

IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

2013

Name(s)	as shown on return	Socia	ial Security Number
A. Ad	dditions. See instructions, page 19.		
	Federal net operating loss carryover included in Form 40, line 7	1	00
2.			
3.			00
			00
4.			00
5.			00
6.	•	• 6	00
7.		• 7	00
	ubtractions. See instructions, page 19.		
1.	Idaho net operating loss carryover		
-	Idaho net operating loss carryback Enter total here	1	00
	State income tax refund if included in federal income		00
	Interest from U.S. Government obligations	-	00
	Energy efficiency upgrades	• 4	00
э.	Alternative energy devices deduction		
	Year		
	Acquired Type of Device Total Cost Percent	_	
		00	
)0	
	A NY 000 (- - - - - - - - - -	00	
	d. 2010 \$ X 20% = 5d 0	00	
	e. Add lines 5a through 5d. Can't exceed \$5,000	• 5e	00
	Child/dependent care. Include federal Form 2441	• 6	00
	Social security and railroad benefits, if included in federal income	• 7	00
8.	Retirement benefits deduction. Complete Part C	• 8	00
	Technological equipment donation	• 9	00
	Idaho capital gains deduction. Include Form CG	1 0	00
	Active duty military pay earned outside of Idaho	• 11	00
	Adoption expenses	1 2	00
13.	Idaho medical savings account. Contributions Interest		
	Financial institution Account number	13	00
	Idaho college savings program	• 14	00
	Maintaining a home for the aged and/or developmentally disabled	 15 	00
	Idaho lottery winnings, less than \$600 per prize	• 16	00
	Income earned on a reservation by an American Indian	• 17	00
	Health insurance premiums	18	00
	Long-term care insurance	19	00
20. 21.	Worker's compensation insurance Bonus depreciation. Include computations	20	00
21.		■ <u>21</u>	00
	Total subtractions. Add lines 1 through 4 and 5e through 22.	• 22	00
20.	Enter here and on Form 40, line 10	23	00
C R	etirement Benefits Deduction. See instructions, page 24, for qualified retirement bene		
		00	
2. 3.		00	
4.		00	
		00	

Name(s) as shown on return

D. Credit for Income Tax Paid to Other States. See instructions, page 24.

٦	his credit is being claimed for taxes paid to:		(State name)			
1	. Idaho tax, Form 40, line 20	1	00	La al a	de e en en el de	
2	2. Federal adjusted gross income earned in other state adjusted for Idaho modifications. See instructions				de a copy of th ne tax return and	
3	B. Idaho adjusted income. See instructions	3	00	each state for which a credit is claimed.		
4	P. Divide line 2 by line 3. Enter percentage here	4	%	orear	t is blaimed.	
5	5. Multiply line 1 by line 4. Enter amount here			5		00
6	6. Other state's tax due less its income tax credits			6		00
7	7. Enter the smaller of lines 5 or 6 here and on Form 40, line 22		•	7		00
2	Credit for contributions to Idaho educational entities Credit for contributions to Idaho youth and rehabilitation facilities			1 2		00
3	3. Credit for live organ donation expenses		•	3		00
2	4. Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 2	3		4		00
	/laintaining a Home for a Family Member Age 65 or Older, or a Far Developmental Disability. See instructions, page 25.	nily Mem	ber With a			
1	. Did you maintain a home for an immediate family member age 65 or older a	nd provide	more than			
	one-half of his/her support? You and your spouse do not qualify			Yes	s 🗌 No	
2	. Did you maintain a home for an immediate family member with a developme	ental disab	ility and	-		
~	provide more than one-half of his/her support? You and your spouse may q	ualify	[Yes	s 🗌 No	

3. List each family member you are claiming:

Name of Fa First Name	amily Member Last Name	Social Security Number of Family Member	Relationship to Person Filing Return		Date of Birth of amily Member	Check here if developmentally disabled	
		member but not more than	-				
		nnot be claimed if you took		4		C	00

G. Dependents: (Continued from Form 40, page 1, Line 6c)

First Name	Last Name	Social Security Number

Social Security Number