IDAHO DOMESTIC DISCLOSURE SPREADSHEET
NONBUSINESS INCOME/LOSS
FORM DDS-2D

FILER:_____

INCOME YEAR ENDED:_____

Complete for each corporation with nonbusiness income. Identify the states which differ in their treatment of items included in column (e).

(In support of columns (h) and (i) of the Schedule of State Tax Liabilities (Form DDS-2))

(a) State	(b) Key Name or Corporation Number	(c) Type of Income/Loss	(d) Amount	(e) State(s) to Which Income/Loss is Allocated on Return, as Filed With Such State(s)	(f) State(s) in Which Income/Loss is Treated as Business Income/Loss