

IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

2013

00

6

Name(s)	as shown on return		Social Security	Number
A. A	dditions. See instructions, page 19.			
1	Federal net operating loss carryover included in Form 40, line 7	_	1	00
	Capital loss carryover incurred outside the state before becoming an Idaho resident		2	
2. 3.			3	00
				00
4.			4	00
5.	· · · · · · · · · · · · · · · · · · ·		5	00
6.			6	00
	Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8	. ∎	7	00
	ubtractions. See instructions, page 19.			
1.	Idaho net operating loss carryover			
	Idaho net operating loss carryback Enter total here		1	00
	State income tax refund if included in federal income		2	00
	Interest from U.S. Government obligations		3	00
	Energy efficiency upgrades		4	00
5.	Alternative energy devices deduction			
	Year			
	Acquired Type of Device Total Cost Percent			
	a. 2013 \$ X 40% = 5a	00		
	b. 2012 \$ X 20% = 5b	00		
	c. 2011 \$ X 20% = 5c	00		
	d. 2010 \$ X 20% = 5d	00		
	e. Add lines 5a through 5d. Can't exceed \$5,000		5e	00
6	. Child/dependent care. Include federal Form 2441		6	00
	Social security and railroad benefits, if included in federal income		7	00
	Retirement benefits deduction. Complete Part C		8	00
	Technological equipment donation		9	00
	Idaho capital gains deduction. Include Form CG		10	00
	. Active duty military pay earned outside of Idaho		11	
	Adoption expenses		12	00
	Idaho medical savings account. Contributions Interest	••••	12	
10.	Financial institution	-	13	00
14	Idaho college savings program		13	00
	. Maintaining a home for the aged and/or developmentally disabled			
	 Maintaining a nome for the aged and/or developmentally disabled Idaho lottery winnings, less than \$600 per prize 			00
	. Income earned on a reservation by an American Indian			00
	B. Health insurance premiums			00
	Long-term care insurance		18 19	
	Worker's compensation insurance		20	00
	Bonus depreciation. Include computations		20	00
	Other subtractions. Include explanation		22	00
	Total subtractions. Add lines 1 through 4 and 5e through 22.		22	0
	Enter here and on Form 40, line 10	•	23	00
C. R	etirement Benefits Deduction. See instructions, page 24, for qualified retirement be	enefi	ts.	
1.	If single enter \$30,396, or if married filing jointly enter \$45,594	00		
	Federal Railroad Retirement benefits received	00		
	Social Security benefits received	00		
	Line 1 minus lines 2 and 3. If less than zero, enter zero	00		
	Qualified retirement benefits included in federal income	00		

6. Enter the smaller of line 4 or 5 here and on Part B, line 8

Name(s) as shown on return

D. Credit for Income Tax Paid to Other States. See instructions, page 24.

Th	nis credit is being claimed for taxes paid to:		(State name)			
	Idaho tax, Form 40, line 20	1	00	Inc	lude a copy of the	
2.	Federal adjusted gross income earned in other state adjusted for Idaho modifications. See instructions			income tax return and a		
2	Idaho adjusted income. See instructions	3	00		ch state for which a	
	Divide line 2 by line 3. Enter percentage here	4	<u> </u>	cre	dit is claimed.	
	Multiply line 1 by line 4. Enter amount here	· ·	70	5		00
	Other state's tax due less its income tax credits		-	6		00
0.				-		00
7.	Enter the smaller of lines 5 or 6 here and on Form 40, line 22			7		00
	Credit for contributions to Idaho youth and rehabilitation facilities Credit for live organ donation expenses			23		00 00
3.	Credit for live organ donation expenses			3		00
4.	Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 23	3		4		00
	aintaining a Home for a Family Member Age 65 or Older, or a Fan evelopmental Disability. See instructions, page 25.	nily Mer	nber With a			
1.	Did you maintain a home for an immediate family member age 65 or older a one-half of his/her support? You and your spouse do not qualify	-	_	Ye	es No	
2.	Did you maintain a home for an immediate family member with a developme					
	provide more than one-half of his/her support? You and your spouse may que		•	_ Ye	es 🗌 No	
3.	List each family member you are claiming:	-	L			

Nam	e of Family Member	Social Security Number
First Name	Last Name	of Family Member

Name of F First Name	amily Member Last Name	Social Security Number of Family Member	Relationship to Person Filing Return		ite of Birth of mily Member	Check here if developmental disabled	
	d (\$100 for each qualifying Form 40, line 43. (Credit ca		,	4			00

G. Dependents: (Continued from Form 40, page 1, Line 6c)

First Name	Last Name	Social Security Number

Social Security Number