

8734

F 40 R EFO00089 IDAHO INDIVIDUAL INCOME TAX RETURN

			_		_					
AME	NDED RE	TURI	N, check the	e box. ■	State Use Only					
			e 6 for the re er the numbe							
						י	Your Social Secur	ity Numbe	er (required)	
	Your first na				Last name	·				
K.							Spouse's Social S	Security No	umber (required)	
PLEASE PRINT OR TYPE	Spouse's first name and initial				ast name					
	Mailing address						Taxpayer deceased in 2012		you need Idaho come tax forms	
	City, State,	, and Zi _l	o Code				Spouse deceased in 2012	mailed to you next year?		
Δ										
			Check only o		6. EXEMPTIONS.	If someone can clair	m you as a Enter "1" in b	ooxes 6a	. Yourself a	. 🔲
	_	•		rate return, enter ecurity Number abov		dependent, leave bo	•		Spouse b	
Spot			u Social Se	scurity Number abov		dents. If more thar	n four dependents, continu	ue on F	orm 39R.	
	1. S	ingle				umber here				;. <u> </u>
	2. M	larried	l filing joint	return	First name		Last name	Social S	Security Number	
	3. M	larried	I filing sepa	rate return						
	4. H	ead o	f household	I						
	5Q	uality	ing widow(e	er)	d Total exemption	a Add lines Co the	rough Co. Must match fod	loral rat		
		Must	match fede	eral return.	d. Total exemption	s. Add lines 6a thr	ough 6c. Must match fed	ierai ret	urn a	ı
			ructions, p	•						
7. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21;									00	
or federal Form 1040EZ, line 4. Include a complete copy of your federal return									00	
9. Total. Add lines 7 and 8										00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R								10		00
				ME. Subtract line 10 tecting to forgo the carr	rom line 9. yback period, check here			11		00
				structions, page 7.	ybaok period, driedk fierk	<u> </u>				00
., .,	00	.,	741 000 III.	a. If age 65 or olde	r	Yourself •	Spouse			
St	andard	12.	CHECK —	b. If blind	······································	Yourself •	Spouse			
De	duction or Most			c. If your parent or	someone else can claim	you as a depende	ent,			
	People			check here and	enter zero on lines 18 ar	nd 42. 🛚 🔝				
S	ingle or	13.	Itemized d	eductions. Include fee	deral Schedule A			13		00
	ried filing parately:	14.		nd local income taxes						
	\$5,950		federal Sc	hedule A, line 5	14		00			
	lead of	15.	Subtract li	15		00				
\$	usehold: ^L \$8,700	16.	Standard of	4.0						
	ried filing				•			16		00
	ointly or ualifying			ne LARGER of line 15	17		00			
Wid	dow(er):							18		00
	, 500	19.	Idaho taxa	ble income. Subtract	line 18 from line 17. If le	ess than zero, ente	r zero	19		00
		20	Tax from ta	ables or rate schedule	. See instructions, page	36	-	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.



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21.	Tax amount from line 20	21		00								
CRE	DITS. Limits apply. See instructions, page 8.											
22.	Income tax paid to other states. Include Form 39R and a copy of other state return 22 00											
	Total credits from Form 39R, Part E, line 4. Include Form 39R	credits from Form 39R, Part E, line 4. Include Form 39R										
24.	Total business income tax credits from Form 44, Part I, line 12. Include Form 44 24 00											
25.	TOTAL CREDITS. Add lines 22 through 24	25		00								
	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero	26		00								
OTH	ER TAXES. See instructions, page 8. Fuels tax due. Include Form 75	27		00								
	Sales/Use tax due on Internet, mail order, and other nontaxed purchases	28		00								
	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	29		00								
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	30		00								
	Permanent building fund. Check the box if you are receiving Idaho public assistance payments	31	1	0 00								
	TOTAL TAX. Add lines 26 through 31	32	•	00								
	IATIONS. See instructions, page 8. I want to donate to:	02		00								
	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund											
	Special Olympics Idaho											
	American Red Cross of Greater Idaho Fund 38. Veterans Support Fund											
	Idaho Foodbank		I									
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	41		00								
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 9.											
42.	Grocery credit. Computed Amount (from worksheet)		T									
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42.	40		00								
40	To receive your grocery credit, enter the computed amount on line 42			00								
	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R	_		00								
	Special fuels tax refund Gasoline tax refund Include Form 75	44 45		00								
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	45		00								
	2012 Form 51 payment(s) and amount applied from 2011 return	46		00								
	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1 Hire One Act credit for new employees. Include Form 72			00								
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48	49		00								
	DUE or REFUND. See instructions, page 10. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line		GO TO LINE 53	00								
144	DOL of Ref OND. See instructions, page 10. If time 41 is more than time 43, GO TO LINE 30. If time 41 is less than time	- 43 ,	GO TO LINE 33.	7								
50.	TAX DUE. Subtract line 49 from line 41			00								
- 4				_								
51.	Penalty Interest from the due date Enter total	51		00								
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account											
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											
04.	TELE CIVID. Pariodit of line on to be refunded to you			00								
55.	ESTIMATED TAX. Amount of line 53 to be applied to your 2013 estimated tax	55		00								
56. DIRECT DEPOSIT. See instructions, page 11. • Check if final deposit destination is outside the U.S.												
■ Rou	uting No.											
	7,000dil 110.		Account:	Savings								
	ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.											
	Total due (line 52) or overpaid (line 53) on this return	57		00								
	Refund from original return plus additional refunds	58		00								
	Tax paid with original return plus additional tax paid	59		00								
60.	Amended tax due or refund. Add lines 57 and 58 and 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	Vous cignature (if a joint return ROTH MUST SIGN)											
HERE "												
Date	Daytime phone Preparer's EIN, SSN, or PTIN											
D												
Paid p	oreparer's signature Address and phone number											
	0 1 2 1	5	2 9 5									