2019 Form 43 State Tax Commission Part-year Resident and Nonresident Income Tax Return

Am	ended Return? Check the box.	- 🗍	State	Use Only					
	page 15 of instructions for reasons to								
ame	and and enter the number that applies.								
For	calendar year 2019 or fiscal year be	eginning		, ending _					
or Type	Your first name and initial La	ast name				Your Social Security number (required) Decease in 2019			
nt or	Spouse's first name and initial La	Last name				Spouse's Social Security number (required) Deceased in 2019			
e Print	Current mailing address					Forms and instru	ictions av	vailable at	
Please						daho.gov			
If th	e IRS considers you or your spous	e a nonre		-	ere.	• 📙			
Res	idency Status	Reside		no Resident on ve Military Duty	١	Nonresident Part-year Ro	esident M	ilitary Nonresident	
	ck one for yourself and Yourself] _	• 🗍		• 🗆		• 🗆	
	for your spouse, if a Spouse	1.	²	· • 🗂	3.	· • 🗂 ^{4.} • Ē	Ī	5.	
	or the full menths in			Enter you	ır cui	rrent			
	no this year.	_ • Spou	se	state's at	brev	riation. • Yourself	• Sp	ouse	
Filir	g Status. Check only one box. If marri	ed filing jo	intly or se	parately, ente	er spo	ouse's name and Social	Security n	umber above.	
	. Single 2. Married filing jointly		Married filing eparately	9 4.	Head		fying widow qualifying de		
	See instructions, page 16. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.								
	6a. Yourself 6b. Spouse 6c. Dependents 6d. Total Household								
_	List your dependents below. If you have more than four dependents, continue on Form 39NR. Enter total number						per on line 6c.		
Household	Dependent's first name Dependent's last name				Dependent's SSN	Depend (mr	lent's birthdate n/dd/yyyy)		
sek					op o		iii da/yyyy)		
<u>م</u>									
_									
	See instructions, page 16.						Amounts		
	7. Wages, salaries, tips, etc. Include Form W-2s					7	00		
	9. Dividend income						8	00	
	10. Alimony received					10	00		
daho Income	11. Business income or (loss). Include federal Schedule C or C-EZ						11	00	
	12. Capital gain or (loss). If required, include federal Schedule D					12	00		
<u>n</u>	13. Other gains or (losses). Include federal Form 4797					13	00		
ho	14. IRA distributions (taxable amount)					14	00		
<u>6</u>	15. Pensions and annuities (taxable amount)					15	00		
	16. Rents, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E					16	00		
	17. Farm income or (loss). Include federal Schedule F						17	00	
	18. Unemployment compensation						10	100	
		าท				······································	18	00	
	20. Total Income. Add lines 7 through						18 19 20	00 00 00	

Continue to page 2.



						_
ldaho Adjustments	See instructions, page 17. 21. Deductions for IRAs, health savings accou	ots and IPC 501(c)(18)(D) rot	iromont plan	21		00
	22. Moving expenses alimony paid and studer	\vdash		00		
	23 Deductions for self-employment tax, health	22. Moving expenses, alimony paid and student loan interest				
	24. Penalty on early withdrawal of savings	·	·	\vdash		00
Ă	25. Other deductions. See instructions			\vdash		00
ahc	26. Total Adjustments. Add lines 21 through 2			26		00
<u> </u>				\vdash		+
	27. Adjusted Gross Income. Subtract line 26				 :olumn B - Idah	00
	28. Enter amount from federal Form 1040, line	28. Enter amount from federal Form 1040, line 8b.				
	Enter amount from line 27 in Column B					00
	29. Additions from Form 39NR, Part A, line 5. Include Form 39NR					00
	30. Subtractions from Form 39NR, Part B, line 26. Include Form 39NR					00
	31. Qualified business income deduction		00	+-		00
	32. Total Adjusted Income. Add lines 28 and	 		}		-
	lines 30 and 31		00) -		00
Sii Marr Sep	for Most People 33. Check — b. If blind	Spouse				
'	\$12,200 34. Itemized deductions. Include federal	34		00		
Hou	lousehold: 35. State and local income or general sa	-		00		
'	36. Subtract line 35 from line 34. If you d	\Box		00		
Jo	Jointly or 37. Enter the standard deduction for you	of Filing -37. Enter the standard deduction for your filing status. See instructions, page 19,				
Wic	Vidow(er):	w(er):				
Φ2	38. Enter the larger of line 36 or line 37. 39. Idaho percentage. Divide line 32, Co			38		<u> 00</u> %
	40. Multiply amount on line 38 by the percenta		40		00	
	41. Idaho taxable income. Subtract line 40 from	41		00		
	42.Tax from table or rate schedule. See instruc			42		00
	43. Income tax paid to other states. Include Fo	<u>, </u>		43		00
छ	44. Total credits from Form 39NR, Part E, line	44		00		
Credits	45. Total business income tax credits from For	45		00		
ပ်	46. Idaho Child Tax Credit. Computed amount	46		00		
	47. Line 42 minus lines 43 through 46. If less the	nan zero, enter zero		47		00
	48. Fuels use tax due. Include Form 75	48		00		
axes	49. Sales/use tax due on untaxed purchase:	49		00		
	50. Total tax from recapture of income tax cred Include Form 44	50. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44				
Other Taxes	51. Tax from recapture of qualified investment Include Form 49ER	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER				
Ö		52. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2019				
	53. Total Tax. Add lines 47 through 52	53		00		

