

## 2016 Idaho 2-D Barcode Test Packet

November 2016



#### November 2016

#### Dear Software Developer:

Attached is the 2016 tax year 2-D bar code filing test packet for the state of Idaho. Idaho testing will begin after November 7, 2016. Test results will be sent to you by e-mail within two workdays after receiving your test returns.

#### Idaho 2-D Test Returns:

- Include a cover letter requesting 2-D test return approval. Please include a contact person name, phone number, and e-mail address with your forms.
- Test returns can be submitted via e-mail as PDF attachments.
- Test returns will be reviewed to ensure they meet the Tax Commission's <u>Income Tax</u>
   <u>Substitute Forms Specifications</u>. 2-D test return packets will be denied if they are not compliant with those specifications.
- Final approval is not granted until the Tax Commission has the opportunity to run a complete 2-D barcode test through the production scanner. This doesn't occur until sometime in January. Software developers agree to make changes to software packages up to this final approval date.
- 2-D test returns will not be accepted by fax. Submit all 2-D test returns in:

PDF format to: substituteforms@tax.idaho.gov

Paper format to: Substitute Forms Document Coordinator

Idaho State Tax Commission

800 Park Blvd, Plaza IV

PO Box 36 Boise, ID 83722

#### **Idaho State Tax Commission Schedule**

Our office hours are 7:00 a.m. - 4:00 p.m. MST. Our office is closed on weekends and state holidays. For the rest of 2016, holidays are observed on:

November 11 Veterans Day

November 24 Thanksgiving

December 26 Christmas

January 1 New Year's

If you find any errors or have questions about the test returns, please contact the Electronic Data Management Team by e-mail or phone. Please contact Kathy Rowe if you have any questions about the record layout.

We look forward to working with you again this year!

Sincerely,

Electronic Data Management Team Coordination & Automation Bureau Idaho State Tax Commission (208) 332-6632 substituteforms@tax.idaho.gov Kathy Rowe
Tax Automated Systems Specialist
Idaho State Tax Commission
(208) 334-7823
Kathryn.Rowe@tax.idaho.gov



#### IDAHO INDIVIDUAL INCOME TAX RETURN

	DED RETURN, check the box.	State Use Only						
	tructions, page 7, for the reasons nding and enter the number.		8					
For ca	llendar year 2016, or fiscal year beginning	, ending		00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- 1	_		
17	four first name and initial	Last name	Your Social Security	number (required)	v <u>. 80</u>			
_	Sam V	Adamson	400	-11-5954		ceased 2016		
Z		.ast name	Spouse's Social Sec	urity number (required)	4			
TYPE	Mary N	Adamson	400	-11-5955	72174	ceased		
PLEASE PRINT TYPE	Current mailing address		28		L in	2016		
Ë	1030 N Main St City, State, and Zip Code		Form	s available at tax.id	aho.gov			
-	Pocatello, ID 83202		(2.59/034					
If mar	G STATUS. Check only one box. ried filing jointly or separately, enter spouse's and Social Security number above Single	c. List your dependents		6b, if they apply. ntinue on Form 39	Spouse b.	2		
2	. Married filing jointly	First name	Last name	Social Secu				
3	Married filing separately	Bob	Adamson	260   90		7080		
- 5		Sally	Adamson	123   45	6789			
4	Head of household			1				
5	. Qualifying widow(er)			111	1			
		d. Total exemptions. A	dd lines 6a through 6c. Must ma	tch federal return	d.	3		
7. Ei or 8. Ac 9. To	ME. See instructions, page 7.  Inter your federal adjusted gross income from fed federal Form 1040EZ, line 4. Include a complet diditions from Form 39R, Part A, line 7. Include F otal. Add lines 7 and 8  Lubtractions from Form 39R, Part B, line 23. Include	e copy of your federal retur orm 39R	n	8 9	-1000 -1000	00		
11. T	OTAL ADJUSTED INCOME. Subtract line 10 fro	om line 9		• 11	-1000	00		
Sta Ded For	ndard uction Most  12. CHECK — b. If blind	omeone else can claim you	Yourself Spouse as a dependent,					
Marri	gle or ed filing arately: 13. Itemized deductions. Include fede	ral Schedule A. Federal lin	nits apply	• 13		00		
	.300 14. All state and local income or gene	ral sales taxes included on	federal Schedule A, line 5	• 14		00		
	ad of 15. Subtract line 14 from line 13. If yo	u don't use federal Schedu	le A, enter zero	15		00		
715	sehold: — ,300 16. Standard deduction. See instruction	ons, page 7, to determine a	mount if not standard	• 16	7550	00		
	ed filing 17. Subtract the LARGER of line 15 or			7.13		00		
Joi	ntly or			200	12150			
	ow(er):			E	12 130	00		
\$1	19. Idaho taxable income. Subtract lin			2018/20 E0-0123		00		
	<ol><li>Tax from tables or rate schedule.</li></ol>	See instructions, page 37		• 20		00		

