IDAHO SUPPLEMENTAL SCHEDULE For Form 43, Part-Year Resident & Nonresident Returns Only

2018

Name(s) as shown on return						Socia	Social Security number					
Α.	A	Additions. See instructions, page 28.						C	Solumn A	- Federal	Column B - Idaho	
	1.	Non-Idaho state and local bond interest and dividends						1		00	. 00	
	2.		avings account withdrav					2		00		00
	3.		tion. Include Form(s) 45							00	•	00
	4.		. Include explanation					4		00	-	00
	5.	Total additions.	Add lines 1 through 4. I	inter here and on For	rm 43, I	ine 29	•••••	5		00	•	00
В.	Sι	ubtractions. Se	ee instructions, page	e 29.								
	1.	Idaho net opera	ting loss carryover 👤									
			ting loss carryback 👤			e		1		00		00
		2. State income tax refund included in Form 43, line 28, Column A						2		00		
			S. government obligation					3		00		00
		•	t care. Include federal F					4		00	•	00
		Social Security and railroad benefits included in Form 43, line 28, Column A Idaho capital gains deduction. Include Form CG						5		00		00
								6		00		00
			active duty military pay							00	•	00
	ο.		avings account. Contri					8		00		00
	۵		tion avings program					9		00		00
			ses					10		00	-	00
			ome for the aged and/o					11		00	-	00
		•	nnings, less than \$600 p					12		00	-	00
		-	on a reservation by an	•				13		00		00
			•					14		00		00
		-	ers' compensation insuranceer's and shareholder's pass-through subtractions					15				00
			nergy efficiency upgrades					16				00
			quipment donation					17		00		00
		_	e premiums					18		00		00
			insurance					19		00	•	00
). Alternative energy device deduction										
		Year	0,7									
		Acquired	Type of Device	Total Cost		Percent						
		a. 2018		\$	Χ	40%	=	20a		00	-	00
		b. 2017		\$	Χ	20%	=	20b		00	•	00
		c. 2016		\$	X	20%	=	20c		00		00
		d. 2015		\$	X	20%	=	20d		00	-	00
		e. Add lines 20	a through 20d. Can't ex	ceed \$5,000				20e		00	-	00
	21.	Add lines 1 thro	ough 19 and 20e					21		00		00
	22	Retirement ben	efits deduction									
,	-2.		er \$33,456; if married fili	ing jointly enter \$50.1	184			22a		00		
		-	oad Retirement receive					22b		00	See instruction	ons,
			ity benefits received					22c		00	 page 33, for qualified retir 	ement
			e 22a minus lines 22b a					22d		00	benefits to be	Э
			rement benefits include					22e		00	included on I 22e and 22g	
			nefits. Smaller of line 22					22f		00	220 and 229	•
			rement benefits include							00	_	00
			2g by line 22e	_				22g 22h			-	%
			nefits deduction. Multipl									
	00		•	-				22i			•	00
			itary pay included in Fo					23		00		
			tion. Include Form(s) 45					24		00	-	00
	25.		ons. Include explanation				1	25		00	-	00
	26.		ns. Column A, add lines									
		Column B, add	lines 21, 22i, 24, and 25	b. Enter here and on	Form 4	3, line 30)	26		00	•	00

Form :	39NR - 2018 EFO0008	7p2 05-18-2018						Pa	age 2
Name(s)		Social Security number							
No	nresidents can't cl	x paid to other states b aim this credit. Idaho resi med for taxes paid to:		y duty, comp	olete Part D k				
4	Idaha adiyatad igas	ome from Form 42 line 22 (Calumn B		-				
	Federal adjusted inco	Column B	1	00	1				
۷.	Idaho modifications	00			a copy of the ax return and a				
3		ed by another state		00	۔ ا	separate Form 39NR			
	Idaho tax, Form 43		00	for each state for which a credit is claimed.			า		
	Divide line 3 by line		%						
	•	ne 5				6			00
7.	Other state's tax du	ue minus its income tax cred	its	• 7	00				
		2. Enter percentage here .			%				
		ne 8				9			00
10.	Enter the smaller of	f line 6 or 9 here and on For	m 43, line 42			10			00
		x paid to other states b	y Idaho residents on	active milit	tary duty.				
Se	e instructions, pa	age 34.							
Thi	s credit is being clair	med for taxes paid to:			_ (State name)				
1	Idaho tay Form 43	, line 41		1	00	Τ	Includo	a conv of th	
	•	ted income. See instructions			00	+		a copy of th tax return and	
		ome from Form 43, line 32, (00	+		te Form 39N state for whice	
	•	-		%	+		is claimed.	JI I	
	•	ne 4. Enter amount here				5			00
		ue minus its income tax cred				_			00
7. Enter the smaller of line 5 or 6 here and on Form 43, line 42						7			00
E. Cro	edits for Idaho ed	ucational entity and Ida	ho youth and rehabil	itation					
fac	cility contribution	s, and live organ donati	on expenses. See ins	structions,	page 35.		1		
	Credit for contributions to Idaho educational entities								00
		ions to Idaho youth and reha							00
3. Credit for live organ donation expenses									00
			= 40.1	40					
		lines 1 through 3. Enter tota				4			00
de 1.	velopmental disa Did you maintain a your spouse) and p Did you maintain a	for a family member agbility. See instructions, home for an immediate fam provide more than one-half of home for an immediate fam your spouse) and provide more than provide more than the form and the form a	page 36. illy member age 65 or old if their support? illy member with a develo	der (not includ	ling you and		⁄es [⁄es [No No	
3.	List each family me	ember you're claiming:							
	Family Me First Name	ember's Name Last Name	Family Member's Social Security Number		Return	mily M Birtho (mm/dd		Check Here Developmenta Disabled	
4.	Enter here and on	ned (\$100 for each qualifying Form 43, line 63. (Credit ca	n't be claimed if you tool	k \$1,000 dedu					00
G. De	pendents: (Cont	inued from Form 43, pa	ge 1, line 6)						
	First Name	Last N	•	Social Sec	urity Number			rthdate n/dd/yyyy)	