

IDAHO DOMESTIC DISCLOSURE SPREADSHEET  
NONBUSINESS INCOME/LOSS  
FORM DDS-2, Page 1

FILER: \_\_\_\_\_

INCOME YEAR ENDED: \_\_\_\_\_

(a)  State	(b)  Key Name or Corporation Number	(c)  Combined Filing Designation Code	(d)  Net Income Before State Adjustments	(e)  Net Income After State Adjustments	(f)  Business Income