## **Don't Staple**

## State Tax Commission Form 40 2019 Individual Income Tax Return

Amende	d Return? Check the box.	■ State Use Only					
See page	7 of instructions for the reasons to						
amend an	d enter the number that applies.	•					
	dar year 2019 or fiscal year beginni						
Your	first name and initial	Your last name	Your Social Security number (	Deceased in 2019			
0   .	se's first name and initial	Spouse's last name	Spouse's Social Security num	ber (SSN) Deceased in 2019			
	ent mailing address		Farmer and in atmo	Forms and instructions available at tax.idaho.gov			
City		State ZIP Code					
<u> </u>							
Filing S	tatus. Check only one box. If m	arried filing jointly or separately, ent	er spouse's name and Social	Security number above.			
1.	Single 2. Married filin	g 3. Married filing 4.	Head of 5. Quali	ifying widow(er) qualifying dependents			
Househo	old. See instructions, page 7. If so	meone can claim you as a dependent, lea					
	•		6d. Total Household				
	<del></del> '	more than four dependents, continue					
List you	OIT OITH 3914. Effici total fluin	Dependent's birthdate					
	Dependent's first name	Dependent's SSN	(mm/dd/yyyy)				
Income.							
	0-SR, line 8b. 	7 00					
8. Add	8 00						
9. Tota	9 00						
10. Sub	10 00						
11. Qua	11 00						
12. <b>Tota</b>	12 00						
	nputation. See instructions,	page 8.					
Standar Deduction	n a. If age 6	65 or older	Yourself • Spouse				
for Mos	t		Yourself • Spouse				
Single o	c. If your						
Married Fil	y: \						
\$12,200	14. Itemized deductions. I	14 00					
Head o	d:   15. State and local income	15 00					
\$18,350	16. Subtract line 15 from 1	16 <b>00</b>					
Married Fil Jointly o	ſ	deduction. See instructions, page 8, to determine amount if not standard					
Qualifyin Widow(e	g   18. Subtract the <b>larger</b> of	line 16 or 17 from line 12. If less than	18 00				
\$24,400	19. Idano taxable income.	Enter amount from line 18		19 <b>00</b> 20 <b>00</b>			
	Zu. Tax ITUITI tables of fate	e schedule. See instructions, page 52	<u></u>	20 00			

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

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JD/A	State Tax Commission Form 4			0	2019	(continu	ed)		
21.	Tax amount from line 20				21	1		00	
Cred	lits. Limits apply. See instructions, page 9.								
	Income tax paid to other states. Include Form 39R and	a copy of other states' returns	22	00					
	Total credits from Form 39R, Part D, line 4. Include Fo	· · · · · · · · · · · · · · · · · · ·	23	00	-				
	Total business income tax credits from Form 44, Part I		24	00	1				
	Idaho Child Tax Credit. Computed amount from worksl			00	4				
	Total Credits. Add lines 22 through 25				26			00	
	Subtract line 26 from line 21. If line 26 is more than line				27			00	
	er Taxes. See instructions, page 10.							-	
	Fuels use tax due. Include Form 75				28			00	
	Sales/use tax due on untaxed purchases (online, n				29			00	
	Total tax from recapture of income tax credits from For				30			00	
	Tax from recapture of qualified investment exemption (				31	1		00	
	Permanent building fund tax.	(QIE). Moldde i oim 40Eit		••••	<del>ان</del> ا	<del>                                     </del>		00	
υ <u>ν</u> .	Check the box if you received Idaho public assistance	payments for 2019			32		10	00	
33	<b>Total Tax.</b> Add lines 27 through 32				33	<u> </u>		00	
	ations. See instructions, page 10. I want to do				-			100	
	Idaho Nongame Wildlife Fund • 35		<b>-</b>						
36	Special Olympics Idaho 37	Idaho Guard & Reserve Family	······· <u> </u>						
38	American Red Cross of Idaho Fund	Veterans Support Fund							
40		Opportunity Scholarship Progra							
40. 42	Total Tax Plus Donations. Add lines 33 through 41				42			00	
	ments and Other Credits.				172			100	
-	Grocery Credit. Computed amount from worksheet on	page 12							
	To donate your grocery credit to the Cooperative Welfare F	· 🗔							
					43	Ī .		00	
44	To receive your grocery credit, enter the computed amount on line 43  Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R							00	
45.	· · · · · · · · · · · · · · · · · · ·	refund Includ			44 45			00	
46.		46			00				
<del>4</del> 7.								00	
								00	
40.	Pass-through income tax. Paid by entity • Withheld • Include Form ID K-1s  Tax Reimbursement Incentive credit • Claim of Right credit • See instructions							00	
	Tax Reimbursement Incentive credit - Claim of Right credit - See instructions  Total Payments and Other Credits. Add lines 43 through 49							00	
	Due or Refund. See instructions, page 13.	agii +9			50			00	
					00				
	1. <b>Tax Due.</b> If line 42 is more than line 50, subtract line 50 from line 42							00	
υZ.	2. Penalty • Interest from the due date • Enter total  Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal •							00	
53		•			53			00	
	3. <b>Total Due.</b> Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission							00	
54.								00	
55. 56								00	
56.					56	<u> </u>		00	
57.	Direct Deposit. See instructions, page 13. • Ch	eck if final deposit destination	ı is outside	the U	.S.	Type of •	• Chec	king	
■ Rout	ing No.					Account:	• Savin	gs	
۸mc	anded Poturn Only Complete this section to determ	nine your tax due or refund Se	oo inetructi	one -	<del>                                     </del>	1			
58.	rended Return Only. Complete this section to determine your tax due or refund. See instructions.  Total due (line 53) or overpaid (line 54) on this return							00	
								00	
59.								00	
60. 61	Amended tax due or refund. Add lines 58 and 59 then	60	<del>                                     </del>		00				
01.				rer identifi	ed below				
•	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid pr Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and co								
	Your signature Spouse's signature (if a joint return, both must sign)  Date								
Sign	•								
Here	Paid preparer's signature	Preparer's EIN, SSN, PTIN		Taxpay	/er's	ı phone nur	mber		
							•		

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State

Preparer's address

ZIP Code

Preparer's phone number