IDAHO PART-YEAR RESIDENT & NONRESIDENT INCOME TAX RETURN 2013

	M EFO00091 09-10-13						
I	AMENDED RETURN, check the box.	State	Use Only				
	See instructions, page 12 for the reasons for amending and enter the number.						
For	calendar year 2013, or fiscal year beginning		Your Social Security Number (required)				
S R	Your first name and initial	- Tour Goodar Goodardy Harri	ber (required)	Deceased			
0					in 2013		
PRINT (PE	Spouse's first name and initial	Last name			Spouse's Social Security	Number (required)	
E PRI TYPE	Mailing address		_		Deceased in 2013		
ASE					Do you poo	ed Idaho income tax	1—
PLEASE T)	City, State, and Zip Code					ou next year?	Cionnis
	u or your spouse are nonresident aliens for federal	- ,	Yes • No				
	idency status Resider				Nonresident Part-Year	r Resident Militar	ry Nonresident
Chec	k one for yourself and one for Yourself 1 • 🔲		2 •		3 • 🔲 4 • 📮	5 '	• 🔲
	spouse if a joint return. Spouse		• 📙		• 📙 • L	<u></u> '	<u> </u>
	<u> </u>	- Spous	se Inc	licate current state of	of residence. • You	ırself S	Spouse
	NG STATUS. Check only one box. Ing married joint or separate return, enter	6. E	(EMPTIONS.	If someone can claim y	you as a Enter "1" in	n boxes 6a, Yourse	elf a.
	use's name and Social Security Number above.			dependent, leave box 6	6a blank. and 6b, if the	hey apply. Spous	se b.
•	1. Single		ist vour depen	dents. If more than for	our dependents, conti	nue on Form 39NR	₹.
	T. Single	1					
	2. Married filing joint return	Firs	st name	La	ast name	Social Security Nur	mber
	3. Married filing separate return						
	4. Head of household						
	5. Qualifying widow(er)						
		d. To	otal exemption	s. Add lines 6a throu	igh 6c. Must match fe		
	HO INCOME. See instructions, page 13.					Idaho Am	
	Wages, salaries, tips, etc. Include Form(s) W-2					7	00
	Taxable interest income					9	
	Alimony received					10	00
	Business income or (loss). Include federal Schedu		11	00			
	Capital gain or (loss). If required, include federal S					12	00
	Other gains or (losses). Include federal Form 479		13	00			
	IRA distributions (taxable amount)		14	00			
	Pensions and annuities (taxable amount)		15	00			
16.	Rents, royalties, partnerships, S corporations, trus		16	00			
17.	Farm income or (loss). Include federal Schedule F		17	00			
18.	Unemployment compensation		18	00			
19.	Other income. Include explanation		19	00			
	TOTAL INCOME. Add lines 7 through 19		20	00			
	HO ADJUSTMENTS. See instructions, page 13.		1/a\/10\/D\ ==+				
	Deductions for IRAs, health savings accounts, and	21	00				
	Tuition and fees, moving expenses, alimony paid, a Deductions for self-employment tax, health insuran		22	00			
	Penalty on early withdrawal of savings	23	00				
	Other deductions. See instructions	25	00				
	TOTAL ADJUSTMENTS. Add lines 21 through 25					26	00
						20	
27.	ADJUSTED GROSS INCOME. Subtract line 26 fro					27	00
•	Within 180 days of receiving this return, the Idaho State Under penalties of perjury, I declare that to the best of r						
	Your signature		Date		ate Tax Commission, PC		33756-0056
SIGN HERE	Spouse's signature (if a joint return, BOTH MUST SIGN)		Daytime phone	INCLUDE A COMPL	ETE==. =		
	•		Jayamo priorio	COPY OF YOUR			# 1 1 1
Paid	preparer's signature	Preparer's I	EIN, SSN, or PTIN	FEDERAL RETURN	.		/ .