Don't staple

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.



...

Form 40 - 2016 EFO00089p2 08-01-2016

21.	Tax amount from line 20	21		00
CRE	DITS. Limits apply. See instructions, page 8.			
22.	Income tax paid to other states. Include Form 39R and a copy of other state return 22 00			
23.	Total credits from Form 39R, Part E, line 4. Include Form 39R			
24.	Total business income tax credits from Form 44, Part I, line 11. Include Form 44 24 00			
25.	TOTAL CREDITS. Add lines 22 through 24	25		00
26.	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero	26		00
OTH	IER TAXES. See instructions, page 9.	5400		1
	Fuels tax due. Include Form 75	27		00
28.	Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)			00
29.	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	29		00
30.	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	30		00
31.	Permanent building fund. Check the box if you received Idaho public assistance payments for 2016	31	10	00
32.	TOTAL TAX. Add lines 26 through 31	32	10	00
	NATIONS. See instructions, page 9. I want to donate to:	1.0		
33.	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund			
35.	Special Olympics Idaho			
37.	American Red Cross of Idaho Fund			
	Idaho Foodbank Fund 40. Opportunity Scholarship Program •			
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	41	10	00
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.			
42.	Grocery credit. Computed Amount (from worksheet)		T I	
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42	40	320	00
	To receive your grocery credit, enter the computed amount on line 42		320	00
	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R		1	00
	Special fuels tax refund Gasoline tax refund Include Form 75	44		00
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding		200	00
	2016 Form 51 payment(s) and amount applied from 2015 return	-		00
	Pass-through income tax. Withheld • Paid by entity • Include Form(s) ID K-1	47		00
	Reimbursement Incentive Act credit • Claim of Right credit • See instructions	48		00
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48	49		00
	DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than li			
TAX	TODE OF REPOND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than it	ne 49,	GO TO LINE 53.	
		ne 49,	GO TO LINE 53.	or NESS Y
	TAX DUE. Subtract line 49 from line 41	ne 49,	GO TO LINE 53.	00
50.	TAX DUE. Subtract line 49 from line 41			
50.	TAX DUE. Subtract line 49 from line 41	51		00
50. 51.	TAX DUE. Subtract line 49 from line 41  Penalty • Interest from the due date • Enter total  Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	51		00
50. 51.	TAX DUE. Subtract line 49 from line 41	51		
50. 51. 52.	Penalty • Interest from the due date • Enter total	51		00
50. 51. 52.	TAX DUE. Subtract line 49 from line 41  Penalty • Interest from the due date • Enter total  Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	51		00
50. 51. 52. 53.	Penalty • Interest from the due date • Enter total	51	510	00
50. 51. 52. 53.	Penalty • Interest from the due date • Enter total	51		00
50. 51. 52. 53.	Penalty • Interest from the due date • Enter total	51	510	00
50. 51. 52. 53. 54.	Penalty • Interest from the due date • Enter total	51 52 53	510	00 00 00 00
50. 51. 52. 53. 54. 55.	TAX DUE. Subtract line 49 from line 41	51 52 53 53	510 510 Type of • ✓ Ch	00 00 00 00
50. 51. 52. 53. 54. 55.	Penalty • Interest from the due date • Enter total	51 52 53 53	510 510 Type of • ✓ Ch	00 00 00 00
50. 51. 52. 53. 54. 55. - Ro	TAX DUE. Subtract line 49 from line 41	51 52 53 53	510 510 Type of • ✓ Ch	00 00 00 00 00
50. 51. 52. 53. 54. 55. • Ro	TAX DUE. Subtract line 49 from line 41	51 52 53 53	510 510 Type of • ✓ Ch	00 00 00 00 00
50. 51. 52. 53. 54. 55. • Ro	TAX DUE. Subtract line 49 from line 41	51 52 53 55 55	510 510 Type of • ✓ Ch	00 00 00 00 00 ecking
50. 51. 52. 53. 54. 55Ro  AME 57. 58.	Penalty • Interest from the due date • Enter total	51 52 53 55 55 57	510 510 Type of • ✓ Ch	00 00 00 00 00 00 vings
50. 51. 52. 53. 54. 55. 56. •Ro  AME 57. 58. 59.	TAX DUE. Subtract line 49 from line 41	51 52 53 55 55 55 57 58	510 510 Type of • ✓ Ch	00 00 00 00 00 ecking
50. 51. 52. 53. 54. 55. 56. •Ro  AME 57. 58. 59.	TAX DUE. Subtract line 49 from line 41  Penalty • Interest from the due date • Enter total	51 52 53 55 55 55 57 58 59 60	510 510 Type of • ✓ Ch	00 00 00 00 00 00 ecking 00 00
50. 51. 52. 53. 54. 55. 56. •Ro  AME 57. 58. 59.	Penalty • Interest from the due date • Enter total  Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	51 52 53 55 55 55 55 56 59 60 60	510 510 Type of • ✓ Ch 3 Account: Sa	00 00 00 00 00 00 ecking 00 00
50. 51. 52. 53. 54. 55. 56. •Roo  AME 57. 58. 59. 60. • SIGN	Penalty • Interest from the due date • Enter total	51 52 53 55 55 55 55 56 59 60 60	510 510 Type of • ✓ Ch 3 Account: Sa	00 00 00 00 00 00 ecking 00 00
50. 51. 52. 53. 54. 55. 56. •Ro  AME 57. 58. 59. 60. • SIGN HER	Penalty Interest from the due date Enter total	51 52 53 55 55 55 55 56 59 60 60	510 510 Type of • ✓ Ch 3 Account: Sa	00 00 00 00 00 00 ecking 00 00
50. 51. 52. 53. 54. 55. 56. •Roo  AME 57. 58. 59. 60. • SIGN	Penalty • Interest from the due date • Enter total	51 52 53 55 55 55 55 56 59 60 60	510  510  Type of • ✓ Ch  3 Account: Sa	00 00 00 00 00 00 ecking 00 00
50. 51. 52. 53. 54. 55. 56. •Ro  AME 57. 58. 59. 60. • Sign HER Date	Penalty Interest from the due date Enter total	51 52 53 55 55 55 55 56 59 60 60	510  510  Type of • ✓ Ch  3 Account: Sa	00 00 00 00 00 00 ecking 00 00



