

IDAHO GROCERY CREDIT REFUND
You or Your Spouse Must Be Age 65 or Older

State Use Only

Your first name and initial	Last name	Your Social Security Number	<input type="checkbox"/> Deceased in 2014
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security Number	<input type="checkbox"/> Deceased in 2014

Mailing address

City, State, and Zip Code

A. INCOME

1. Enter your gross income. Include wages, salaries, tips, interest, dividends, self-employment income before expenses, farm income before expenses, rental income before expenses, and pensions. **Enter 0 if your only income is from Social Security benefits and/or Veterans Administration disability benefits**

1	
2	

2. Enter the amount for your filing status from the filing status chart.
See instructions, Part A, Income

3. Compare lines 1 and 2

- If line 1 is equal to or larger than line 2, you cannot use this form. You must file an income tax return, Form 40, to receive your grocery credit.
- If line 1 is less than line 2, continue.

B. REFUND CLAIMED

	YOURSELF			SPOUSE		
1. Enter the date of birth	Month	Day	Year	Month	Day	Year
2. Check the boxes that apply.						
▪ Under age 65	\$100 per person	<input type="checkbox"/>		▪	<input type="checkbox"/>	
▪ Age 65 or older	\$120 per person	<input type="checkbox"/>		▪	<input type="checkbox"/>	
3. If you are electing to donate your grocery credit to the Cooperative Welfare Fund, check here and the \$0 total refund claimed box. This election is irrevocable .				▪	<input type="checkbox"/>	
4. Total refund claimed (Check one box)				▪	<input type="checkbox"/>	<input type="checkbox"/>
					\$0	\$120
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
5. DIRECT DEPOSIT. See instructions.				▪	<input type="checkbox"/>	Check if final deposit destination is outside of the U.S.
▪ Routing No. <input type="text"/>				▪	<input type="checkbox"/>	Account: <input type="checkbox"/> Checking
▪ Account No. <input type="text"/>					<input type="checkbox"/>	Account: <input type="checkbox"/> Savings

C. SIGNATURE(S) REQUIRED

If you or your spouse are unable to sign, your representative must write "unable to sign" in the signature space(s) and enter his or her name, address and relationship.

If anyone other than the surviving spouse signs on behalf of a deceased person, IRS Form 1310 must be completed and attached.

Your signature ▪ X	Date	Phone number
Spouse's signature (if a joint return, BOTH MUST SIGN) ▪ X		

MAIL TO: Idaho State Tax Commission
PO Box 56
Boise, ID 83756-0056



Instructions for Idaho Form 24

Who Qualifies to Use This Form

You may use this form if:

- You and your spouse were residents of Idaho for all of 2014
- You and your spouse are not required to file an Idaho income tax return and
- You OR your spouse were 65 or older on December 31, 2014

You may **not** use this form if, for any part of the year, you or your spouse:

- received assistance under the federal food stamp program;
- were incarcerated;
- resided illegally in the United States;
- had dependents;
- filed married filing separate.

If you don't meet the requirements to use Form 24, you may claim the grocery credit on Form 40 or 43.

You cannot claim the grocery credit on more than one form.

PART A. INCOME

LINE 2 FILING STATUS

Status

Gross Income

If you are Married:

- filing jointly, one spouse 65 or older \$21,500
- filing jointly, both spouses 65 or older \$22,700

If you are Single:

- 65 or older \$11,700

PART B. REFUND CLAIMED

LINE 3 GROCERY CREDIT DONATION

You may donate your entire grocery credit to the Cooperative Welfare Fund. The Cooperative Welfare Fund is established under Idaho Title 56, Public Assistance and Welfare. It is a trust fund in the state treasury, and all money in the fund is appropriated for public assistance and welfare purposes. The election is made by checking the box on line 3, and checking the zero (\$0) box on line 4, Total refund claimed.

The election is **irrevocable** and may not be changed on an amended return.

LINE 5 DIRECT DEPOSIT

Complete line 5 if you want us to deposit your refund directly into your bank account instead of mailing you a check.

If your refund is being forwarded from a United States financial institution to a financial institution or financial agency located outside the United States, check the box on line 5. If, after filing your Idaho income tax return, you become aware that your electronic refund payment will be electronically deposited in a financial institution or financial agency located outside of the United States, please notify us at:

Idaho State Tax Commission
PO Box 56
Boise ID 83756-0056

Contact your bank to make sure your deposit will be accepted and that you have the correct routing and account numbers.

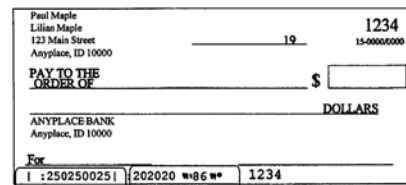
Enter your nine-digit routing number. The routing number must begin with 01 through 12, or 21 through 32.

Enter the account number of the account into which you want your refund deposited. The account number can be up to 17 characters (both numbers and letters). Don't include hyphens, spaces, or special symbols. Enter the number left to right and leave any unused boxes blank.

Check the appropriate box for account type. Check **either** checking or savings, but not both.

The check example indicates where the proper banking information is located. You are responsible for the accuracy of this information.

If your financial institution rejects your request for direct deposit, you will receive a check by mail instead.



ROUTING NUMBER ACCOUNT NUMBER

FOR MORE INFORMATION

Questions:

(208) 334-7660 in the Boise area
(800) 972-7660 toll free

Hearing Impaired (TDD) (800) 377-3529

Web at tax.idaho.gov

Refund information:

(208) 364-7389 in the Boise area
(888) 228-5770 toll free