

**IDAHO DOMESTIC DISCLOSURE SPREADSHEET
STATE FILING REQUIREMENTS
FORM DDS-2A**

FILER: _____

INCOME YEAR ENDED: _____

(In support of column (b) of the Schedule of State Tax Liabilities (Form DDS-2))

(a) State	(b) Key Name or Corporation Number	(c) Corporation Names (or Numbers) of Affiliated Taxpayers Included in the Return Which are Taxable in the State (Identified in Column a)