|                         | -<br>ج لا<br>شقع<br>AHO I   | 10<br>0000<br>-10-13             | 2013<br>BIVIDUAL INCOME TAX RETURN   |   |                   |              |             |        |      |                      |  |
|-------------------------|---|----------------------------------|--|---|-------------------|--------------|-------------|--------|------|----------------------|--|
| AME<br>See ir           | NDED RE   | TUR                              | N, check the box.  State Use Only  |   |                   |              |             |        |      |                      |  |
|                         |   |                                  | 2013, or fiscal year beginning , ending  |   |                   |              |             |        |      |                      |  |
|                         | Your first na   | -                                | Vour Social S  | ecurity Number  | (requir           | ed)          |             |        |      |                      |  |
| PLEASE PRINT OR<br>TYPE |   |                                  |  |   |                   |              |             |        |      | Deceased<br>in 2013  |  |
|                         | Spouse's f  | irst nan                         | me and initial Last name Spouse's Soc  | ial Security Num  | nber (r           | equir        | ed)         |        |      |                      |  |
|                         |   |                                  |  |   |                   |              |             |        |      | Deceased             |  |
|                         | Mailing add   | dress                            |  |   |                   |              |             |        |      | in 2013              |  |
| LEA                     |   |                                  |  | Do you need Idaho income tax forms mailed to you next year? |                   |              |             |        |      |                      |  |
| ₽.                      | City, State,  | and Zi                           | p Code   | • Yes • No  |                   |              |             |        |      |                      |  |
| lf fili                 | ng marrie<br>use's nan  | ed joi                           | <ul> <li>Check only one box.</li> <li>6. EXEMPTIONS. If someone can claim you as a dependent, leave box 6a blank.</li> <li>c. List your dependents. If more than four dependent Enter the total number here</li> </ul>   |   | ey app<br>ue or   | ply.<br>n Fc | S<br>Sorm 3 |        | e b  |                      |  |
|                         | 2. M  | arried                           | d filing joint return First name Last name   |   | Soci              | al Se        | ecuri       | ty Nur | nber |                      |  |
|                         |   |                                  |  |   |                   |              |             |        |      |                      |  |
|                         | 3. M  | arried                           | d filing separate return   |   |                   |              |             |        |      |                      |  |
|                         | 4. H  | ead o                            | of household   |   |                   |              |             |        |      |                      |  |
|                         | 5. Q  | ualify                           | ring widow(er)   |   |                   |              |             |        |      |                      |  |
|                         |   |                                  | d. Total exemptions. Add lines 6a through 6c. Mu   | ist match fee   | leral             | retu         | rn.         |        | d    |                      |  |
| 7.<br>8. /<br>9.        | Enter you<br>or federal<br>Additions<br>Total. Ad   | r fede<br>Form<br>from<br>d line | tructions, page 7.<br>eral adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21;<br>n 1040EZ, line 4. Include a complete copy of your federal return<br>Form 39R, Part A, line 7. Include Form 39R<br>es 7 and 8<br>om Form 39R, Part B, line 23. Include Form 39R |   | 7<br>8<br>9<br>10 |              |             |        |      | 00<br>00<br>00<br>00 |  |
| 11.                     | TOTAL A   | DJUS                             | STED INCOME. Subtract line 10 from line 9  |   | 11                |              |             |        |      | 00                   |  |
|                         |   |                                  | DN. See instructions, page 7.  |   |                   | <u> </u>     |             |        |      |                      |  |
| De<br>Fe                | tandard<br>eduction<br>or Most<br>People  | 12.                              | CHECK — a. If age 65 or older Yourself Spouse<br>b. If blind Yourself Spouse<br>c. If your parent or someone else can claim you as a dependent,<br>check here and enter zero on lines 18 and 42.   |   |                   |              |             |        |      |                      |  |
| s                       | ingle or  | 13.                              | Itemized deductions. Include federal Schedule A  | •   | 13                |              |             |        |      | 00                   |  |
|                         | rried filing parately:  | 14.                              | 14. All state and local income or general sales taxes included on  |   |                   |              |             |        |      |                      |  |
|                         | \$6,100   |                                  | federal Schedule A, line 5   |   |                   |              |             |        |      | 00                   |  |
|                         | Head of   | 15.                              | Subtract line 14 from line 13. If you do not use federal Schedule A, enter zero  |   | 15                |              |             |        |      | 00                   |  |
|                         | usehold: 16. Standard deduction. See instructions page 7 to determine standard deduction amount<br>if different than the Standard Deduction For Most People |                                  |  |   |                   |              |             |        |      | 00                   |  |
| J                       | ried filing<br>ontly or 17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero  |                                  |  |   |                   |              |             |        |      | 00                   |  |
| Wi                      | ualifying<br>idow(er):  | 18.                              | Multiply \$3,900 by the number of exemptions claimed on line 6d  |   | 18                |              |             |        |      | 00                   |  |
| \$                      | 512,200   | 19.                              | Idaho taxable income. Subtract line 18 from line 17. If less than zero, enter zero   |   | 19                |              |             |        |      | 00                   |  |
|                         |   | 20.                              | Tax from tables or rate schedule. See instructions, page 36  |   | 20                |              |             |        |      | 00                   |  |
|                         |   |                                  | Continue to page 2.  |   | 1                 |              |             |        |      |                      |  |

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 INCLUDE A COMPLETE COPY OF YOUR FEDERAL RETURN.



