

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box. State Use Only

See page 7 of instructions for the reasons to amend, and enter the number that applies.

For calendar year 2017 or fiscal year beginning _____, ending _____

PLEASE PRINT OR TYPE	Your first name and initial	Last name	Your Social Security number (required)	<input type="checkbox"/> Deceased in 2017
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2017
	Current mailing address			
	City, state, and ZIP Code			Forms available at tax.idaho.gov

FILING STATUS. Check only one box.
If married filing jointly or separately, enter spouse's name and Social Security number above.

1. Single

2. Married filing jointly

3. Married filing separately

4. Head of household

5. Qualifying widow(er)

6. **EXEMPTIONS.** If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself a. Spouse b.

c. List your dependents. If you have more than four, continue on Form 39R. Enter the total number here c.

First name	Last name	Social Security number
_____	_____	____ ____ ____
_____	_____	____ ____ ____
_____	_____	____ ____ ____

d. Total exemptions. Add lines 6a through 6c. Must match federal return d.

INCOME. See instructions, page 7.

7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Include a complete copy of your federal return	7	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R	8	00
9. Total. Add lines 7 and 8	9	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R	10	00
11. TOTAL ADJUSTED INCOME. Subtract line 10 from line 9	11	00

TAX COMPUTATION. See instructions, page 7.

Standard Deduction for Most People

Single or Married Filing Separately: \$6,350

Head of Household: \$9,350

Married Filing Jointly or Qualifying Widow(er): \$12,700

12. CHECK — a. If age 65 or older Yourself Spouse
b. If blind Yourself Spouse
c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 18 and 42.

13. Itemized deductions. Include federal Schedule A. Federal limits apply	13	00
14. All state and local income or general sales taxes included on federal Schedule A, line 5	14	00
15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero	15	00
16. Standard deduction. See instructions, page 7, to determine amount if not standard	16	00
17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero	17	00
18. Multiply \$4,050 by the number of exemptions claimed on line 6d. Federal limits apply	18	00
19. Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero	19	00
20. Tax from tables or rate schedule. See instructions, page 37	20	00

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056
INCLUDE A COMPLETE COPY OF YOUR FEDERAL RETURN.



DON'T STAPLE

21. Tax amount from line 20 21 00

CREDITS. Limits apply. See instructions, page 8.

22. Income tax paid to other states. Include Form 39R and a copy of other states' return 22 00
 23. Total credits from Form 39R, Part E, line 4. Include Form 39R 23 00
 24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44 24 00
 25. TOTAL CREDITS. Add lines 22 through 24 25 00
 26. Subtract line 25 from line 21. If line 25 is more than line 21, enter zero 26 00

OTHER TAXES. See instructions, page 9.

27. Fuels tax due. Include Form 75 27 00
 28. Sales/use tax due on untaxed purchases (internet, mail order, and other) 28 00
 29. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 29 00
 30. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER 30 00
 31. Permanent building fund. Check the box if you received Idaho public assistance payments for 2017 31 10 00
 32. TOTAL TAX. Add lines 26 through 31 32 00

DONATIONS. See instructions, page 9. I want to donate to:

33. Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund
 35. Special Olympics Idaho 36. Idaho Guard and Reserve Family ...
 37. American Red Cross of Idaho Fund 38. Veterans Support Fund
 39. Idaho Foodbank Fund 40. Opportunity Scholarship Program ...
 41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 41 00

PAYMENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.

42. Grocery credit. Computed Amount (from worksheet)
 To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42
 To receive your grocery credit, enter the computed amount on line 42 42 00
 43. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R 43 00
 44. Special fuels tax refund Gasoline tax refund Include Form 75 44 00
 45. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding 45 00
 46. 2017 Form 51 payment(s) and amount applied from 2016 return 46 00
 47. Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1 47 00
 48. Reimbursement Incentive Act credit Claim of Right credit See instructions 48 00
 49. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48 49 00

TAX DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line 49, GO TO LINE 53.

50. TAX DUE. Subtract line 49 from line 41 00
 51. Penalty Interest from the due date Enter total 51 00
 Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal
 52. TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission 52 00
 53. OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid 53 00
 54. REFUND. Amount of line 53 to be refunded to you 00
 55. ESTIMATED TAX. Amount of line 53 to be applied to your 2018 estimated tax 55 00

56. DIRECT DEPOSIT. See instructions, page 12. Check if final deposit destination is outside the U.S.

Routing No. Account No. Type of Checking
 Account: Savings

AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.

57. Total due (line 52) or overpaid (line 53) on this return 57 00
 58. Refund from original return plus additional refunds 58 00
 59. Tax paid with original return plus additional tax paid 59 00
 60. Amended tax due or refund. Add lines 57 and 58 then subtract line 59 60 00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

SIGN HERE Your signature		Spouse's signature (if a joint return, BOTH MUST SIGN)	
Date	Taxpayer's phone number	Preparer's EIN, SSN, or PTIN	
Paid preparer's signature		Preparer's address and phone number	

