

## IDAHO FIDUCIARY INCOME TAX RETURN

2013

| AMENDED RETURN, check the box.  | I For colondor voor               |             |  |          |           |             | Sta        | te use on | ly            |
|---|-----------------------------------|-------------|--|----------|-----------|-------------|------------|-----------|---------------|
| See instructions, page 5 for the reasons  | For calendar year 2013, or fiscal | Mo Day      | Year                                   | Мо       | Day Ye    | ear         |            |           |               |
| for amending and enter the number.  | year beginning                    |             | 13 endin                               | g        |           |             |            |           |               |
| Name of estate or trust   |                                   | Federal em  | Federal employer identification number |          |           |             |            |           |               |
|   |                                   |             |  |          |           |             |            |           |               |
| Name and title of fiduciary   |                                   |             |  |          |           |             |            |           |               |
| Address of fiduciary (number and street)  |                                   |             |  |          |           |             |            |           |               |
| 0.00  |                                   |             |  |          |           |             |            |           |               |
| City, State and Zip Code  |                                   |             |  |          |           |             |            |           |               |
| Check all that apply: • Resident Return • Check all that apply:   | Grantor Trust                     | Flecting Sr | nall Rueinee                           | e Truet  | ■ □ Oual  | lified Fur  | neral Trus | t (OF)    | Γ)            |
| • The trust or estate in  |                                   |             |  |          | mposite f |             | iciai iius | ו (עוו    | ,             |
| If reporting for an estate:   |                                   |             |  |          |           |             |            |           |               |
| a. Decedent's Social Security number  |                                   | b. E        | nter the de                            | cedent's | date of c | death       |            |           |               |
| c. Was the decedent a resident of Idaho?  |                                   |             |  |          |           |             | ☐ Yes      | , •       | □No           |
| d. If no, indicate the state of residence   |                                   |             |  |          |           |             |            |           |               |
| Does this estate or trust have any nonresignation of the state of |                                   |             |  |          |           |             | ☐ Yes      |           | □No           |
| 3. Is this a final return?  |                                   |             |  |          |           |             | ☐ Yes      |           | ☐ No          |
| 4. Idaho adjusted income. Enter the amount  |                                   |             |  |          |           |             |            |           |               |
| Income distribution deduction to beneficial   |                                   |             |  |          |           |             |            |           |               |
| Estate tax deduction  |                                   |             |  |          |           |             |            |           |               |
| 7. Subtract lines 5 and 6 from line 4   |                                   |             |  |          |           |             |            |           |               |
| 8. Exemption. See instructions  |                                   |             |  |          |           | - 8         |            |           | -             |
| Idaho taxable income. Subtract line 8 from line 7   |                                   |             |  |          |           |             |            |           |               |
| 10. Idaho income tax. Use the Tax Computation Schedule, see instructions, page 10   |                                   |             |  |          |           |             |            |           |               |
| 11. Donation to Opportunity Scholarship Program   |                                   |             |  |          |           |             |            |           |               |
| 12. Credits. Enter the amount from Schedule C, page 2, line 6. See instructions   |                                   |             |  |          |           |             |            |           |               |
| 13. Add lines 10 and 11 and subtract line 12. If less than zero, enter zero   |                                   |             |  |          |           | I —         |            |           |               |
| 14. Income distribution reportable by beneficiaries. See instructions   |                                   |             |  |          |           |             |            |           |               |
| 15. Tax on income distribution. Multiply line 14 by 7.4% • less credits •   |                                   |             |  |          |           | 15          |            |           |               |
| 16. Permanent building fund tax. See instruct   |                                   |             |  |          |           | • 16        |            |           |               |
| 17. Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44   |                                   |             |  |          |           |             |            |           |               |
| 18. Fuels tax due. Include Form 75  |                                   |             |  |          |           |             |            |           |               |
| 19. Sales/Use tax due on Internet, mail order, and other nontaxed purchases   |                                   |             |  |          |           |             |            |           |               |
| 20. Tax from recapture of qualified investment exemption. Include Form 49ER   |                                   |             |  |          |           |             |            |           |               |
| 21. Tax on Electing Small Business Trust or QFT composite return. See instructions  |                                   |             |  |          |           |             |            |           |               |
| 22. Total tax. Add lines 13 and 15 through 21   |                                   |             |  |          |           |             |            |           |               |
| 23. Estimated tax payments  |                                   |             |  |          |           | <b>-</b> 23 |            |           |               |
| 24. Idaho income tax withheld. Include Form(  | s) W-2                            |             |  |          |           |             |            |           |               |
| 25. Special fuels tax refund Gasoline tax refund Include Form 75  |                                   |             |  |          |           |             |            |           |               |
| 26. Hire One Act credit. Include Form 72  |                                   |             |  |          |           |             |            |           |               |
| 27. Total payments and other credits. Add line  |                                   |             |  |          |           |             |            |           |               |
| REFUND or PAYMENT DUE If line 22 is more that   |                                   |             |  |          |           |             |            |           |               |
| 28. Tax due. Subtract line 27 from line 22  |                                   |             |  |          |           | <b>-</b> 28 |            |           |               |
| 29. Penalty • Interest  |                                   |             |  |          |           |             |            |           |               |
|   |                                   |             |  |          |           |             |            |           | $\overline{}$ |
| 30. TOTAL DUE. Add line 28 and line 29  |                                   |             |  |          | •         |             |            |           |               |
| 31. Overpayment. Subtract line 22 from line 2   | .7                                |             |  |          |           | • 31        |            |           |               |
|   |                                   |             |  |          |           |             |            |           |               |
| 32. REFUND. Amount of line 31 you want ref  | unded to you                      |             |  |          | ······ •  |             |            |           |               |
| 33. ESTIMATED TAX. Amount you want cred   |                                   |             |  |          |           |             |            |           |               |
| Subtract line 32 from line 31   |                                   |             |  |          |           | <b>-</b> 33 |            |           |               |



