	21. Bonus depreciat	ion. Include Fo	rm 4562s						21			00		
	22. Other subtraction	ns. Include exp	lanation						22			00		
	23. Total subtraction Enter here and c	s. Add lines 1 to on Form 40, line	hrough 4, 5e th	rough 7 and 8f thr	ough 22			. 98	23		100	00		
C.	Credit for income ta	x paid to othe	r states. See ir	nstructions, page	e 35.									
	This credit is being cl			OR					(Sta	ate na	ame)			
	1. Idaho tax, Form	40. line 20			[	1	1062	00	*******					
	2. Federal adjusted	gross income	earned in other		r	2	5000	00	inco	me t	copy of the ex return ar t <b>e Form 3</b> 9	nd		
	3. Idaho adjusted ir	ncome. See ins	tructions			3	50000	00	for e	each	state for wh			
	4. Divide line 2 by I	ine 3. Enter pe	rcentage here .			4	1	%	a cr	edit i	s claimed.			
	85	**						¥6 .	5		106	00		
	6. Other state's tax	due minus its i	ncome tax crec	lits				×	6					
	7. Enter the smalle	r of lines 5 or 6	here and on Fo	orm 40, line 22					7		100	00		
D.	Credits for Idaho ed facility contribution					ıs nade	36							
	1. Credit for Idaho	*mx // <del></del>		-		000m			1		70	00		
	2. Credit for Idaho								2		a volto s	00		
	Credit for live org	500	=						3			00		
	Total credits. Add							-	4	4)	240	-		
E.	Maintaining a home	for a family m	ember age 65	or older or a fam	10,404							1		
	developmental disa  1. Did you maintain	7 <del></del>	18 JE (75)		5 or old	er (not in	cludina							
	you and your spo	ouse) and provi	ide more than o	ne-half of that per	rson's sı	ıpport? .		- 1		Yes	☐ No	ľ.		
		nd your spouse)	and provide m	mily member with ore than one-half	n a deve of that p	lopment erson's s	al disability support?	. ]		Yes	☐ No	i		
	3. List each family	and the state of t	claiming:	T = ==================================	1222			SU 12 2	8 1			223		
	Family M First Name	lember's Name Last I	Name	Family Member's Social Security		ship to Per ng Return	E	3irthd		's	Check here Development			
				Number			(m)	m/dd/	уууу)	-	Disabled			
r											<u> </u>			
											1_1			
								29				w.		
	Total amount cla     Enter here and c     deduction on Pa	n Form 40, line	44. (Credit car	member but not in a contract of the claimed if you	ou took s	\$1,000			4			00		
F.	Dependents: (Conti													
First Name				Last Name		Soci	ial Security No	umbe	r	(m	Birthdate ım/dd/yyyy)			
									ĺ			3.		
1						$\dashv$			$\top$					
7.						$\dashv$			$\dashv$					
						+						-		
v.						+								
						- 1								



