

Amended Return? Check the box. State Use Only

See page 7 of instructions for the reasons to amend and enter the number that applies.

For calendar year 2020 or fiscal year beginning _____, ending _____

Please Print or Type	Your first name and initial	Your last name	Your Social Security number (SSN)	<input type="checkbox"/> Deceased in 2020
	Spouse's first name and initial	Spouse's last name	Spouse's Social Security number (SSN)	<input type="checkbox"/> Deceased in 2020
	Current mailing address			Forms and instructions available at tax.idaho.gov
	City	State	ZIP Code	

Filing Status. Check only one box. **If married filing jointly or separately, enter spouse's name and Social Security number above.**

1. Single 2. Married filing jointly 3. Married filing separately 4. Head of Household 5. Qualifying widow(er) with qualifying dependents

Household. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.

6a. Yourself _____ 6b. Spouse _____ 6c. Dependents _____ 6d. Total Household _____

List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c.

Dependent's first name	Dependent's last name	Dependent's SSN	Dependent's birthdate (mm/dd/yyyy)

Income. See instructions, page 7.

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7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. Include a complete copy of your federal return	7	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R	8	00
9. Total. Add lines 7 and 8	9	00
10. Subtractions from Form 39R, Part B, line 24. Include Form 39R	10	00
11. Qualified business income deduction	11	00
12. Total Adjusted Income. Subtract lines 10 and 11 from line 9	12	00

Tax Computation. See instructions, page 8.

<p>Standard Deduction for Most People</p> <p>Single or Married Filing Separately: \$12,400</p> <p>Head of Household: \$18,650</p> <p>Married Filing Jointly or Qualifying Widow(er): \$24,800</p>	13. Check	<p>a. If age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>b. If blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 43 <input type="checkbox"/></p>		
	14. Itemized deductions. Include federal Schedule A. Federal limits apply	14	00	
	15. State and local income or general sales taxes included on federal Schedule A	15	00	
	16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero	16	00	
	17. Standard deduction. See instructions, page 8, to determine amount if not standard	17	00	
	18. Subtract the larger of line 16 or 17 from line 12. If less than zero, enter zero	18	00	
	19. Idaho taxable income. Enter amount from line 18	19	00	
	20. Tax from tables or rate schedule. See instructions, page 52	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.



21. Tax amount from line 20 21 00

Credits. Limits apply. See instructions, page 9.

22. Income tax paid to other states. Include Form 39R and a copy of other states' returns 22 00
 23. Total credits from Form 39R, Part D, line 4. Include Form 39R 23 00
 24. Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24 00
 25. Idaho Child Tax Credit. Computed amount from worksheet on page 10 25 00
 26. **Total Credits.** Add lines 22 through 25 26 00
 27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero 27 00

Other Taxes. See instructions, page 10.

28. Fuels use tax due. Include Form 75 28 00
 29. **Sales/use tax due on untaxed purchases (online, mail order and other)** 29 00
 30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 30 00
 31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER 31 00
 32. Permanent building fund tax.
 Check the box if you received Idaho public assistance payments for 2020 32 10 00
 33. **Total Tax.** Add lines 27 through 32 33 00

Donations. See instructions, page 10. I want to donate to:

34. Idaho Nongame Wildlife Fund 35. Idaho Children's Trust Fund
 36. Special Olympics Idaho 37. Idaho Guard & Reserve Family
 38. American Red Cross of Idaho Fund 39. Veterans Support Fund
 40. Idaho Foodbank Fund 41. Opportunity Scholarship Program
 42. **Total Tax Plus Donations.** Add lines 33 through 41 42 00

Payments and Other Credits.

43. Grocery Credit. Computed amount from worksheet on page 12
 To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43
To receive your grocery credit, enter the computed amount on line 43 43 00
 44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R ... 44 00
 45. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75 45 00
 46. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding 46 00
 47. 2020 Form 51 payments and amount applied from 2019 return 47 00
 48. Pass-through income tax. Paid by entity Withheld Include Form ID K-1s ... 48 00
 49. Tax Reimbursement Incentive credit Claim of Right credit See instructions .. 49 00
 50. **Total Payments and Other Credits.** Add lines 43 through 49 50 00

Tax Due or Refund. See instructions, page 13.

51. **Tax Due.** If line 42 is more than line 50, subtract line 50 from line 42 51 00
 52. Penalty Interest from the due date Enter total 52 00
 Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal
 53. **Total Due.** Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission ... 53 00
 54. **Overpaid.** If line 42 is less than line 50, subtract lines 42 and 52 from line 50 54 00
 55. **Refund.** Amount of line 54 to be refunded to you 55 00
 56. **Estimated Tax.** Amount of line 54 to be applied to your 2021 estimated tax 56 00

57. **Direct Deposit. See instructions, page 13.** **Check if final deposit destination is outside the U.S.**

Routing No. Account No. Type of Checking Account: Savings

Amended Return Only. Complete this section to determine your tax due or refund. See instructions.

58. Total due (line 53) or overpaid (line 54) on this return 58 00
 59. Refund from original return plus additional refunds 59 00
 60. Tax paid with original return plus additional tax paid 60 00
 61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60 61 00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See instructions.

Sign Here
 Your signature _____ Spouse's signature (if a joint return, both must sign) _____ Date _____
 Paid preparer's signature _____ Preparer's EIN, SSN, PTIN _____ Taxpayer's phone number _____

Preparer's address _____ State _____ ZIP Code _____ Preparer's phone number _____

