

AMENDED RETURN, check the box.
See instructions, page 12, for the reasons
for amending and enter the number.

State Use Only

For calendar year 2016, or fiscal year beginning _____, ending _____

Your Social Security number (required)

Deceased
in 2016

PLEASE PRINT OR
TYPE

Your first name and initial

Last name

Spouse's first name and initial

Last name

Spouse's Social Security number (required)

Deceased
in 2016

Current mailing address

City, State, and ZIP Code

Forms available at tax.idaho.gov

If you or your spouse are nonresident aliens for federal purposes, check here.

Residency status

Check one for yourself and one for
your spouse, if a joint return.

Resident Idaho Resident on Active Military Duty Nonresident Part-Year Resident Military Nonresident
Yourself 1 2 3 4 5
Spouse

Full months in Idaho this year Yourself _____ Spouse _____ Indicate current state of residence. Yourself _____ Spouse _____

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)

6. EXEMPTIONS.

If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, Yourself a.
and 6b, if they apply. Spouse b.

c. List your dependents. If you have more than four, continue on Form 39NR.
Enter the total number here _____ c.

First name	Last name	Social Security number

d. Total exemptions. Add lines 6a through 6c. Must match federal return d.

IDAHO INCOME. See instructions, page 13.

- 7. Wages, salaries, tips, etc. Include Form(s) W-2
- 8. Taxable interest income
- 9. Dividend income
- 10. Alimony received
- 11. Business income or (loss). Include federal Schedule C or C-EZ
- 12. Capital gain or (loss). If required, include federal Schedule D
- 13. Other gains or (losses). Include federal Form 4797
- 14. IRA distributions (taxable amount)
- 15. Pensions and annuities (taxable amount)
- 16. Rents, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E
- 17. Farm income or (loss). Include federal Schedule F
- 18. Unemployment compensation
- 19. Other income. Include explanation
- 20. TOTAL INCOME. Add lines 7 through 19

Idaho Amounts

7	00
8	00
9	00
10	00
11	00
12	00
13	00
14	00
15	00
16	00
17	00
18	00
19	00
20	00

IDAHO ADJUSTMENTS. See instructions, page 14.

- 21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan
- 22. Tuition and fees, moving expenses, alimony paid, and student loan interest
- 23. Deductions for self-employment tax, health insurance, and qualified retirement plans
- 24. Penalty on early withdrawal of savings
- 25. Other deductions. See instructions
- 26. TOTAL ADJUSTMENTS. Add lines 21 through 25

21	00
22	00
23	00
24	00
25	00
26	00

27. ADJUSTED GROSS INCOME. Subtract line 26 from line 20

27	00
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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 _____ Date _____
Spouse's signature (if a joint return, BOTH MUST SIGN) _____ Taxpayer's phone _____
Paid preparer's signature _____ Preparer's EIN, SSN, or PTIN _____
Preparer's address and phone number _____

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

INCLUDE A COMPLETE
COPY OF YOUR
FEDERAL RETURN.
Don't staple



0 1 6 1 7 0 9 5

		Column A - Federal	Column B - Idaho
28. Enter amount from federal Form 1040, line 37, 1040A, line 21, or 1040EZ, line 4 in Column A. Enter amount from line 27 in Column B	28	00	00
29. Additions from Form 39NR, Part A, line 5. Include Form 39NR	29	00	00
30. Subtractions from Form 39NR, Part B, line 26. Include Form 39NR	30	00	00
31. TOTAL ADJUSTED INCOME. Add lines 28 and 29 minus line 30	31	00	00

Standard Deduction For Most People			
Single or Married filing Separately: \$6,300	32. a. Check if age 65 or older	<input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	b. Check if blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse
Head of Household: \$9,300	c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 37 and 62 <input type="checkbox"/>		
Married filing Jointly or Qualifying Widow(er): \$12,600	33. Itemized deductions. Include federal Schedule A. Federal limits apply	33	00
	34. All state and local income or general sales taxes included on federal Schedule A, line 5	34	00
	35. Subtract line 34 from line 33	35	00
	36. Standard deduction. See instructions, page 15, to determine amount if not standard	36	00
	37. Multiply \$4,050 by the number of exemptions claimed on line 6d. Federal limits apply	37	00
	38. Add line 37 and the LARGER of line 35 or line 36	38	00
	39. Idaho percentage. Divide line 31, Column B, by line 31, Column A	39	%
	40. Multiply amount on line 38 by the percentage on line 39 and enter the result here	40	00
	41. Idaho taxable income. Subtract line 40 from line 31, Column B	41	00
	42. TAX from tables or rate schedule. See instructions, page 37	42	00
	43. Income tax paid to other states. Include Form 39NR and other states' returns	43	00
	44. Total credits from Form 39NR, Part E, line 4. Include Form 39NR	44	00
	45. Total business income tax credits from Form 44, Part I, line 11. Include Form 44	45	00
	46. Line 42 minus lines 43 through 45. If less than zero, enter zero	46	00

OTHER TAXES			
47. Fuels tax due. Include Form 75	47		00
48. Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)	48		00
49. Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	49		00
50. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	50		00
51. Permanent building fund. Check the box if you received Idaho public assistance payments for 2016 <input type="checkbox"/>	51		10 00
52. TOTAL TAX. Add lines 46 through 51	52		00

DONATIONS			
I want to donate to:			
53. Veterans Support Fund	54. Opportunity Scholarship Program		
55. Idaho Guard and Reserve Family	56. Idaho Children's Trust Fund		
57. Special Olympics Idaho	58. Nongame Wildlife Conservation		
59. American Red Cross of Idaho	60. Idaho Foodbank Fund		
61. TOTAL TAX PLUS DONATIONS. See instructions, page 16. Add lines 52 through 60	61		00

PAYMENTS			
62. Grocery credit. See instructions, page 17. Computed Amount (from worksheet)	62		00
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 62 <input type="checkbox"/>			
To receive your grocery credit, enter the computed amount on line 62			
63. Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39NR	63		00
64. Special fuels tax refund Gasoline tax refund Include Form 75	64		00
65. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	65		00
66. 2016 Form 51 payment(s) and amount applied from 2015 return	66		00
67. Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1	67		00
68. Reimbursement Incentive Act credit Claim of Right credit See instructions	68		00
69. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 62 through 68	69		00

TAX DUE			
70. TAX DUE. Subtract line 69 from line 61			00
71. Penalty Interest from the due date Enter total.			00
Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account <input type="checkbox"/>	71		00
72. TOTAL DUE. Add lines 70 and 71. Make check or money order payable to the Idaho State Tax Commission	72		00

REFUND			
73. OVERPAID. Line 69 minus lines 61 and 71	73		00
74. REFUND. Amount of line 73 to be refunded to you			00
75. ESTIMATED TAX. Amount of line 73 to be applied to your 2017 estimated tax	75		00

76. DIRECT DEPOSIT. See instructions, page 19. Check if final deposit destination is outside of the U.S.

Routing No. Account No.

Type of Checking Account: Savings

AMENDED			
77. Total due (line 72) or overpaid (line 73)	77		00
78. Refund from original return plus additional refunds	78		00
79. Tax paid with original return plus additional tax paid	79		00
80. Amended tax due or refund. Add lines 77 and 78 minus line 79	80		00