# Form 44 Business Income Tax Credits and Credit Recapture

2019

Names as shown on return

Dennis A & Edna Cox

Social Security number or EIN

400-11-5952

### 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

Tax from recapture of:		
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



	Nome		-	
	Name Dennis Cox			Social Security Number
PLE/			7	- 400-11-5952
PRII	NT			400 11 0002
OF	- 1 0074 DL 11		2	Federal Employer Identification Number
TYF	9374 Blue Heron	State Z	IP Code	•
	Middleton	ID 2	83644	
Section	on I. FILING PERIOD. Beginning	and ending	g •	State use only
	MM	, YY	MM YY	
	ve already claimed a refund of this tax fror		on on another	
	75 for this period, don't complete this form	NAT .		
	on II. BUSINESS ACTIVITIES. Check ea			
	↑ <u></u> }	☐ Landscaping & tro ☐ Well drilling		11 ☐ Golf course 12 ☐ Outfitter
3.	_	☐ Vveil drilling ☐ Equipment rental.		13 Mining
		Concrete/asphalt		14. • Other (describe)
5.	- Manufacturing 10 □		<b>3</b>	
Section	on III. NONTAXABLE USE. Check each	box below that desc	ribes the nontaxa	ble use to claim a refund of fuels taxes.
	IDAHO TAX-PAID special fuels us			HO TAX-PAID gasoline* used in:
4	■ Stationary engines		25-62	nary engines
1. 2.	- Unregistered equipment (list)			istered equipment (list)
200	- Megistered equipment (list)			astered equipment (list)
3.	■ Refrigeration unit with separate tank		eration unit with separate tank	
<ol> <li>Intrastate motor vehicles off-highway miles 13. (include Form 75-NM)</li> </ol>			13. •☐ IFTA a	uxiliary engine allowance le Form 75-PTO)
5.			ate motor vehicle auxiliary engine allowance	
٥.	■ IFTA power take-off (PTO) and auxilianal allowances (include Form 75-PTO)	le Form 75-PTO)		
6.	<ul> <li>Intrastate motor vehicle PTO and au allowances (include Form 75-PTO)</li> </ul>	xiliary engine		ft (see instructions) nercial motorboat
7.	- ☐ Federal, state, and local government	and the second s		(describe) ATV
8.	■ Aircraft (see instructions)		*Gasoline used i	a registered motor vehicle (government or
9.	Other (describe)		privately owned	doesn't qualify for a refund of the gasoline tax.
Section	on IV. TOTAL REFUND OR TAX DUE. C	omplete the sections	s on page 2 that a	apply to you
1.	Gasoline tax refund from page 2, Section	V, line 5		\$ 47 00
	Special fuels tax refund from page 2, Sect			
	Gasoline use tax due from page 2, Section			
	Special fuels use tax due from page 2, Se			A POST POST POST POST POST POST POST POST
	Total of sales use tax due from page 2, Se			The state of the s
7.0	I paid the sales use tax with my sales			102 90
	Refund. If the total of lines 1 and 2 is greenter the difference	ater than the total of	lines 3, 4, and 5,	-1 201.00 1
7.	Tax Due. If the total of lines 1 and 2 is les	s than the total of lir	ies 3, 4, and 5,	- 00
	enter the difference			correct. I know that submitting false information
can re	esult in criminal and civil penalties.	ints i made on this it	orm are true and t	correct. I know that submitting laise information
	Within 180 days of receiving this return, the	e Idaho State Tax Co	ommission may c	ontact my paid preparer to discuss it.
	Authorized Signature		Date	Call (208) 334-7660 in the Boise area or
SIGN	and a control of the		Daytime Phone	toll-free at (800) 972-7660.
1 I Indix in	REPEDER	MAIL TO:		
Paid Pr	eparer's Signature	Preparer's EIN	, SSN, or PTIN	Idaho State Tax Commission PO Box 76
Address			T Dhono	Boise ID 83707-0076
Addres	5		Phone	well-and restricted and response to the second and

Sec	ction V. FUELS TAX REFUND	A Gasoline	B Av Gas	C Jet Fuel	D Undyed Diesel**	E Propane	F CNG	G LNG	H Totals		
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	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, co	olumns D, E	, F, and G.	Enter here	and on pa	ge 1, Sectio	on IV, line 2		182		

Section VI. FUELS USE TAX DUE		A Gasoline	B Av Gas	C Jet Fuel	D Diesel**	E Propane	F CNG	G LNG	H Totals
1.	Total 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, colu	mns D, E, F	, and G. E	nter here a	nd on page	1, Section	IV, line 4		33

Se	ction VII. SALES USE TAX DUE	A Gasoline	B Av Gas	C Jet Fuel	D Undyed Diesel**	E Propane	F CNG	G LNG	H Totals
1.	Number of gallons from Section V, line 2	100	100	125	150		200	200	
2.	Average price per gallon (carry 4 decimal places x.xxxx)	3.75	3.25	4.25	3		3.25	3.25	
3.	State fuels tax per gallon	.32	.07	.06	.32		.32	.349	
4.	Federal fuels tax per gallon	.184	.194	.219	.244		.183	.42	
5.	The base cost per gallon (subtract 3 & 4 from line 2)	3.246	2.986	3.971	2.436		2.747	2.481	
6.	Total amount subject to sales use tax (multiply line 1 by line 5)	325	299	496	365		549	496	
7.	Sales use due (multiply line 6 by 6%)	19	18	30	22		33	30	
8.	Sales use tax due. Add line 7. column	s A through	G. Enter h	nere and on	page 1. Se	ection IV. lin	e 5		152

