State Tax Commission

Form 43 2021 Part-year Resident and Nonresident Income Tax Return

Am	nended Return? Check the box.	State	Use Only						
See page 15 of the instructions for reasons to									
amend, and enter the number that applies.									
For calendar year 2021 or fiscal year beginning, ending									
уре	Your first name and initial Last name			Your Social Security number (required) Deceased in 2021					
t or Type	Spouse's first name and initial Last name			Spouse's Social Security number (required) Decease in 2021					
Print	Current mailing address								
Please				Forms and instructions available at tax.idaho.gov					
Ple	City State ZIP code tax.ic			ano.gov					
If th	he IRS considers you or your spouse a nonreside	ent ali	en, check here.	• 🗆					
Res	sidency Status Resident		no Resident on	Name aid and Dantas and D		1::			
	eck one for yourself and Yourself	Activ	ve Military Duty I	Nonresident Part-year Re	esident iv	lilitary Nonresident			
one	e for your spouse, if a	2		. •	\dashv	5.			
	t return. Spouse •		<u> </u>	<u> </u>		<u> </u>			
	ter the full months in ho this year. • Yourself • Spouse		Enter your cur state's abbrev		• Sp	oouse			
Filir	ng Status. Check only one box. If married filing jointly	y or se	parately, enter sp	ouse's name and Social	Security i	number above.			
	1. Single 2. Married filing 3. Marr	ied filing	g 4. Head	d of 5. Quali	fying widov	v(er)			
		rately				ependents			
	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								
Þ	List your dependents below. If you have more than four dependents, continue on Form 39NR. Enter				dent's birthdate				
Household	Dependent's first name Depen	dent's l	ast name	Dependent's SSN		m/dd/yyyy)			
snc									
Ĭ									
	See instructions, page 16.				Idah	o Amounts			
	7. Wages, salaries, tips, etc. Include Form W-2s				7	00			
	Taxable interest income				8	00			
	9. Dividend income				9	00			
	10. Alimony received					00			
me	11. Business income or (loss). Include federal Schedule C or C-EZ					00			
Idaho Income	12. Capital gain or (loss). If required, include federal Schedule D				12	00			
	13. Other gains or (losses). Include federal Form 4797				13	00			
	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					00			
	19. Other income. Include explanation					00			
	20. Total Income. Add lines 7 through 19			20	00				

Continue to page 2.



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(continued)

	See i	instructions, page 17.						
ldaho Adjustments	21. [Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(I	. •	21	\Box	00		
	22. N	2. Moving expenses, alimony paid, and student loan interest						00
	23. [3. Deductions for self-employment tax, health insurance, and qualified retirement plans						00
	24. F	Penalty on early withdrawal of savings			[24		00
) P	25. C	Other deductions. See instructions				25		00
lda	26. T	6. Total Adjustments. Add lines 21 through 25						00
	27. A	77. Adjusted Gross Income. Subtract line 26 from line 20						00
			C	olumn A - Federa	al	Column B - Id	ahç)
	28. E	Enter amount from federal Form 1040, line 11. Enter amount from line 27 in Column B	28		00			00
		Additions from Form 39NR, Part A, line 5. nclude Form 39NR	29		00			00
	30. S	Subtractions from Form 39NR, Part B, line 27. nclude Form 39NR	30		00			00
		Fotal Adjusted Income. Add lines 28 and 29 minus ine 30	31		00			00
		7						
Dec	andard duction	a. If age 65 or older	ursel	f • Spouse				
	r Most eople	32. Check - b. If blind	ursel	f • Spouse				
	ngle or	c. If your parent or someone else can claim you						
Sep	ied Filing arately:	tely:						
	2,550	33 Itemized deductions Include federal Schedule A Federal limits apply						00
Hou	ead of sehold:	hold: 34. State and local income or general sales taxes included on federal Schedule A						00
`	8,800	35. Subtract line 34 from line 33. If you don't use federal Schedule A, enter zero						00
Jo	Agried Filing Jointly or Qualifying Agried Filing Jointly or Qualifying Agried Filing Jointly or Agried Filing Jointly					36		00
	low(er): 25,100	37. Enter the larger of line 35 or line 36			.	37		00
		38. Idaho percentage. Divide line 31, Column B, by line 31, Col			- 1	38	-0,	%
	39. N	Multiply amount on line 37 by the percentage on line 38 and enter t	he re	esult here	. [39		00
	40. 0	Qualified business income deduction			•[40		00
	41. Idaho taxable income. Subtract lines 39 and 40 from line 31, Column B					41		00
	42. 1	Tax from table or rate schedule. See instructions, page 53			•	42		00
	43. I	ncome tax paid to other states. Include Form 39NR and other state	s' re	turns	. •	43		00
its	44. 1	1. Total credits from Form 39NR, Part E, line 4. Include Form 39NR						00
Credits		Total business income tax credits from Form 44, Part I, line 10. Include Form 44						00
O	46. l	6. Idaho Child Tax Credit. Computed amount from worksheet on page 21					\dashv	00
		7. Line 42 minus lines 43 through 46. If less than zero, enter zero					\dashv	00
		Fuels use tax due. Include Form 75			- 1	48 49	\dashv	00
G		9. Sales/use tax due on untaxed purchases (online, mail order, and other)					\dashv	00
Жe	ວບ. I	0. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44				50		00
Other Taxes	51. T	i1. Tax from recapture of qualified investment exemption (QIE).						
		Include Form 49ER				51		00
	52. F	2. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2021				52	10	00
		3. Total Tax. Add lines 47 through 52						00