# F 40 R EF CO0089 M 08-01-2016 IDAHO INDIVIDUAL INCOME TAX RETURN

AMEN	NDED RE	TURN, check the	box. •	State Use Only						
		page 7, for the re- d enter the number		â		_				
For c	alendar	year 2016, or fis	scal year beginning	, endin	g					_
	Daniel Co.	me and initial	L	ast name		Your Social Security number (	and the same			
No.	Sam	N	1	Cook		400-11-59	5951			ceased 2016
PLEASE PRINT OR TYPE	Spouse's fi	rst name and initial	L.	ast name		Spouse's Social Security num	ber (requ	ired)		eased
EASE	121 To	CONTRACTOR OF THE PERSON				Forms availa	blo ot to	av idaba a		2016
<u>-</u>	ST.	and Zip Code ID 83703				r omis availa	ible at t	ax.idano.g	<b>V</b>	
If ma	e and So	JS. Check only on ag jointly or sepa cial Security num	rately, enter spouse's	c. List your depen	The state of the s		y apply on For	Spour m 39R.	se b.	1
	2. M	arried filing jointly	9	First name		Last name		Security nu	100000000000000000000000000000000000000	
	Z	arried filling jointly	31	Sally	Coo	k	400	111   5	962	
	3. M	arried filing separ	ately	Suzy	Coo	k	400	111 5	963	
- 3	4. He	ead of household	1	Sammy	Coo	k	400	111 5	964	
	5. 🗸 Q	ualifying widow(er	)	Sandy	Coo	k	400	111 5	965	
		, , , , , , , , , , , , , , , , , , , ,	•	d. Total exemption	s. Add lines 6a thro	ugh 6c. Must match fed	eral re	turn	d. 1	11
8. A 9. 1	or federal Additions Total, Add	Form 1040EZ, lin from Form 39R, P I lines 7 and 8	gross income from fede e 4. Include a complete art A, line 7. Include Fo R, Part B, line 23. Inclu	e copy of your federal orm 39R	return		7 8 9		112398 4855 117253 36964	00 00 00
11. 7	TOTAL A	DJUSTED INCOM	ME. Subtract line 10 fro	m line 9		•	11		80289	00
Sta Dec Fo	andard duction or Most People	12. CHECK	a. If age 65 or older b. If blind c. If your parent or so check here and en	······································	Yourself • n you as a depender	Spouse			0	
Man	ngle or ried filing	13. Itemized de	eductions. Include feder	ral Schedule A. Fede	ral limits apply	······································	13		32289	00
	parately: 66,300	14. All state an	d local income or gener	al sales taxes include	d on federal Schedu	le A, line 5	14		1000	00
	lead of usehold:	15. Subtract lin	e 14 from line 13. If you	u don't use federal Sc	hedule A, enter zero		15		31289	00
100000000000000000000000000000000000000	9,300	16. Standard d	eduction. See instruction	ns, page 7, to determ	ine amount if not sta	ndard•	16		- 30	00
	ried filing	17. Subtract the	e LARGER of line 15 or	16 from line 11. If les	ss than zero, enter z	ero	17		49000	00
	ualifying	18. Multiply \$4,	050 by the number of e	xemptions claimed or	line 6d. Federal lin	nits apply	18		44550	00
	dow(er): 12,600	19. Idaho taxat	ole income. Subtract lin	e 18 from line 17. If k	ess than zero, enter	zero	19		4450	00
		20. Tax from ta	bles or rate schedule.	See instructions, page	37		20		103	00

Don't staple

Continue to page 2.



Form 40 - 2016 EFO00089p2 08-01-2016

21.	Tax amount from line 20		21	103	00
CRE	EDITS. Limits apply. See instructions, page 8.	$\neg$			
22.	Income tax paid to other states. Include Form 39R and a copy of other state return 22	00			
23.	Total credits from Form 39R, Part E, line 4. Include Form 39R	00			
24.	Total business income tax credits from Form 44, Part I, line 11. Include Form 44 24	00			
25.	TOTAL CREDITS. Add lines 22 through 24	14.44	25		00