\*\* Includes biodiesel and biodiesel blends

EFO00286 10-29-2018 Page 2 of 2

## State Tax Commission | Form 40 2019 | Individual Income Tax Return

For calendar year 2019 or fiscal year beginning, ending  Your Social Security number (SSN)	Amended Return? Check the box.	■ State Use Only					
For calendar year 2019 or fiscal year beginning	See page 7 of instructions for the reasons to						
To the state of th	amend and enter the number that applies.	•————					
Ted N Spouse's first name and initial Spouse's last name Spouse's Social Security number (SSN) Deceased (Tries that name and initial Spouse's Information and initial Spouse's Social Security number (SSN) Deceased (Tries 13 Winners Circle Dr Forms and instructions available at tax.idaho.gov  Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately, enter spouse's name and Social Security number above. If Married filing jointly or separately and filing jointly or separately. The spouse is a spouse of the spouse o	For calendar year 2019 or fiscal year begins	ning, ending					
Spouse's Social Security number (SSN)	Your first name and initial Ted N	and the second s					
Signate   California   Califo	Spouse's first name and initial	Spouse's last name	Spouse's Social Security numb	er (SSN)			
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 3. Married filing 4. Head of Household 5. Qualifying widow(er) with qualifying dependents with qualifying dependents with qualifying dependents.  Household. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.  6a. Yourself 6b. Spouse 6c. Dependents 6d. Total Household 5. Dependent seed blank. Enter "1" on lines 6a and 6b, if they apply.  6a. Yourself 6b. Spouse 6c. Dependents 6d. Total Household 6d. Tot	Current mailing address 13 Winners Circle Dr		Forms and instruc	ctions available at			
Household. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.  6a. Yourself 6b. Spouse 6c. Dependents 6d. Total Household	City Horseshoe Bend	200-00-00-00-00 ASSESSED THE SE AND OF	tax.idal	no.gov			
Household. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.  6a. Yourself 6b. Spouse 6c. Dependents 6d. Total Household	Filing Status. Check only one box. If	narried filing jointly or separately, enter	spouse's name and Social S	Security nu	mber abo	ve.	
Computation   Separately   Se		ng 3. Married filing 4. He		ying widow(e ualifying dep	er) endents		
Dependent's first name   Dependent's last name   Dependent's SSN   Dependent's birthdate (mm'ddyyyy)	Household. See instructions, page 7. If	someone can claim you as a dependent, leave	line 6a blank. Enter "1" on lines	6a and 6b, i	f they apply	<b>.</b>	
Dependent's first name  Dependent's last name  Dependent's SSN  Dependent's birthdate (mm/dd/yyyy)  Dependent's SSN  Dependent's birthdate (mm/dd/yyyy)  Dependent's SSN  Dependent's SSN  Dependent's birthdate (mm/dd/yyyy)  Dependent's SSN  Dependent's SIN data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  Dependent's SIN data (mm/dd/yyyy)  To the data (mm/dd/yyyyy)  To the data (mm/dd/yyyyy)  To the data (mm/dd/yyyyy)  To the data (mm/dd/yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	6a. Yourself 6b. Spou	se 6c. Dependents	6d. Total Household	_			
Dependent's first name  Dependent's last name  Dependent's SSN  Dependent's birthdate (mm/dd/yyyy)  Dependent's SSN  Dependent's birthdate (mm/dd/yyyy)  Dependent's SSN  Dependent's SSN  Dependent's birthdate (mm/dd/yyyy)  Dependent's SSN  Dependent's SIN data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  To the data (mm/dd/yyyy)  Dependent's SIN data (mm/dd/yyyy)  To the data (mm/dd/yyyyy)  To the data (mm/dd/yyyyy)  To the data (mm/dd/yyyyy)  To the data (mm/dd/yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	List your dependents below. If you hav	e more than four dependents, continue on	Form 39R. Enter total numb	er on line 6	C.		
Income. See instructions, page 7.				Depende	nt's birthdate	Э	
Tenter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b.  Include a complete copy of your federal return							
Tenter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b.  Include a complete copy of your federal return							
Tenter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b.  Include a complete copy of your federal return							