Continue to page 3.



		nt to donate to:							
Donations			. Idaho Children's Trust	Fund	•				
		·	. Idaho Guard and Rese	•					
			. Veterans Support Fun						
Ŏ	60.	Idaho Food Bank Fund • 61.	. Opportunity Scholarship	Program	•				
	62.	Total Tax Plus Donations. See instructions, pa	age 22. Add lines 53	through 61		62	00		
	63.	Grocery Credit. Computed amount from works	heet on page 23	• <u></u>					
		To donate your grocery credit to the Cooperative	ve Welfare Fund,						
		check the box and enter zero on line 63							
		To receive your grocery credit, enter the con	• 63	00					
ß		Maintaining a home for family member age 65 developmentally disabled. Include Form 39NR		00					
je n		65. Special fuels tax refund Gasoline tax refund Include Form 75					00		
Payments	66. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding					. 66	00		
<u>a</u>	67.	2021 Form 51 estimated payments and amoun				-	00		
	68.	Paid by entity • Withheld •	ABE •		_				
		See instructions. Include Form ID K-1s				68	00		
	69.	Tax Reimbursement Incentive credit •							
		See instructions				69	00		
		Total Payments and Other Credits. Add lines				Т.	00		
		Tax Due. If line 62 is more than line 70, subtraction					00		
Due	72.	Penalty • Interest from the due			otal	72	00		
Tax [Check the box if penalty is caused by an unqualified Idaho medical savings account withdrawal								
	73. Total Due. Add lines 71 and 72. Pay online or make check payable to the Idaho State Tax Commission						00		
ъ	74.	74. Overpaid. If line 62 is less than 70, subtract lines 62 and 72 from line 70					00		
Refund		Refund. Amount of line 74 to be refunded to yo	T	00					
~ ~		Estimated Tax. Amount of line 74 to be applied		00					
		Direct Deposit. See instructions, page 25.							
	Routing No. Type of Action Type of Acti						Checking		
	- ^ -	agust No.	 _ [Savings					
	• AC	count No.				•] cavings		
þe	78.	Total due (line 73) or overpaid (line 74)				78	00		
ğu	79.	Refund from original return plus additional refund	• 79	00					
Amended		Tax paid with original return plus additional tax	• 80	00					
٩		Amended tax due or refund. Add lines 78 and 7	81	00					
•] Wi	ithin 180 days of receiving this return, the Idaho State Tander penalties of perjury, I declare that to the best of my	ax Commission may dis knowledge and belief t	scuss this retur his return is tru	n with the paid le, correct, and	prepare I comple	r identified below. te. See instructions.		
	Yo	our signature	Taxpayer	's phone number					
Sign		Propagar's Cignature				Dronarar	reparer's phone number		
Her	9 Pa					riepaiel	a priorie number		
Preparer's address State ZIP code						Date			
	M	AIL TO: Idaho State Tax Commission, PO Box	56, Boise, ID 83756	-0056					

Include a complete copy of your federal return.