Continue to page 3.



Form 43

2019

(continued)

, 0	I want to donate to:							
Donations	54. Veterans Support Fund							
	56. Idaho Guard and Reserve Family 57. Idaho Children's Trust Fund 58. Special Olympics Idaho 59. Idaho Nongame Wildlife Fund							
	· · · · · · · · · · · · · · · · · · ·		•					
	62. Total Tax Plus Donations. See instructions, p						62	00
	63. Grocery Credit. Computed amount from works	sheet nage	23					
	To donate your grocery credit to the Cooperat							
	check the box and enter zero on line 63							
	To receive your grocery credit, enter the computed amount on line 63						63	00
	64. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR						64	00
Payments	65. Special fuels tax refund Gasoline tax refund Include Form 75						65	00
/me	66. Idaho income tax withheld. Include Form W-29	s and any	1099s th	at				
Рау	show Idaho withholding	from 2018	roturn			····· •	66	00
							07	- 00
	68. Pass-through income tax. Paid by entity • Include Form ID K-1s		_ VVII	nneia • _			68	00
	69. Tax Reimbursement Incentive credit •	Cla	im of Rig	ht credit				
	See instructions						69	00
	70. Total Payments and Other Credits. Add line						70	00
	71. Tax Due. If line 62 is more than line 70, subtra	act line 70	from line	62	·······•	71		00
Due	72. Penalty • Interest from the due	e date •		Er	ter total		72	00
Тах Г	Check the box if penalty is caused by an unqualified Idaho medical							
ï	savings account withdrawal							
	Idaho State Tax Commission					···· •	73	00
þ	74. Overpaid. If line 62 is less than 70, subtract line	es 62 and 7	2 from lin	e 70		. <u></u>	74	00
Refund	75. Refund. Amount of line 74 to be refunded to y	75. Refund. Amount of line 74 to be refunded to you						00
Ϋ́	76. Estimated Tax. Amount of line 74 to be applied to your 2020 estimated tax						76	00
	77. Direct Deposit. See instructions, page 25. • Check if final deposit destination is o						utside	of the U.S.
	Routing No.							
	Type of Account:							Checking
	Account No.						• 🗌	Savings
be	78. Total due (line 73) or overpaid (line 74)						78	00
Amended	79. Refund from original return plus additional refunds						79	00
\me	80. Tax paid with original return plus additional tax paid						80	00
_	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid pi						81	00
•	☐ Under penalties of perjury, I declare that to the best of my	y knowledge	and belief	this return	n is true, correct	and co	mplete.	See instructions.
						Tax	cpayer's	phone number
Sig:		Preparer's EIN, SSN or PTIN P				Pre	Preparer's phone number	
						·		
Prep	arer's address		State	ZIP Cod	de	Da	te	
		-			<u> </u>			
	MAIL TO: Idaho State Tax Commission, PO Box			6-0056				

Include a complete copy of your federal return.



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