Tenter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b.  Include a complete copy of your federal return							
Include a complete copy of your federal return	Income. See instructions, page 7.						
8	7. Enter your federal adjusted gross	ncome from federal Form 1040 or 1040-S	R, line 8b.		000 000 000 000 000		
9 30000 00 10. Subtractions from Form 39R, Part B, line 23. Include Form 39R.				_	30000		
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R.  11. Qualified business income deduction  12. Total Adjusted Income. Subtract lines 10 and 11 from line 9  12. Total Adjusted Income. Subtract lines 10 and 11 from line 9  13. Check					20000		
11. Qualified business income deduction					30000		
Tax Computation. See instructions, page 8.  Standard Deduction for Most People Single or Married Filing Separately: \$12,200  Head of Household: \$18,350  Married Filing Jointly or Qualifying Uidow(er): \$24,400  19. Idaho taxable income. Subtract lines 10 and 11 from line 9  • 12  30000  00  Tax Computation. See instructions, page 8.  It age 65 or older   Yourself   Spouse   S						000000	
Standard Deduction for Most People Single or Married Filing Separately: \$12,200 Head of Household: \$18,350  Married Filing Jointly or Qualifying Widow(er): \$24,400  Marked Filing Separate Standard deduction. See instructions, page 8, to determine amount if not standard with the larger of line 16 or 17 from line 12. If less than zero, enter zero in 19 17800 00	V. S. D. Sect. Description of the interest transfer on the wide of Vol. 2010. On the Co. 2010.				30000		
Standard Deduction for Most People Single or Married Filing Separately: \$12,200 Head of Household: \$18,350  Married Filing Jointly or Qualifying Widow(er): \$24,400  Marked Filing Separate Standard deduction. See instructions, page 8, to determine amount if not standard with the larger of line 16 or 17 from line 12. If less than zero, enter zero in 19 17800 00	Tax Computation. See instructions	, page 8.					
People Single or Married Filing Jointly or Qualifying Widow(er): \$24,400  13. Check — b. If blind		_	_				
Single or Married Filing Separately: \$12,200  Head of Household: \$18,350  Married Filing Jointly or Qualifying Widow(er): \$24,400  Married Filing Separately: \$12,200  14. Itemized deductions. Include federal Schedule A. Federal limits apply	Deduction a. If age	65 or older You	urself • Spouse				
Married Filing Separately: \$12,200 Head of Household: \$18,350  Married Filing Jointly or Qualifying Widow(er): \$24,400  Married Filing Separately: \$12,200  14. Itemized deductions. Include federal Schedule A. Federal limits apply 14. Itemized deductions. Include federal Schedule A. Federal limits apply 15. State and local income or general sales taxes included on federal Schedule A. 15. 00  16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero 16. 00  17. Standard deduction. See instructions, page 8, to determine amount if not standard 17. 12200 00  18. Subtract the larger of line 16 or 17 from line 12. If less than zero, enter zero 18. 17800 00  19. Idaho taxable income. Enter amount from line 18. 17800 00							
Separately. \$12,200 Head of Household: \$18,350  Married Filing Jointly or Qualifying Widow(er): \$24,400  14. Itemized deductions. Include federal Schedule A. Federal limits apply	Married Filing depart						
Head of Household: \$18,350  15. State and local income or general sales taxes included on federal Schedule A	\$12,200						
\$18,350  Married Filing Jointly or Qualifying Widow(er): \$24,400  16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero	I Head of I			_			
Married Filing Jointly or Qualifying Widow(er): \$24,400	\$19.250 I	15. State and local income or general sales taxes included on federal Schedule A					
Jointly or Qualifying Widow(er): \$24,400 19. Idaho taxable income. Enter amount from line 18	16. Subtract line 15 from	16. Subtract line 15 from line 14. If you don't use lederal Schedule A, enter zero					
Widow(er): \$24,400 19. Idaho taxable income. Enter amount from line 18	Jointly or						
Ψ2-1 <sub>1</sub> -100	Widow(er): 10 Idoha tayahla ingam		41				
	Ψ2-1,-100				967	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.