26.	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero	]	26	103	00
ОТН	HER TAXES. See instructions, page 9.				
	Fuels tax due. Include Form 75		27		00
	Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)	1000	28		00
	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44		29		00
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	- 1	30		00
	Permanent building fund. Check the box if you received Idaho public assistance payments for 2016		31	10	-
_	TOTAL TAX. Add lines 26 through 31		32	113	00
	NATIONS. See instructions, page 9. I want to donate to:				
	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund				
	Special Olympics Idaho				
	American Red Cross of Idaho Fund				
	Idaho Foodbank Fund		41	113	00
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	11.1	41	110	00
	Grocery credit. Computed Amount (from worksheet)				
42.	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42	7			
	To receive your grocery credit, enter the computed amount on line 42	•	42		00
43.	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R		43		00
44.	Special fuels tax refund Gasoline tax refund Include Form 75	5	44		00
45.	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	•	45		00
46.	2016 Form 51 payment(s) and amount applied from 2015 return		46	1550	00
47.	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1		47		00
48.	Reimbursement Incentive Act credit • Claim of Right credit • See instructions		48		00
49.	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48		49	1550	00
TAX	DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less that	n line	49, (	GO TO LINE 53.	
		8	_		
50.	TAX DUE. Subtract line 49 from line 41				00
51	Penalty • Interest from the due date • Enter total	8 3	T		1
51.	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	-	51		00
	<u>-</u>	<u> </u>			
52.	TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission		52		00
53.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid		53	1437	00
	RECEDENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE ACTION OF THE PROPERTY OF THE	Q12. 74		1	
54.	REFUND. Amount of line 53 to be refunded to you			1437	00
		. 3	ा		
25.00	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax	•	55		00
56.	DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S.			Type of · ✓ Ch	necking
· Ro	outing No. 8 6 0 5 4 9 6 8 6 • Account No. 3 8 9 4 3 6 2 6 8 0 8 0 2 3			Carried Committee Committe	ICCKIIIS
	outing No. 8 6 0 5 4 9 6 8 6 Account No. 3 8 9 4 3 6 2 6 8 0 8 0 2 3	1	2	1 Account: Sa	avings
	ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.		22570		100
	Total due (line 52) or overpaid (line 53) on this return	- 1	57		00
58.	Refund from original return plus additional refunds	*	58		00
59.		-	59		00
60.	Amended tax due or refund. Add lines 57 and 58 then subtract line 59		60		00
	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer iden				
010	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. Se   Your signature   Spouse's signature (if a joint return, BOTH MUST SIGN)	e mst	uction	10 /	
SIGN			enviro	Company Company	
Date	Taxpayer's phone Preparer's EIN, SSN, or PTIN	$\  \ $	$\  \  \ $		
	AND TORRESON TO SERVICE AND THE SERVICE AND TH				7/2
Paid p	preparer's signature Preparer's address and phone number				100
	0.1	0	4 5	0 0 5	

