

8734

F 40 201' IDAHO INDIVIDUAL INCOME TAX RETURN

		_	_	_					
AMENI	DED RE	TURN, check the	e box. ■	State Use Only					
		page 6 for the re							
			iscal year beginning	, ending		Your Social Securi	ty Numb	er (required)	
		me and initial		Last name					
	La constitue de la constitue d					Spouse's Social S	ecurity N	Jumber (required)	
SE PRINT OR TYPE	Spouse's first name and initial La			ast name		.,			
[세									
	Mailing add	ress						,	J
PLEASE									year?
로 `	Spouse deceased ✓ in 2011						.	Yes •	No
FILING	G STATU	JS. Check only of	one box.	6. EXEMPTIONS. Is	compone can alai	m vou oo o Enter "1" in h	0.000 60	Yourself :	
			*						
spous	e s nam	ie and Social Se	ecurity Number above.		nts. If more thar	n four dependents, continu	ıe on F		
1	1. Single								c
2	2. Married filing joint return			First name		Last name	Social	Security Number	
3	Ma	arried filing sepa	rate return						
4									
4	не	ead of nousehold	1						
5	. Qı	ualifying widow(e	er)						
	I	Must match fede	eral return.	d. Total exemptions.	Add lines 6a thr	ough 6c. Must match fed	eral ret	turn o	1. L
INCOM	ME. See	instructions, p	page 7.						
	-	-	_						
		STATUS. Check only one box. married joint or separate return, enter's name and Social Security Number above. Single Married filing joint return Married filing separate return Head of household Qualifying widow(er) Must match federal return. E. See instructions, page 7. er your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; ederal Form 1040EZ, line 4. Include a complete copy of your federal return al. Add lines 7 and 8. Strate Form 59R, Part A, line 7. Include Form 39R. Journal of Form 39R, Part B, line 23. Include Form 39R. Journal of Form 39R, Part B, line 23. Include Form 39R. Journal of Form 39R, Part B, line 23. Include Form 39R. Journal of Form 59R, Part B, line 23. Include Form 39R. Journal of Form 59R, Part B, line 23. Include Form 39R. Journal of Form 59R, Part B, line 23. Include Form 39R. Journal of Form 59R, Part B, line 63. Include Form 39R. Journal of Form 59R, Part B, line 64. If Journal of Form 108. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 39R. Journal of Form 59R, Part B, line 65. Include Form 59R. Journal of Form 59R, Part B, line 65. Include Form 59R. Journal of Form 59R. Journal of B, if they apply. Spouse 6. Letter 11 in boxes 6a blank. Letter 12 in loue on 59R. Letter 11 in boxes 6a blank. Letter 12 in loue on 59R. Letter 11 in boxes 6a blank. Letter 14 in loue on 59R. Letter 14 in loue on 59R. Journal of B, if they apply. Journal of B, if they apply. Journal of B, if they apply. Journal of B, if th							
							<u> </u>		
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R							10		
				yback period, check here	• 🔲	•	11		00
TAX C	ОМРИТ	ATION. See ins		_ [] ₁₄	70			
		12 CHECK —	b. If blind		Yourself •	≒ '			
	ndard uction	12. OHLOR							
	Most ople		check here and er	nter zero on lines 18 and	42. 🛮				
	gle or	13. Itemized d	leductions. Include fede	eral Schedule A			13		00
Marrie	ed filing	14. All state ar	nd local income or gene	ral sales taxes included o	on				
	,800	federal Sc	hedule A, line 5				14		00
He	ad of	15. Subtract li	ne 14 from line 13. If yo	ou do not use federal Sch	edule A, enter ze	ero	15		00
	sehold: - ,500	16. Standard	deduction. See instruction	ons page 7 to determine	standard deducti	on amount			
	if different than the Standard Deduction For Most People						16		00
Joir	ntly or	17. Subtract th	ne LARGER of line 15 o	r 16 from line 11. If less	than zero, enter	zero	17		00
Wido	alifying ow(er):	18. Multiply \$3	3,700 by the number of	exemptions claimed on lir	ne 6d	·	18		00
\$11	1,600	19. Idaho taxa	able income. Subtract li	ne 18 from line 17. If less	s than zero, ente	r zero	19		00
		20. Tax from ta	ables or rate schedule.	See instructions, page 36	6		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.



Page 2

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21.	Tax amount from line 20	21		00								
	DITS. Limits apply. See instructions, page 8.			00								
	Income tax paid to other states. Include Form 39R and a copy of other state return 22											
	Total credits from Form 39R, Part E, line 4. Include Form 39R	•										
	Total business income tax credits from Form 44, Part I, line 11. Include Form 44 24 00											
	TOTAL CREDITS. Add lines 22 through 24	25		00								
	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero	26		00								
	ER TAXES. See instructions, page 8.	20		00								
	Fuels tax due. Include Form 75	27		00								
28.	Sales/Use tax due on Internet, mail order, and other nontaxed purchases	28		00								
	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	29		00								
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	30		00								
	Permanent building fund. Check the box if you are receiving Idaho public assistance payments	31	10	00								
	TOTAL TAX. Add lines 26 through 31	32		00								
	ATIONS. See instructions, page 8. I wish to donate to:											
	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund											
35.	Special Olympics Idaho											
37.	American Red Cross of Greater Idaho Fund											
	Idaho Foodbank			Π								
41.	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	41		00								
PAYI	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 9.											
42.	42. Grocery credit. Computed Amount (from worksheet)											
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42.	42		00								
40	To receive your grocery credit, enter the computed amount on line 42	42		00								
	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R			00								
	Special fuels tax refund Gasoline tax refund Include Form 75	44		00								
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	_		00								
	2011 Form 51 payment(s) and amount applied from 2010 return	_		00								
	Pass-through income tax withheld. Include Form(s) ID K-1	_		00								
	Hire One Act credit for new employees. Include Form 72	49		00								
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48			00								
IAX	DUE or REFUND. See instructions, page 10. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than lin	e 49	GO TO LINE 53.	1								
50.	TAX DUE. Subtract line 49 from line 41			00								
		_										
51.	Penalty Interest from the due date Enter total	51		00								
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account											
52.	TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission	52		00								
EO	OVEDDAID. Line 40 minus lines 41 and 51. This is the amount you everneid	E2		00								
55.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid	53		00								
54.	REFUND. Amount of line 53 to be refunded to you			00								
	·	_		"								
55.	ESTIMATED TAX. Amount of line 53 to be applied to your 2012 estimated tax	55		00								
56.	DIRECT DEPOSIT. See instructions, page 11. • Check if final deposit destination is outside the U.S.											
			Type of • Ch	necking								
• K0I	ting No Account No Account No.		Account: Sa	avings								
AME	NDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.											
	Total due (line 52) or overpaid (line 53) on this return	57		00								
58.	Refund from original return plus additional refunds	58		00								
59.	Tax paid with original return plus additional tax paid	59		00								
60.	Amended tax due or refund. Add lines 57 and 58 and subtract line 59	60		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.											
SIGN												
Date	Daytime phone Preparer's EIN, SSN, or PTIN											
Dait	Dayunie priorie Freparera Erix, Solx, Or Friix											
Paid r	reparer's signature Address and phone number											
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