JD/	State Tax Commission	Form 4	0	<b>2019</b> (con	tinue	d)
21.	Tax amount from line 20		21	9	67 (	00
	dits. Limits apply. See instructions, page 9.					
22.	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22	00	ı			
	Total credits from Form 39R, Part D, line 4. Include Form 39R	00	ı.			
	Total business income tax credits from Form 44, Part I, line 9. Include Form 44 24	00	1			
	Idaho Child Tax Credit. Computed amount from worksheet on page 10 25	00				
	<b>Total Credits.</b> Add lines 22 through 25		26		_	00
	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	Ai	27	9	67 (	00
	er Taxes. See instructions, page 10.					
	Fuels use tax due. Include Form 75		28		-	00
	Sales/use tax due on untaxed purchases (online, mail order and other)		29		-	00
	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 4		30		_	00
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER		31			00
32.	Permanent building fund tax.  Check the box if you received Idaho public assistance payments for 2019		32		10	nn
33	Total Tax. Add lines 27 through 32		33	-		00
	nations. See instructions, page 10. I want to donate to:	······································	33		77	50
	Idaho Nongame Wildlife Fund 5 35. Idaho Children's Trust Fund	<b>.</b> 5				
	Special Olympics Idaho					
	American Red Cross of Idaho Fund   5  39. Veterans Support Fund					
	Idaho Foodbank Fund					
	Total Tax Plus Donations. Add lines 33 through 41		42	10	17 (	00
	ments and Other Credits.		_			Ì
-	Grocery Credit. Computed amount from worksheet on page 12					
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on I					
	To receive your grocery credit, enter the computed amount on line 43	***********	43		7	00
44.	Maintaining a home for family member age 65 or older or developmentally disabled. Include F	Form 39R	44			00
45.	Special fuels tax refund Gasoline tax refund Include F	orm 75	45	er.		00
46.	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholdin	g	46			00
47.	2019 Form 51 payments and amount applied from 2018 return		47			00
48.	Pass-through income tax. Paid by entity • Withheld • Include Form	ID K-1s	48			00
49.	Tax Reimbursement Incentive credit  Claim of Right credit  See in	structions	49			00
50.	Total Payments and Other Credits. Add lines 43 through 49		50			00
Tax	Due or Refund. See instructions, page 13.					
51.	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42	<b>•</b> 51		21	17 (	
52.	Penalty •10 Interest from the due date •5 Enter total	110.000	52		15 (	00
	Check box if penalty is caused by an unqualified Idaho medical savings account withdraw					
5 <b>3</b> .	<b>Total Due.</b> Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Co		53	10	32 (	
54.			54		-	00
55.		440		1:	-	00
56.	Estimated Tax. Amount of line 54 to be applied to your 2020 estimated tax	********	56	Ļ		00
57.	Direct Deposit. See instructions, page 13. • Check if final deposit destination is	outside the U	S.	Type of • 🔲 C	Checkii	na
	ting No. Account No.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sa∨ings	_
	ended Return Only. Complete this section to determine your tax due or refund. See in		_			
58.			58		_	00
59.			59		-	00
60.	Tax paid with original return plus additional tax paid		60		_	00
61.	Amended tax due or refund. Add lines 58 and 59 then subtract line 60		61		_	00
• [	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true Your signature Spouse's signature (if a joint return, both must	e, correct and co				
		Sign)		Date		
Sigr	Paid preparer's signature Preparer's FIN SSN PTIN	Tayna	or's	phone number		

