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State Tax Commission

Form 40 2020 Individual Income Tax Return

Amended Return? Check the box. State Use Only								
See page 7 of instructions for the reasons to amend and enter the number that applies.								
·· — \ —								
For calendar year 2020 or fiscal year beginning, ending your first name and initial Your last name Your Social Security number (S	SN)							
Spouse's first name and initial sources last name spouse's last name spouse's Social Security number (S	.011)	Deceased in 2020						
Spouse's first name and initial Spouse's last name Spouse's Social Security numb	, ,							
Current mailing address		in 2020						
Forms and instruc		able at						
City State ZIP Code tax.idah	no.gov							
Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.								
	ying widow(e							
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		шеу арріу.						
List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total numb		^						
	Depende	nt's birthdate						
Dependent's first name Dependent's last name Dependent's SSN	(mm/	dd/yyyy)						
Income. See instructions, page 7.								
7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b.								
Include a complete copy of your federal return	7	00						
8. Additions from Form 39R, Part A, line 7. Include Form 39R 9. Total. Add lines 7 and 8	9	00						
10. Subtractions from Form 39R, Part B, line 24. Include Form 39R	10	00						
11. Qualified business income deduction	11	00						
12. Total Adjusted Income. Subtract lines 10 and 11 from line 9	12	00						
Tax Computation. See instructions, page 8.								
Standard Deduction a. If age 65 or older								
for Most People 13. Check b. If blind								
Single or c. If your parent or someone else can claim you as a								
Married Filing dependent, check here and enter zero on line 43								
Head of 14. Itemized deductions. Include federal Schedule A. Federal limits apply	14	00						
Household: 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						
Jointly or Qualifying 18. Subtract the larger of line 16 or 17 from line 12. If less than zero, enter zero	18	00						
Widow(er): 19. Idaho taxable income. Enter amount from line 18	19	00						
20. Tax from tables or rate schedule. See instructions, page 52	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.

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IDA	HO State Tax Commission	Fo	orm 4	0	2020 (con	ntinued)
	Tax amount from line 20			21	<u> </u>	00
	lits. Limits apply. See instructions, page 9.			2	<u> </u>	100
	Income tax paid to other states. Include Form 39R and a copy of other states' returns	22	00			
	Total credits from Form 39R, Part D, line 4. Include Form 39R		00	4		
	Total business income tax credits from Form 44, Part I, line 10. Include Form 44	_	00	-		
	Idaho Child Tax Credit. Computed amount from worksheet on page 10		00	4		
	Total Credits. Add lines 22 through 25			26	T	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	+	- 100
	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 Fo			30	 	00
	·			-	 	
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER Permanent building fund tax.			31		00
	Check the box if you received Idaho public assistance payments for 2020			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	• <u></u>				
36.	Special Olympics Idaho • 37. Idaho Guard & Reserve Famil	ly •				
38.	American Red Cross of Idaho Fund • 39. Veterans Support Fund	• <u> </u>				
40.	Idaho Foodbank Fund • 41. Opportunity Scholarship Progr	ram ■				
42.	Total Tax Plus Donations. Add lines 33 through 41			42		00
Payı	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				
	To receive your grocery credit, enter the computed amount on line 43		•	43		00
44.	Maintaining a home for family member age 65 or older or developmentally disabled. Inclu	ıde Form 39R	· •	44		00
45.	Special fuels tax refund Inclu	de Form 75.		45		00
46.	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withhold	olding		46		00
47.	' '		•	47		00
	, , <u> </u>	orm ID K-1s		48		00
49.	Tax Reimbursement Incentive credit • Claim of Right credit • Se	ee instructions	3	49		00
	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		51			00
52.	Penalty Interest from the due date Enter total			52		00
	Check box if penalty is caused by an unqualified Idaho medical savings account without	drawal ▪				
53.	Total Due. Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax	x Commission	· •	53		00
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50		•	54		00
55.	Refund. Amount of line 54 to be refunded to you		55		•	00
56.	Estimated Tax. Amount of line 54 to be applied to your 2021 estimated tax			56		00
57	Direct Deposit. See instructions, page 13. • Check if final deposit destination			· S	<u></u>	
	ing No. Account No.			. <u>J</u> .	1,900 01	Checking Savings
Δmc	ended Return Only. Complete this section to determine your tax due or refund. S	ee instructio	ne		T	$\neg \neg$
58.	Total due (line 53) or overpaid (line 54) on this return			58		00
59.	Refund from original return plus additional refunds			59	+	00
	Tax paid with original return plus additional tax paid			60	 	00
60.	Amended tax due or refund. Add lines 58 and 59 then subtract line 60			61	+	00
01.	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this r				rar identified by	
•	Under penalties of perjury, I declare that to the best of my knowledge and belief this return i					
	Your signature Sorperjury, I declare that to the best of my knowledge and belief this fetting. I Spouse's signature (if a joint return, both		J. 14 O		Date	
Ci	1.	- /				
Sign	<u> </u>				<u> </u>	

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)

Paid preparer's signature

Preparer's EIN, SSN, PTIN

Taxpayer's phone number

Preparer's address

State

ZIP Code

Preparer's phone number