|            | Form 40 - 2013<br>EFO00089p2 09-10-13  |            | Pa            | age 2  |
|------------|--|------------|---------------|--------|
| 21.        | Tax amount from line 20  | 21         |               | 00     |
| CRE        | DITS. Limits apply. See instructions, page 8.  |            | <u> </u>      |        |
|            | 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  | 1          |               |        |
| 24.        | Total business income tax credits from Form 44, Part I, line 12. Include Form 44 24 00   | -          |               |        |
|            | 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     |
|            | ER TAXES. See instructions, page 8.  | 1-0        |               |        |
|            | Fuels tax due. Include Form 75   | 27         |               | 00     |
| 28.        | Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)  | 28         |               | 00     |
| 29.        | Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44  | 29         |               | 00     |
| 30.        | Tax from recapture of qualified investment exemption (QIE). Include Form 49ER  | 30         |               | 00     |
| 31.        | Permanent building fund. Check the box if you are receiving Idaho public assistance payments   | 31         | 10            | 00     |
| 32.        | TOTAL TAX. Add lines 26 through 31   | 32         |               | 00     |
| DON        | IATIONS. See instructions, page 8. I want to donate to:  |            |               |        |
| 33.        | Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund   |            |               |        |
|            | Special Olympics Idaho 36. Idaho Guard and Reserve Family  |            |               |        |
|            | American Red Cross of Greater Idaho Fund   |            |               |        |
| 39.        | Idaho Foodbank 40. Opportunity Scholarship Program •   |            |               |        |
|            | 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)   |            |               |        |
|            | To receive your grocery credit, enter the computed amount on line 42   | 42         |               | 00     |
| 43         | 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         |               | 00     |
|            | Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding   |            |               | 00     |
|            | 2013 Form 51 payment(s) and amount applied from 2012 return  |            |               | 00     |
|            | Pass-through income tax. Withheld • Paid by entity • Include Form(s) ID K-1  | 47         |               | 00     |
|            | 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   | ⊥<br>1e 49 | GO TO LINE 53 |        |
|            |  |            |               |        |
| 50.        | TAX DUE. Subtract line 49 from line 41   |            |               | 00     |
| <b>F</b> 4 | Develop a lateration data a Estadate   |            |               |        |
| 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  |            |               | 00     |
|            |  |            |               |        |
| 55.        | ESTIMATED TAX. Amount of line 53 to be applied to your 2014 estimated tax  | 55         |               | 00     |
| 56.        | DIRECT DEPOSIT. See instructions, page 11. • Check if final deposit destination is outside the U.S.  |            | - ( • Ch      | ecking |
| • Roi      | uting No. Account No.  |            |               | CONIN  |
|            |  |            | Account:      | vings  |
|            | 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     |
| 58.        | 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<br>Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See ins |            |               |        |
| 8101       |  |            | ю.<br>        |        |
| SIGN       |  |            |               |        |
| Date       | Daytime phone Preparer's EIN, SSN, or PTIN   |            |               |        |
|            |  |            |               |        |
| Paid p     | Address and phone number   |            |               |        |
| •          | 0.1.3  | 1          | 5 2 9 5       |        |