## State Tax Commission

## Form 43 2020 Part-year Resident and Nonresident Income Tax Return

See	ended Return? Check the box. page 15 of instructions for reasons to and enter the number that applies		State	Use Only					
For calendar year 2020 or fiscal year beginning, ending									
'pe	Your first name and initial					Your Social Security number (required)			
Print or Type	Spouse's first name and initial	Last name			Spouse's Social Security number (required)  Deceased in 2020				
	Current mailing address Form				Forms and instru	Forms and instructions available at			
Please	City State ZIP Code				tax.idaho.gov				
lf th	e IRS considers you or your spo	use a nonr	esident ali	en, check here	<u>. •                                   </u>				
Residency Status  Check one for yourself and one for your spouse, if a joint return.  Resident  Resident  Resident  Active Military Duty  Nonresident  Part-year Resident  Military Nonresident  2 3 4 5 5 5.							Military Nonresident 5.		
Ent Idal	er the full months in on this year. Yourself _	• Spo	use	Enter your of state's abbr		•	Spouse		
Filir	g Status. Check only one box. If ma	rried filing j	ointly or se	parately, enter s	spouse's name and Social	Securit	y number above.		
,	. Single 2. Married filing jointly	3.	Married filin separately			ifying wid	dow(er) g dependents		
Household	See instructions, page 16. If some 6a. Yourself 6b. Spous List your dependents below. If you  Dependent's first name	se have more t	6c. Depe	ndents	6d. Total Household	r total nu Dep	umber on line 6c. endent's birthdate (mm/dd/yyyy)		
	See instructions, page 16.					Ida	aho Amounts		
	7. Wages, salaries, tips, etc. Inc				······································	<del></del>	00		
	Taxable interest income      Dividend income					8	00		
	9. Dividend income					9	00		
Je	11. Business income or (loss). Include federal Schedule C or C-EZ					11	00		
COU	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		
Idaho Income	14. IRA distributions (taxable amount)					14	00		
	15. Pensions and annuities (taxable amount)					15	00		
	16. Rents, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E					16	00		
	18. Unemployment compensation					18	00		
	19. Other income. Include explanation					19	00		
	20. <b>Total Income.</b> Add lines 7 through 19				20	00			

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Idaho Adjustments	See instructions, page 17.					
	21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan	n •	21		00	
	22. Moving expenses, alimony paid, and student loan interest	<b>.</b>	22		00	
	23. Deductions for self-employment tax, health insurance, and qualified retirement plans		23		00	
	24. Penalty on early withdrawal of savings	······	24		00	
	25. Other deductions. See instructions	······	25		00	
	26. Total Adjustments. Add lines 21 through 25		26		00	
	27. Adjusted Gross Income. Subtract line 26 from line 20				00	
	Column A - Federal			Column B - Idaho		
	28. Enter amount from federal Form 1040, line 11. Enter amount from line 27 in Column B				00	
	29. Additions from Form 39NR, Part A, line 5.				00	
	Include Form 39NR				00	
	30. Subtractions from Form 39NR, Part B, line 27. Include Form 39NR				00	
	31. Qualified business income deduction	00	<del>                                     </del>		00	
	32. Total Adjusted Income. Add lines 28 and 29 minus				-	
	lines 30 and 31 32	00	•		00	
	tandard a lf age 65 or older	100				
fo	or Most					
		ise				
Marı	c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 63					
	2,400				_	
	Head of 34. Itemized deductions. Include federal Schedule A. Federal limits apply	34		00		
	iehold: 35. State and local income or general sales taxes included on federal Schedule A				00	
	36. Subtract line 35 from line 34. If you don't use federal Schedule A, enter zero	36		00		
Qu	ualifying to determine amount if not standard	37		00		
	low(er):   24,800   38. Enter the <b>larger</b> of line 36 or line 37		38		00	
	39. Idaho percentage. Divide line 32, Column B, by line 32, Column A		39		%	
	40. Multiply amount on line 38 by the percentage on line 39 and enter the result here		40		00	
	41. Idaho taxable income. Subtract line 40 from line 32, Column B	······	41		00	
	42. <b>Tax</b> from table or rate schedule. See instructions, page 52	······	42		00	
	43. Income tax paid to other states. Include Form 39NR and other states' returns				00	
ij	44. Total credits from Form 39NR, Part E, line 4. Include Form 39NR	44		00		
Credits	45. Total business income tax credits from Form 44, Part I, line 10. Include Form 44				00	
O	46. Idaho Child Tax Credit. Computed amount from worksheet on page 21	46		00		
	47. Line 42 minus lines 43 through 46. If less than zero, enter zero		47		00	
Other Taxes	48. Fuels use tax due. Include Form 75				00	
	49 . Sales/use tax due on untaxed purchases (online, mail order, and other)	49		00		
	50. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	50		00		
	51. Tax from recapture of qualified investment exemption (QIE).					
	Include Form 49ER				00	
	52. Permanent building fund tax.  Check the box if you received Idaho public assistance payments for 2020			10	00	
	53. <b>Total Tax.</b> Add lines 47 through 52				00	
	00. Idia Tax. Add IIII65 47 IIII0ugii 02	······ -	53		00	