State ZIP Code Preparer's address Preparer's phone number

### Form 40 State Tax Commission Individual Income Tax Return

Amended Return? Check the box See page 7 of instructions for the reason amend and enter the number that appl	ons to ies.					
For calendar year 2019 or fiscal year by Your first name and initial Ted M	your last name Norris	_	Your Social Security number (		Dece in 20	ased
Ted M  Spouse's first name and initial  Current mailing address	Spouse's last name		Spouse's Social Security num	ber (SS	Dece in 20	ased 19
Current mailing address 13 Winners Circle Dr  City Horseshoe Bend  Current mailing address State ZIP Code tax.idal						
Filing Status. Check only one box	x. If married filing jointly or separate	=	12/		-	ve.
1. Single 2. Marri	ed filing 3. Married filing separately	4. He Ho	ad of 5. Quali with o	fying v qualifyi	vidow(er) ing dependents	
Household. See instructions, page	7. If someone can claim you as a depend	lent, leave li	ine 6a blank. Enter "1" on line	s 6a aı	nd 6b, if they apply	 у.
6a. Yourself16b. S	Spouse 6c. Dependents	2	6d. Total Household3			
List your dependents below. If you	have more than four dependents, co	ntinue on l	Form 39R. Enter total num	ber or	n line 6c.	
Dependent's first name	Dependent's last name		Dependent's SSN	D	ependent's birthdat (mm/dd/yyyy)	е
John	Norris		400-11-5970 06/01/20			
Sam	Norris		400-11-5971		10/19/2001	
						_
Income. See instructions, page		4040 05	O. 15 Ob			
	ross income from federal Form 1040 our federal return			7	26125	00
	t A, line 7. Include Form 39R			8		00
				9	26125	00
	Part B, line 23. Include Form 39R			10		00
	duction		n. any array or an experience and a second of the	11	5225 20900	00
	tract lines 10 and 11 from line 9		•••••••••••••••••••••••••••••••••••••••	12	20900	100
Tax Computation. See instruct	ions, page 6.					
Standard Deduction a. If	age 65 or older	• You	rself • Spouse			
	f blind	• You	rself • Spouse			
A CONTRACTOR	your parent or someone else can cla					
Separately: 412,200	ependent, check here and enter zero	on line 43	3 • <u> </u>			
	ions. Include federal Schedule A. Fed	deral limits	apply	14		00
Household: 15. State and local i	ncome or general sales taxes include			15		00
16. Subtract line 15	from line 14. If you don't use federal			16	10050	00
Jointly or	tion. See instructions, page 8, to dete			17	18350 2550	00
Widow(er): 10 Idaha tayahla in	<b>ger</b> of line 16 or 17 from line 12. If les come. Enter amount from line 18			18 19	2550	00
ΨΖ-1,-100	or rate schedule. See instructions, pa			20	29	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.