### **IDAHO SUPPLEMENTAL SCHEDULE**

2016

### For Form 40, Resident Returns Only

Name(s)	as shown on return	Soc	cial Security number
A. A	dditions. See instructions, page 20.		
1.	Federal net operating loss carryover included in Form 40, line 7	<b>.</b> 1	00
2.			
3.	Non-Idaho state and local bond interest and dividends		
4.			
5.		-	
_			
6.	The state of the s		
7.		• 7	00
	ubtractions. See instructions, page 20.		
1.	Idaho net operating loss carryover		
_	Idaho net operating loss carryback Enter total here	1	00
	State income tax refund, if included in federal income		
	Interest from U.S. Government obligations		
	Energy efficiency upgrades	<b>-</b> 4	00
5.	Alternative energy devices deduction		
	Year		
	Acquired Type of Device Total Cost Percent		
		00	
		00	
		00	
	d. 2013	00	
	e. Add lines 5a through 5d. Can't exceed \$5,000	■ 5e	00
6.	Child/dependent care. Include federal Form 2441		00
	Social Security and railroad benefits, if included in federal income		00
	Retirement benefits deduction. Complete Part C		
9.	Technological equipment donation	<b>9</b>	00
	Idaho capital gains deduction. Include Form CG		00
11.	Active duty military pay earned outside of Idaho	<b>1</b> 1	00
12.	Adoption expenses	<b>1</b> 2	2 00
13.	Idaho medical savings account. Contributions Interest		
	Financial institution Account number	<b>1</b> 3	00
14.	Idaho college savings program	<b>1</b> 4	
15.	Maintaining a home for the aged and/or developmentally disabled	<b>1</b> 5	00
16.	Idaho lottery winnings, less than \$600 per prize	<b>1</b> 6	
17.	Income earned on a reservation by an American Indian	<b>1</b> 7	00
18.	Health insurance premiums	<b>1</b> 8	00
19.	Long-term care insurance	<b>1</b> 9	00
20.	Workers' compensation insurance	<b>2</b> 0	00
21.	Bonus depreciation. Include computations	<b>2</b> 1	00
22.	Other subtractions. Include explanation	<b>2</b> 2	00
23.	Total subtractions. Add lines 1 through 4 and 5e through 22.		
	Enter here and on Form 40, line 10	<b>2</b> 3	00
C. Re	etirement Benefits Deduction. See instructions, page 21, for qualified retirement ben	efits.	
1.	If single, enter \$31,668, or if married filing jointly, enter \$47,502	00	
2.	Foderal Delivered Delivered to a fife and five	00	
3.	Conial Convite homefite received	00	
4.	Line 4 minus lines 2 and 2. If less than your autonomy	00	
5.	7	00	
	Enter the smaller of line 4 or 5 here and on Part B. line 8	6	00

