Don't Staple

State Tax Commission

Form 40 2020 Individual Income Tax Return

Amended Return? Check the box.	• 🗆	State Us	se Only									
See page 7 of instructions for the reasons amend and enter the number that applies.	° •											
•	ning ,											
For calendar year 2020 or fiscal year begin	SSN)											
Spouse's first name and initial	Your last name			Your Social Security number (3311)	Deceased in 2020						
Spouse's first name and initial	Spouse's last na	ne		Spouse's Social Security number (SSN) Decea								
Current mailing address					in 2020							
on			uctions available at									
City		State	ho.gov									
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 fi	ing ₃ M	arried fili	ng ₄ He	ead of 5 Quali	fying widow	(er)						
separately 4. Household 5. with qualifying												
Household. See instructions, page 7. If		-	-			if they apply.						
6a. Yourself 6b. Spor	ise 60	c. Depe	endents	6d. Total Household								
List your dependents below. If you have	e more than four	depend	ents, continue on	Form 39R. Enter total num								
Dependent's first name Dependent's last name Dependent's SSN						lent's birthdate n/dd/yyyy)						
Income. See instructions, page 7.												
7. Enter your federal adjusted gross	7	00										
 Include a complete copy of your federal return Additions from Form 39R, Part A, line 7. Include Form 39R 						00						
9. Total. Add lines 7 and 8						00						
10. Subtractions from Form 39R, Part B, line 24. Include Form 39R						00						
11. Qualified business income deduction						00						
12. Total Adjusted Income. Subtract lines 10 and 11 from line 9						00						
Tax Computation. See instructions	, page 8.											
Standard Deduction a. If age	65 or older		• 🔲 You	urself • Spouse								
for Most People 13. Check b. If blind												
Single or c. If your parent or someone else can claim you as a												
Married Filing Separately: dependent, check here and enter zero on line 43 ■												
\$12,400 14. Itemized deductions. Include federal Schedule A. Federal limits apply						00						
Head of Household: \$18,650 15. State and local income or general sales taxes included on federal Schedule 16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero					15	00						
					16	00						
I Jointly or I				ount if not standard	17	00						
Qualifying Widow(er): \$24,800					18	00						
\$24,800 20. Tax from tables or rate schedule. See instructions, page 52						00						
	41 4											

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.

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21.	21. Tax amount from line 20							00
	lits. Limits apply. See instructions, page 9.							
	Income tax paid to other states. Include Form 39R and a cop	py of other states' returns	22	00				
23.	3. Total credits from Form 39R, Part D, line 4. Include Form 39R							
24.	Total business income tax credits from Form 44, Part I, line	e 10. Include Form 44	24	00	ĺ			
	Idaho Child Tax Credit. Computed amount from worksheet	F		00				
	Total Credits. Add lines 22 through 25	· -			26			00
	Subtract line 26 from line 21. If line 26 is more than line 21,				27			00
	er Taxes. See instructions, page 10.					ĺ		
	Fuels use tax due. Include Form 75	28			00			
29.	Sales/use tax due on untaxed purchases (online, mail of	29			00			
	Total tax from recapture of income tax credits from Form 44				30			00
	Tax from recapture of qualified investment exemption (QIE				31			00
	Permanent building fund tax.	•						
	Check the box if you received Idaho public assistance payr	ments for 2020			32		10	00
33.	Total Tax. Add lines 27 through 32			•	33			00
Don	ations. See instructions, page 10. I want to donate	to:						
34.	Idaho Nongame Wildlife Fund • 35. Ida							
36.	Special Olympics Idaho 37. Ida							
38.		eterans Support Fund	•					
40.		oportunity Scholarship Progra	am •					
42.	Total Tax Plus Donations. Add lines 33 through 41				42			00
Pay	ments and Other Credits.							
43.	Grocery Credit. Computed amount from worksheet on page	ge 12	•					
	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	43			00			
44.	Maintaining a home for family member age 65 or older or dev	44			00			
45.	Special fuels tax refund Gasoline tax refu	45			00			
46.	Idaho income tax withheld. Include Form W-2s and any 10	46			00			
47.	2020 Form 51 payments and amount applied from 2019 re	47			00			
48.	48. Pass-through income tax. Paid by entity • Withheld • Include Form ID K-1s							00
49.	Tax Reimbursement Incentive credit • Claim of Ri	49			00			
	Total Payments and Other Credits. Add lines 43 through				50			00
	Due or Refund. See instructions, page 13.							
51.	Tax Due. If line 42 is more than line 50, subtract line 50 fro				00			
	Penalty Interest from the due date	52			00			
	Check box if penalty is caused by an unqualified Idaho med							
53.	Total Due. Add lines 51 and 52. Pay online or make check pa	•	53			00		
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 and	•	54			00		
55.	55. Refund. Amount of line 54 to be refunded to you							00
56.	Estimated Tax. Amount of line 54 to be applied to your 202				56			00
	Direct Deposit. See instructions, page 13. • Check i				<u> </u>	<u> </u>	_	
		ii iiiai deposit destillatioi	l 13 Outside (. . .	Type of •	Check	•
■ Rou	ing No. Account No.					Account: •	Savin	gs
Ame	ended Return Only. Complete this section to determine	e your tax due or refund. Se	e instruction	ns.				
	Total due (line 53) or overpaid (line 54) on this return	58			00			
	Refund from original return plus additional refunds	59			00			
60.								00
	Amended tax due or refund. Add lines 58 and 59 then subt				60 61	1		00
	Within 180 days of receiving this return, the Idaho State Tax Co					rer identified	l below.	
. L	Under penalties of perjury, I declare that to the best of my know							
	Your signature Spo	ouse's signature (if a joint return, both	must sign)			Date		
Sign		•				<u> </u>		
Here		Preparer's EIN, SSN, PTIN			/er's	phone numb	er	

State ZIP Code Preparer's address Preparer's phone number EFO00089 09-08-2020