ID/A	HO State Tax Commission		Form 40	0	<b>2019</b> (continu	ıed)
21.	Tax amount from line 20			21	29	00
	lits. Limits apply. See instructions, page 9.					
22.	Income tax paid to other states. Include Form 39R and a	copy of other states' returns • 2	22 00			
23.	Total credits from Form 39R, Part D, line 4. Include Form	n 39R2	23 00			
24.	Total business income tax credits from Form 44, Part I,	line 9. Include Form 44 2				
25.	Idaho Child Tax Credit. Computed amount from workshe	eet on page 10 • 2	25 00			
	Total Credits. Add lines 22 through 25			26		00
27.	Subtract line 26 from line 21. If line 26 is more than line	21, enter zero	St	27	29	00
	er Taxes. See instructions, page 10.					
	Fuels use tax due. Include Form 75			28		00
	Sales/use tax due on untaxed purchases (online, ma	<u>-</u>		29		00
	Total tax from recapture of income tax credits from Forn			30	'A	00
	Tax from recapture of qualified investment exemption (C	QIE). Include Form 49ER		31		00
32.	Permanent building fund tax.					
	Check the box if you received Idaho public assistance p			32		00
	Total Tax. Add lines 27 through 32		• • • • • • • • • • • • • • • • • • • •	33	29	00
	ations. See instructions, page 10. I want to dona					
	Idaho Nongame Wildlife Fund 35.					
		Idaho Guard & Reserve Family				
38.	American Red Cross of Idaho Fund 39. Idaho Foodbank Fund 41.	Veterans Support Fund	-			
						_
	Total Tax Plus Donations. Add lines 33 through 41			42		00
-	nents and Other Credits.		_ 300			
43.	Grocery Credit. Computed amount from worksheet on p					
	To donate your grocery credit to the Cooperative Welfare Fu					1
	To receive your grocery credit, enter the computed an			43	300	+
	Maintaining a home for family member age 65 or older or			44		00
	Special fuels tax refund Gasoline tax r			45	400	00
	Idaho income tax withheld. Include Form W-2s and any			46	100	-
	2019 Form 51 payments and amount applied from 2018			47		00
48.	Pass-through income tax. Paid by entity	VVithheld Include Fo	orm ID K-1s	48		00
			e instructions	49	400	00
	Total Payments and Other Credits. Add lines 43 throu	ıgh 49	i i	50	400	00
	Due or Refund. See instructions, page 13.					00
	Tax Due. If line 42 is more than line 50, subtract line 50			L 50	ř	00
52.	Penalty Interest from the due date Interest from the due date	Enter total	70 V.	52		00
50	Check box if penalty is caused by an unqualified Idaho	<del>-</del>				
	<b>Total Due.</b> Add lines 51 and 52. Pay online or make chec			53	074	00
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 a		A CONTRACT OF THE PROPERTY OF THE PARTY OF T	54	371	00
55.	<b>Refund.</b> Amount of line 54 to be refunded to you			l 50	371	00
	Estimated Tax. Amount of line 54 to be applied to your			56		00
<b>57</b> .	Direct Deposit. See instructions, page 13. • Che	ck if final deposit destination	is outside the U.	S.	Type of • Chec	kina
	ing No. 3 2 4 6 0 6 1 2 3 • Account No. 9 8				Account: Savir	_
	nded Return Only. Complete this section to determ					
58.	Total due (line 53) or overpaid (line 54) on this return			58		00
59.	Refund from original return plus additional refunds			59	50	00
60.	Tax paid with original return plus additional tax paid		60		00	
61.	Amended tax due or refund. Add lines 58 and 59 then s			61	-321	00
•[	Within 180 days of receiving this return, the Idaho State Tay Under penalties of perjury, I declare that to the best of my k	mowledge and belief this return is	true, correct and co		ete. See instruction	
	Your signature	Spouse's signature (if a joint return, both r	nust sign)		Date	
Sign	Paid propaga's signature	Proparor's EIN SSN DTIN	Ī <del>.</del>		phono numbor	

Taxpayer's phone number ZIP Code Preparer's address State Preparer's phone number 

## State Tax Commission | Form 40 2019 | Individual Income Tax Return

Amended Return? Check the box.   State Use Only										
See page 7 c										
amend and e	enter the number that applies.	• —								
For calendar										
Your firs	it name and initial nt	Your last name Smith			Your Social Security number (SSN) 400-11-5957		ased 19			
Spouse'	s first name and initial	Spouse's last name				Dece				
	mailing address									
9100					uctions available at					
Gity Middle				aho.gov						
Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.										
1. 🗶	fying wido <sub>l</sub> ualifying (	w(er) dependents								
Household	. See instructions, page 7. If so	meone can claim you as a depend	lent, leave l	ine 6a blank. Enter "1" on lines	s 6a and 6	b, if they apply	1.			
6a. Your	self16b. Spouse	e 6c. Dependents		6d. Total Household1						
List your de	ependents below. If you have	more than four dependents, co	ntinue on	Form 39R. Enter total numl	ber on lin	e 6c.				
Dependent's first name Dependent's last name Dependent's SSN					Dependent's birthdate (mm/dd/yyyy)					
						,,,,,,	$\Box$			
							$\neg$			
Income. Se	ee instructions, page 7.									
7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b.						NDE				
Include a complete copy of your federal return						NRF	00			
	, , , ,				9		00			
9. Total. Add lines 7 and 8					10		00			
11. Qualified business income deduction					11		00			
12. <b>Total</b> A	Adjusted Income. Subtract lin	es 10 and 11 from line 9			12		00			
Tax Comp	outation. See instructions, p	page 8.								
Standard Deduction	a. If age 65 or older									
for Most People	13. Check b. If blind.									
Single or	c. If your p									
Married Filing Separately:	dependent, check here and enter zero on line 43									
\$12,200	14. Itemized deductions. Include federal Schedule A. Federal limits apply						00			
Head of Household:	15. State and local income or general sales taxes included on federal Schedule A				15		00			
\$18,350	16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero						00			
Married Filing Jointly or	77. Otalitara deduction. Geo instructione, page 6, to determine amount in not standard					12200	00			
Qualifying Widow(er):	18. Subtract the <b>larger</b> of line 16 or 17 from line 12. If less than zero, enter zero						00			
\$24,400		schedule. See instructions, pa			19 20		00			
	20. Tax ITOTT tables of Tate	- Constitutions, pa	ige 02		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.

