

IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

| A. Additions. See instructions, page 20. | | | | | | |
|--|---|--------------|-------------|-------------|------|----|
| | | | | | | |
| 1. Federal net operating loss carryover included in Forn | 1. Federal net operating loss carryover included in Form 40, line 7 | | | | | 00 |
| Capital loss carryover incurred outside the state before becoming an Idaho resident | | | | | 2 | 00 |
| | | | | | | 00 |
| 4. Idaho college savings account withdrawal | | | | | 3 | 00 |
| 5. Bonus depreciation. Include computations | | | | | 5 | 00 |
| 6. Other additions. Include explanation | | | | | - | |
| Other additions. Include explanation | | | | | 6 | 00 |
| | | 0, 1116 0 | | •••••• | 7 | 00 |
| B. Subtractions. See instructions, page 20. | | | | | | |
| Idaho net operating loss carryover | | | | | | |
| Idaho net operating loss carryback | | | | | 1 | 00 |
| 2. State income tax refund if included in federal income | | | | | 2 | 00 |
| 3. Interest from U.S. Government obligations | | | | | 3 | 00 |
| 4. Energy efficiency upgrades | | | | | 4 | 00 |
| 5. Alternative energy devices deduction | | | | | | |
| Year | | | | | | |
| Acquired Type of Device To | tal Cost | Percent | | | | |
| a. 2014 \$ | Х | 40% = | 5a | 00 | | |
| b. 2013 \$ | Х | 20% = | 5b | 00 | | |
| c. 2012 \$ | Х | | 5c | 00 | | |
| d. 2011 \$ | Х | 20% = | 5d | 00 | | |
| e. Add lines 5a through 5d. Can't exceed \$5,000 | | | | | 5e | 00 |
| 6. Child/dependent care. Include federal Form 2441 | | | | 6 | 00 | |
| 7. Social security and railroad benefits, if included in federal income | | | | 7 | 00 | |
| - | 8. Retirement benefits deduction. Complete Part C | | | 8 | 00 | |
| - | 9. Technological equipment donation | | | 9 | 00 | |
| • • • • | 10. Idaho capital gains deduction. Include Form CG | | | 10 | 00 | |
| | 11. Active duty military pay earned outside of Idaho | | | | 11 | 00 |
| | 2. Adoption expenses | | | 12 | 00 | |
| 3. Idaho medical savings account. Contributions Interest | | | | | | |
| | | | | 13 | 00 | |
| 14. Idaho college savings program | | | | | 14 | 00 |
| 15. Maintaining a home for the aged and/or development | 15. Maintaining a home for the aged and/or developmentally disabled | | | 15 | 00 | |
| 16. Idaho lottery winnings, less than \$600 per prize | | | | | 16 | 00 |
| 17. Income earned on a reservation by an American Indi | 7. Income earned on a reservation by an American Indian | | | 17 | 00 | |
| 18. Health insurance premiums | | | | | 18 | 00 |
| 19. Long-term care insurance | | | | | 19 | 00 |
| 0. Workers' compensation insurance | | | 20 | 00 | | |
| 1. Bonus depreciation. Include computations | | | 21 | 00 | | |
| 2. Other subtractions. Include explanation | | | 22 | 00 | | |
| 23. Total subtractions. Add lines 1 through 4 and 5e through | | | | | | |
| Enter here and on Form 40, line 10 | | | | • | 23 | 00 |
| C. Retirement Benefits Deduction. See instruction | is, page 25 | , for qualif | ied retiren | nent benefi | its. | |
| 1. If single enter \$31,704, or if married filing jointly enter | | - | 1 | 00 | | |
| Federal Railroad Retirement benefits received | | | 2 | 00 | - | |
| 3. Social Security benefits received | | | | 00 | - | |
| 4. Line 1 minus lines 2 and 3. If less than zero, enter ze | | | 4 | 00 | - | |

5. Qualified retirement benefits included in federal income

6. Enter the smaller of line 4 or 5 here and on Part B, line 8

Name(s) as shown on return

D. Credit for Income Tax Paid to Other States. See instructions, page 25.

| This credit is | s being clai | med for taxes paid to: • | , p | | (State nam | ne) | | | |
|--|---|--|--|--------------------------------|------------|-----------------------|---|--|--|
| Federal a Idaho mo Idaho ad | adjusted gro odifications. justed incor | oss income earned in other See instructions ne. See instructions | state adjusted for | 1 2 3 4 | | 00 in 00 se | Include a copy of the income tax return and a separate Form 39R for each state for which a credit is claimed. | | |
| | • | | | | | 5 | | | |
| 6. Other sta | ate's tax due | e less its income tax credits | | | | • 6 | | (| |
| 7. Enter the | smaller of | lines 5 or 6 here and on Fo | rm 40, line 22 | | | 7 | | | |
| | | | onal Entities, Idaho You ses. See instructions, _l | | abilitati | on | | | |
| 1 Credit for | r contributio | ins to Idaho educational ent | ities | - | | | | (| |
| | | | bilitation facilities | | | | | (| |
| | | - | | | | | | (| |
| 4. Total cre | dits. Add lir | nes 1 through 3. Enter total | here and on Form 40, line 2 | 23 | | 4 | | (| |
| | | e for a Family Member A ability. See instructions | Age 65 or Older, or a Fa s, page 26. | mily Memb | er With | а | | | |
| one-half | of his/her s | upport? You and your spou | ly member age 65 or older a use do not qualify ly member with a developm | · | | | Yes | No | |
| provide r | nore than o | | You and your spouse may o | | | | Yes | No | |
| First Name | | amily Member Last Name | Social Security Number of Family Member | Relationship to Filing Retu | | Date of E Family N | | Check here it developmental disabled | |
| | | | | | | | | | |

| 4. Total amount claimed | d (\$100 for each qualifying | member but not more than | \$300). | | | |
|-------------------------|------------------------------|-----------------------------|-------------------|---|--|----|
| Enter here and on Fo | orm 40, line 43. (Credit car | nnot be claimed if you took | \$1,000 deduction | | | |
| on Part B, line 15.) | | | | 4 | | 00 |

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

| First Name | Last Name | Social Security Number |
|------------|-----------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Social Security Number