Addre	ess and phone number	•		\dashv			! ■

			FOIII	143 - 2013	EFO00091p2	2 09-10-13				Column A	- Federal		Column B -	Idah	<u> </u>
		28.				1040, line 37, 1040	-					00			00
l						nt from line 27 in Co			28			00			00
		1		litions from Form 39NR, Part A, line 5. Include Form 39NR				00			00				
		1							30			00			00
_		31.	31. TOTAL ADJUSTED INCOME. Add lines 28 and 29, less line 30									00	<u> </u>		00
	Stand	dard	32.	a. Check if	age 65 or older	r • 🗌 Yourse	elf 🛛	☐ Spouse b	. Che	ck if blind	<u>.</u> _] Your	rself 🛮 🗌 Sp	ouse	;
	Dedu	ction		c. If your pa	arent or someor	ne else can claim yo	ou as a de	ependent, checl	k here	e and enter z	ero on line	s 37 a	ınd 61 • 🔲		
	For N		33.	Itemized de	ductions. Inclu	ude federal Schedul	e A					3 3			00
	Peo	pie	34.	All state and	d local income	or general sales tax	es includ	ed on federal S	chedu	ule A, line 5		3 4			00
	Singl		_35.	Subtract line	e 34 from line 3	33						35			00
	Married Separ	ied filing 36. Standard deduction. See instructions page 14 to determine standard deduction amount								\rightarrow	<u> </u>				
	\$6,1			if different than the Standard Deduction For Most People								 	-	00	
						nber of exemptions							1	\longrightarrow	00
	Hea		38.	Add line 37	and the LARG	ER of line 35 or line	36					38			00
	\$8,9		39.	9. Idaho percentage. Divide line 31, Column B, by line 31, Column A							39		%	<u>6 </u>	
		ı cu	40.	Multiply am	ount on line 38	by the percentage	on line 39	and enter the r	esult	here		40			00
	Married	_	41.	Idaho taxab	le income. Su	ubtract line 40 from I	ine 31, C	olumn B				4 1			00
		ualifying 42. TAX from tables or rate schedule. See instructions, page 36								4 2			00		
	Widov	, ,	43.	Income tax	paid to other st	to other states. Include Form 39NR and other states returns						4 3			00
	\$12,	200	44.	Total credits	from Form 39	NR, Part E, line 4.	Include F	orm 39NR				44			00
,			- 45.	Total busine	ess income tax	credits from Form 4	4, Part I,	line 12. Include	Forr	n 44		45	+		00
						ough 45. If less than						_	+		00
	47.	Fuels										47			00
S						hases (Internet, ma						4 8			00
ž	49				-	credits from Form 44		•				49	1		00
OTHER TAXES	50					ent exemption (QIE)						• 50			00
H	51					x if you are receiving						51		10	
Ŭ	1											• 52	+		00
					o unough 51 .							32			00
ŝ				nate to:			-	arship Program							
DONATIONS	54.	54. Idaho Guard and Reserve Family													
Š	56.	56. Special Olympics Idaho 57. Nongame Wildlife Conservation													
ă	58. American Red Cross of Greater Idaho 59. Idaho Foodbank														
	60.	TOTA	L TAX	PLUS DON	ATIONS. Add li	ines 52 through 59						60			00
	61.	Groce	ery cre	dit. See inst	ructions, page	16. Computed Amo	unt (from	worksheet)							
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 61										61 •		1		
		To receive your grocery credit, enter the computed amount on line 61										• 61			00
	62.	62. Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39NR								9NR	• 62			00	
		63. Special fuels tax refund Gasoline tax refund Include Form 75									63			00	
S _E		64. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding									• 64	,		00	
PAYMENTS	65.	65. 2013 Form 51 payment(s) and amount applied from 2012 return									• 65			00	
₽Ą	66	66. Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1										66			00
		67. Hire One Act credit for new employees. Include Form 72												00	
		68. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 61 through 67													
	100.	66. TO TALL TATIVILLATO AND OTTILLA OILLDITO. Add IIII65 OT IIII000911 07									68			00	
	69. TAX DUE. Subtract line 68 from line 60														
TAX DUE	70.	0. Penalty • Interest from the due date • Enter total.													00
X		Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account									70	I			
F		71. TOTAL DUE. Add lines 69 and 70. Make check or money order payable to the Idaho State Tax Commission								_			00		
											- ' '			00	
		72. OVERPAID. Line 68 minus lines 60 and 70								• 72			00		
ž	73														
REFUND	73.	5. REL GRE. Amount of line 12 to 50 foldificed to you										00			
_		ESTIMATED TAX. Amount of line 72 to be applied to your 2014 estimated tax							• 74			00			
	-					page 18. • Che								\dashv	
_			O 1 DE	.r O311. 300	msuuciions,		CK II IIIla	ai deposit desti	iiatiO	ii is outside	or tile U.S	ر. ا	Type of •	Chec	cking
KO	Routing	INU.				Account No.							Account: •	Savii	ngs
NDED	76.	Total	due (li	ne 71) or ove	erpaid (line 72)			76		00					
						nal refunds		77		00				l	
	70							-		00				1	
	/8.	78. Tax paid with original return plus additional tax paid								▎▍▊▊▕▏▊▍▊▎▊	1				
	170	1mc=	4 hoh	av dua ar rafi	ind Addlines	76 and 77 lage line	70	701		1 6 36 3 1				4	