EFO00089 09-30-2019

21.	Tax amount from line 20	21		00					
Cred	dits. Limits apply. See instructions, page 9.								
	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22 000	)							
23.	Total credits from Form 39R, Part D, line 4. Include Form 39R	<u> </u>							
	Total business income tax credits from Form 44, Part I, line 9. Include Form 44 24 00	<b>⊣</b>							
	Idaho Child Tax Credit. Computed amount from worksheet on page 10 25 00								
	Total Credits. Add lines 22 through 25	26		00					
	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27		00					
	er Taxes. See instructions, page 10.								
	Fuels use tax due. Include Form 75	28		00					
		29		00					
	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	30	2	00					
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	31		00					
32.	Permanent building fund tax.		40						
00	Check the box if you received Idaho public assistance payments for 2019	32	10	00					
	Total Tax. Add lines 27 through 32	33		00					
	ations. See instructions, page 10. I want to donate to:								
34.	Idaho Nongame Wildlife Fund 35. Idaho Children's Trust Fund								
36.	Special Olympics Idaho								
	American Red Cross of Idaho Fund 39. Veterans Support Fund								
	Idaho Foodbank Fund	40	<u> </u>	Tag-					
	Total Tax Plus Donations. Add lines 33 through 41	42	l	00					
-	ments and Other Credits.								
43.	Grocery Credit. Computed amount from worksheet on page 12								
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43	43	100	Too.					
4.4	To receive your grocery credit, enter the computed amount on line 43	-	100	-					
	Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R  Special fuels tax refund	44		00					
		-	5	00					
	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding	46		00					
		47		00					
48. 40	Pass-through income tax. Paid by entity  Withheld  Include Form ID K-1s  Tax Reimbursement Incentive credit  Claim of Right credit  See instructions	49	·	00					
	Total Payments and Other Credits. Add lines 43 through 49	50	100	00					
	Due or Refund. See instructions, page 13.	1 30	100	-					
	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42			00					
	Penalty Interest from the due date Enter total	52	Ì	00					
JZ.	Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal	102		-					
53	<b>Total Due.</b> Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission	53		00					
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50	54	100	00					
55.	Refund. Amount of line 54 to be refunded to you	104		00					
	Estimated Tax. Amount of line 54 to be applied to your 2020 estimated tax	56		00					
		•							
57.	Direct Deposit. See instructions, page 13. • Check if final deposit destination is outside the U	າ.ວ. ⊤	Type of • Check	king					
■ Rout	ing No.                 - Account No.		Account: • Savin	gs					
Ame	ended Return Only. Complete this section to determine your tax due or refund. See instructions.	T	,						
58.	Total due (line 53) or overpaid (line 54) on this return	58		00					
59.	Refund from original return plus additional refunds	59	•	00					
60.	Tax paid with original return plus additional tax paid	60		00					
	Amended tax due or refund. Add lines 58 and 59 then subtract line 60	61		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.									
	Your signature Spouse's signature (if a joint return, both must sign) Date								
Sign	-								
Here	Paid preparer's signature Preparer's EIN, SSN, PTIN Taxpa		phone number						
	P01234678	(208) 332-6632							
Preparer's address State ZIP Code Preparer's phone number									