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١	AMENDED RETURN, check the box. See instructions, page 12, for the reasons	State	Use Only	1							
	for amending and enter the number.										
For	calendar year 2015, or fiscal year beginning		_ , ending			Your Social S	ecurity numb	er (require	ed)		
R	Your first name and initial	Last name									eceased
F	Spouse's first name and initial	Last name				Spouse's So	cial Security	number (re	auired)	inin	2015
E PRINT OR						.,	,	(	1 ,	D€	eceased
	Current mailing address										2015
PLEASE T)	City, State, and ZIP Code					Do you need	Idaho inco	me tax fo	orms mailed to	o you ne	ext year
립							•	Yes ■	No		
If you	u or your spouse are nonresident aliens for federa	al purpos	es, check h	ere.	•	F	orms also	available	at tax.idaho.	gov	
	dency status k one for yourself and one for Yourself	ent T	Г	on Ac	, ,	lonresident	Part-Year	Resident	•	Nonresid	lent
	k one for yourself and one for Yourself 1 • Spouse		2 • [		;	3 -	4 -		5 :		
Full	months in Idaho this year • Yourself	• Spous	se I	ndic	ate current state o	f residence	. • You	rself	• Sp	ouse _	
FILIN	NG STATUS. Check only one box.	6. <b>E</b>	KEMPTIONS	S. ,	someone can claim yo		Enter "1" in	havea G	a Yourself	f a	$\neg \neg$
	rried filing jointly or separately, enter spouse' e and Social Security number above.	S		- "	lependent, leave box 6		≘nter i in and 6b, if th		~,	-	$\dashv$
Halli			ist vour dan	ondo	ents. If you have mo	ro than four	continue	on For		۵	
	1. Single				mber here					c.	
	2. Married filing jointly	Fire	st name		La	st name		Social	Security numb	oer	
	3. Married filing separately								1 1		
									1 1		
	4. Head of household							1	<u> </u>		
	5. Qualifying widow(er)								1 1		
		d T	ntal evemnt	ione	Add lines 6a throug	nh 6c Mus	match fe	deral re	turn		
IDAI	HO INCOME. See instructions, page 13.	u. 1	otal exempt	10113.	Add lines od tillody	gir oc. ividə	materrie		daho Amo		
	Wages, salaries, tips, etc. Include Form(s) W-2						•	7			00
8.	Taxable interest income						•	8			00
	Dividend income							9			00
	Alimony received							10			00
	Business income or (loss). Include federal Schedule C or C-EZ  Capital gain or (loss). If required, include federal Schedule D							11			00
	. Capital gain or (loss). If required, include federal Schedule D							12			00
	I. IRA distributions (taxable amount)							14			00
	Pensions and annuities (taxable amount)							15			00
16.	Rents, royalties, partnerships, S corporations, tru	sts, etc.	Include fed	eral S	Schedule E			16			00
	Farm income or (loss). Include federal Schedule						1	17			00
	Unemployment compensation						ŀ	18			00
	Other income. Include explanation							19			00
	TOTAL INCOME. Add lines 7 through 19 HO ADJUSTMENTS. See instructions, page 14							20			00
	Deductions for IRAs, health savings accounts, and		1(c)(18)(D) ı	retire	ment plan			21			00
	Moving expenses, alimony paid, and student loan						I.	22			00
23. I	Deductions for self-employment tax, health insura	nce, and	qualified re	tirem	ent plans			23			00
	Penalty on early withdrawal of savings						I.	24			00
	Other deductions. See instructions							25			00
26.	TOTAL ADJUSTMENTS. Add lines 21 through 25	5						26			00
27. /	ADJUSTED GROSS INCOME. Subtract line 26 fr							27			00
•	Within 180 days of receiving this return, the Idaho Sta Under penalties of perjury, I declare that to the best of										
	Your signature		Date		MAIL TO: Idaho Sta					756-00	56
SIGN HERE	Spouse's signature (if a joint return, BOTH MUST SIGN)		Taxpayer's ph	one	INCLUDE A COMPLE	ETE				=1	
	•				COPY OF YOUR						
Paid p	reparer's signature	Preparer's	EIN, SSN, or P	TIN	FEDERAL RETURN.						ı
Prepa	rer's address and phone number	-			Don't staple	II		<b>I≣[     </b> : 1 7			- 1

Page 2

28. Enter amount from federal Form 1040, line 37, 10 line 4 in Column A. Enter amount from line 27 in 29. Additions from Form 39NR, Part A, line 5. Include 30. Subtractions from Form 39NR, Part B, line 26. In 31. TOTAL ADJUSTED INCOME. Add lines 28 and 2 c. If your parent or someone else can claim 33. Itemized deductions. Include federal Schematic Schema	Column B  The Form 39NR  The Form 39NR  The Spouse Board of the State	Check if blind	es 37 and	_ '					
29. Additions from Form 39NR, Part A, line 5. Include 30. Subtractions from Form 39NR, Part B, line 26. In 31. TOTAL ADJUSTED INCOME. Add lines 28 and 2  Standard Deduction For Most People  Single or Married filling Separately: \$6,300  Head of Household: \$9,250  Married filling Jointly or Qualifying Widow(er): \$12,600  Married filling Jointly or Qualifying Widow(er): \$12,600  All state and local income taxes included on the state and local income tax taxes included on the state and local income tax taxes included on the state and local income tax taxes included on the state and local income taxes in	the Form 39NR	29 30 31 Check if blind	00   00   00   00   00   00   00   00	00 00 00 f · Spouse 62 · 0 00 00 00 00 00 00 00 00 00 00					
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I want to donate to:			. • 52	00					
I want to donate to:									
59. American Red Cross of Idaho	Special Olympics Idaho								
61. TOTAL TAX PLUS DONATIONS. See instructions, page			. 61	00					
62. Grocery credit. See instructions, page 17. Computed A									
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 62 •								
	To receive your grocery credit, enter the computed amount on line 62								
	. Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39NR								
<u> </u>	Special fuels tax refund Gasoline tax refund Include Form 75								
65. Idaho income tax withheld. Include Form(s) W-2 and ar	• • • •	•		00					
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67. Pass-through income tax. Withheld Pai				00					
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69. TOTAL PAYMENTS AND OTHER CREDITS. Add lines	3 02 till odgir 00								
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70. TAX DUE. Subtract line 69 from line 61	-			00					
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