Form 66 - Page 2 EFO00036p2 07-11-13 Schedule A - Computation of the federal taxable income of the estate or trust derived from Idaho sources. To be completed by all nonresident and part-year resident estates and trusts. 1. Total income from federal Form 1041, line 9..... 2. Income derived from Idaho sources. Include a schedule..... 4. Add lines 2 and 3..... 4 % 5 5. Percent of total federal income derived from Idaho sources. Divide line 4 by line 1...... 6. Deductions from federal Form 1041 not allocable to any specific income ...... 6 7. Prorated deductions. Multiply line 6 by line 5...... 7 8. Federal taxable income derived from Idaho sources. Subtract line 7 from line 4. 8 Enter here and on Schedule B, line 1..... Schedule B - Idaho Adjusted Income 1. Adjusted total income or (loss). Federal Form 1041, line 17 or Schedule A, line 8 if nonresident ......... 1 2. Interest and dividends not taxable under Internal Revenue Code. Include a schedule ...... 3. State, municipal and local income taxes deducted on federal return..... 3 4. Net operating loss deducted on federal return...... 4 5. Addition for bonus depreciation. Include computations ...... 5 6. Other additions. Include a schedule..... 6 7. Idaho net operating loss carryover • 7 \_\_ carryback • \_\_\_ 8. Income exempt from Idaho tax. Include a schedule..... 8 9 10. Other subtractions. Include a schedule..... 10 11. Idaho adjusted income. Add lines 1 through 6 and subtract lines 7 through 10. Enter here and on line 4, page 1...... 11 Schedule C - Credits 1. Did you claim the qualified investment exemption for investment tax credit property acquired this tax year? ☐ Yes • ☐ No 2. Credit for income tax paid to other states - Nonresidents cannot claim this credit. a. Idaho income tax, line 10, page 1 ..... b. Total income from federal Form 1041, line 9..... c. Enter the portion of line b derived from sources in and taxed by the other state..... % d. Divide line c by line b. Enter percentage here..... e. Multiply line a by line d ..... f. Other state's tax due less its income tax credits ...... 2f g. Credit for income tax paid to other states. Enter the smaller of line e or line f. A copy of the other state's return MUST accompany this return ...... 2g 3. Credit for contributions to Idaho educational entities ...... 3 4. Credit for contributions to Idaho youth and rehabilitation facilities ...... 4 5. Total business income tax credits from Form 44, Part I, line 12. Include Form 44...... 5 6. Total credits. Add lines 2g through 5. Enter total here and on line 12, page 1 ......

HERE Date Phone number Address and phone number

Signature of fiduciary

Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below.

Paid preparer's signature

Preparer's EIN, SSN or PTIN