Continue to page 3.



		ant to donate to:			
Donations	54.	. Idaho Nongame Wildlife Fund • 55. Idaho Children's Trust Fund			
	56.	S. Special Olympics Idaho • 57. Idaho Guard and Reserve Family •			
	58.	American Red Cross of Idaho Fund • 59. Veterans Support Fund			
	60.	I. Idaho Foodbank Fund • 61. Opportunity Scholarship Program •			
	62.	Total Tax Plus Donations. See instructions, page 22. Add lines 53 through 61		62	00
	63.	. Grocery Credit. Computed amount from worksheet page 24			
		To donate your grocery credit to the Cooperative Welfare Fund,			
		check the box and enter zero on line 63			
		To receive your grocery credit, enter the computed amount on line 63	63	00	
<b>,</b>	64.	. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR			00
î	65.	. Special fuels tax refund Gasoline tax refund Include Forn	65	00	
Payments		. Idaho income tax withheld. Include Form W-2s and any 1099s that			
Pa		show Idaho withholding	-	00	
		2020 Form 51 payments and amount applied from 2019 return		67	00
	68.	Pass-through income tax. Paid by entity • Withheld • Include Form ID K-1s			00
				68	00
	69.	99. Tax Reimbursement Incentive credit • Claim of Right credit • See instructions			00
	70	70. Total Payments and Other Credits. Add lines 63 through 69			00
		. <b>Tax Due.</b> If line 62 is more than line 70, subtract line 70 from line 62		70	00
ø		Penalty • Interest from the due date • Enter total		72	
x Due	12.	Check the hox if penalty is caused by an unqualified Idaho medical		12	00
Тах		savings account withdrawal			
	73. ——	I. Total Due. Add lines 71 and 72. Pay online or make check payable to the Idaho State Tax Commission	73	00	
ַס	74.	4. Overpaid. If line 62 is less than 70, subtract lines 62 and 72 from line 70			00
Refund	75.	Refund. Amount of line 74 to be refunded to you	• 75		00
Ř	76.	Estimated Tax. Amount of line 74 to be applied to your 2021 estimated tax		76	00
		. Direct Deposit. See instructions, page 25. • Check if final deposit destination	<u> </u>		
				• Checki	
	• RC	outing No. Type of	Account:	• Check	ing
	■ Ac	ccount No.		■ Saving	js
70	78.	Total due (line 73) or overpaid (line 74)	78	00	
Amended		Refund from original return plus additional refunds	79	00	
ner		Tax paid with original return plus additional tax paid	80	00	
Ā	81.	. Amended tax due or refund. Add lines 78 and 79 then subtract line 80	81	00	
•[	] Wi	Vithin 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with Inder penalties of perjury, I declare that to the best of my knowledge and belief this return is true, con	the paid p	reparer identifie	d below.
		Your signature Spouse's signature (if a joint return, both must signature)	xpayer's phone n		
Sigi	•	•  •			
Her		Paid preparer's signature Preparer's EIN, SSN or PTIN	Pr	reparer's phone number	
Pron		's address State ZIP Code	Da	nte.	
, 16p	u101 3	o dadi-oso			
	M	MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056			

Include a complete copy of your federal return.

