## **IDAHO SUPPLEMENTAL SCHEDULE**

2017

## For Form 40, Resident Returns Only

Name(s)	as shown on return	Soc	Social Security number	
A. A	Iditions. See instructions, page 20.	+		
1	Federal net operating loss carryover included in Form 40, line 7	<b>.</b> 1	00	
	Object the second of the second of the state by the second of the second	2		
3.		3		
4.		_	- 00	
_		<b>4</b>		
5.	Bonus depreciation. Include computations	<b>5</b>		
6.		<b>-</b> 6		
	Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8	<b>7</b>	00	
	ubtractions. See instructions, page 20.			
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	<b>3</b>	00	
	Energy efficiency upgrades	<b>4</b>	00	
5.	Alternative energy devices deduction			
	Year			
	Acquired Type of Device Total Cost Percent			
	a. 2017	0		
	b. 2016 \$ X 20% = 5b 00	0		
	c. 2015	0		
	d. 2014 \$ X 20% = 5d 00	0		
	e. Add lines 5a through 5d. Can't exceed \$5,000	■ 5e	00	
6.	Child/dependent care. Include federal Form 2441	• 6		
	Social Security and railroad benefits, if included in federal income	<b>7</b>		
	Retirement benefits deduction. Complete Part C	<b>8</b>		
	Technological equipment donation	<b>9</b>		
	Idaho capital gains deduction. Include Form CG	<b>1</b> 0		
	Active duty military pay earned outside of Idaho	<b>1</b> 11		
	Adoption expenses	<b>1</b> 12		
	Idaho medical savings account. Contributions Interest			
	Financial institution Account number	<b>1</b> 3	00	
14.	Idaho college savings program	<b>14</b>		
	Maintaining a home for the aged or developmentally disabled	<b>1</b> 5	1	
	Idaho lottery winnings, less than \$600 per prize	<b>1</b> 6		
	Income earned on a reservation by an American Indian	<b>17</b>		
	Health insurance premiums	<b>18</b>	1 2 2	
	Long-term care insurance	<b>19</b>		
	Workers' compensation insurance	<b>2</b> 0		
21.		<b>2</b> 1		
22.		22	+	
23.	Total subtractions. Add lines 1 through 4 and 5e through 22.			
	Enter here and on Form 40, line 10	<b>2</b> 3	00	
C. Re	tirement benefits deduction. See instructions, page 21, for qualified retirement benefit	s.		
	If single, enter \$32,244, or if married filing jointly, enter \$48,366			
	Federal Railroad Retirement benefits received	_		
	Social Security benefits received 3	-		
	Line 1 minus lines 2 and 3. If less than zero, enter zero	-		
	Qualified retirement benefits included in federal income	_		
	Enter the smaller of line 4 or 5 here and on Part B. line 8	6	00	

Nam	ne(s) as shown on return				Social Secu	urity number			
D.	Credit for income tax paid to other st	ates. See instructions, pa	ge 25.						
	This credit is being claimed for taxes paid to	): <u> </u>		_ (State name)					
	1. Idaho tax, Form 40, line 20		1	00					
	2. Federal adjusted gross income earned in		-			copy of the x return and a			
	Idaho modifications. See instructions	-	2	00		Form 39R for			
	3. Idaho adjusted income. See instructions		3	00	each state credit is cl	e for which a			
	4. Divide line 2 by line 3. Enter percentage	here	4	%	Credit is Cr	airrieu.			
	5. Multiply line 1 by line 4. Enter amount he	re			5	00			
	6. Other state's tax due minus its income ta	x credits			6	00			
	7. Enter the smaller of lines 5 or 6 here and	on Form 40, line 22		•	7	00			
	Credits for Idaho educational entity and Idaho youth and rehabilitation facility contributions and live organ donation expenses. See instructions, page 25.								
	Credit for contributions to Idaho educatio	·	· •	Г	1	00			
	<ol> <li>Credit for contributions to Idaho youth an</li> </ol>				2	00			
	Credit for live organ donation expenses			_	3	00			
	от о								
	4. Total credits. Add lines 1 through 3. Ente	er total here and on Form 40, lin	ne 23		4	00			
_	Maintaining a home for a family mem	bor ago 65 or older or a fr	amily mamba	with a					
	(including you and your spouse) and provate the same of the same o	Yes	No						
	Family Member's Name First Name Last Name	Family Member's Social Security Number	Relationship to Filing Ret	I	ily Member's ite of Birth	Check Here if Developmentally Disabled			
_									
	4. Total amount claimed (\$100 for each qua Enter here and on Form 40, line 43. (Cre on Part B, line 15.)	edit can't be claimed if you took	\$1,000 deduction	on 4		00			
<u> </u>	. Dependents: (Continued from Form	2.40 naga 1 Lina 6a)				I			
G.	•	1 40, page 1, Line 60)							
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