

# IDAHO DOMESTIC DISCLOSURE SPREADSHEET DESTINATION SALES FORM DDS-2E

FILER: \_\_\_\_\_

INCOME YEAR ENDED: \_\_\_\_\_

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

(a) State	(b) Corporation Name (or Number) With Destination Sales Into The State	(c) Amount of Destination Sales	(d) Immune From Taxation Under P.L. 86-272	
			Yes	No