Nar	ame(s) as shown on return							Social Security number			
D.	. Credit for Income Ta	ax Paid to Other States	. See instructions, pag	je 25.							
	This credit is being clai	med for taxes paid to: •		(State	name)						
	1. Idaho tax, Form 40, line 20				00	100 Include a copy of tr income tax return and separate Form 39R for each state for which credit is claimed.					
						5		00			
	6. Other state's tax due	e less its income tax credits			•	6		00			
	7. Enter the smaller of	lines 5 or 6 here and on Fo	rm 40, line 22			7		00			
		ducational Entity and Idns and Idns and Live Organ Don			e 25.						
	1. Credit for contribution	ons to Idaho educational ent	ities			1		00			
		ons to Idaho youth and reha			H-	2		00			
	3. Credit for live organ	donation expenses				3		00			
	4. Total credits. Add lir	nes 1 through 3. Enter total	here and on Form 40, line	23		4		00			
	<ol> <li>Did you maintain a hone-half of his/her s</li> <li>Did you maintain a horovide more than o</li> <li>List each family mer</li> </ol>	ability. See instructions nome for an immediate fami upport? You and your spou nome for an immediate fami one-half of his/her support? mber you're claiming:  Family Member Last Name	ly member age 65 or older use don't qualifyly member with a develop	mental disability and	[	Yes Yes of Birth of	No No Check He Developme Disable	ntally			
	Enter here and on F on Part B, line 15.)	ed (\$100 for each qualifying Form 40, line 43. (Credit ca	n't be claimed if you took \$	1,000 deduction	4	Social Se	curity number	00			
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-	M 00 04 0046

## IDAHO INDIVIDUAL INCOME TAX RETURN

-										
AMEN	DED RETU	RN, check the bo	OX. •	State Use Only	<del></del>					
		ge 7, for the reasonter the number.	ons							
For ca	lendar ye	ar 2016, or fisc	al year beginning	, end	ing				44	
1	Your first name	and initial	T	Last name	20	Your Social Securit	ty number (require	ed)		
S I	Dennis A	\		Cox		40	00-11-5952			ceased 2016
IN	Spouse's first n	ame and initial	8	Last name		Spouse's Social S	ecurity number (re	equired)	30	
E PRI	Edna	78925007	20	Cox		4	00-11-5953			eased
S	Ourrent mailing 9374 Blue								- 112	2010
P.E.	City, State, and	Zip Code				Fo	ms available a	t tax.idaho.g	lov	
***	Middleton	ID 83644								
If mar	ried filing j	Security numb	tely, enter spouse's	c. List your depe	If someone can da dependent, leave t endents. If you have il number here	oox 6a blank. and e more than four, o		orm 39R.	ise b.	1
2	. 🗸 Marri	ed filing jointly		First name		Last name	Soci	al Security nu	umber	
3	Marri	ed filing separate	alv :							
- ~			,							
4	Head	of household								
5	i. Quali	fying widow(er)								
				d. Total exemption	ons. Add lines 6a th	rough 6c. Must n	natch federal	return	d	2
7. E or 8. Ac 9. To	nter your fe federal Fo dditions fror otal. Add lir	rm 1040EZ, line on Form 39R, Par nes 7 and 8	oss income from fed 4. Include a comple t A, line 7. Include F	teral Form 1040, line te copy of your feder form 39R	al return		8 9		50000 100 50100 100	00
				om line 9					50000	-
	45 A - 20 A - 1 A	ION. See instru	FOR ORDER SERVICES CONTROL OF	on the o				rie .	5	00
Sta Ded For		а	If age 65 or older If blind If your parent or s	omeone else can cla nter zero on lines 18	Yourself • [	✓ Spouse				·
Mami	ed filing	3. Itemized dedu	uctions. Include fede	eral Schedule A. Fed	deral limits apply		• 13		17	00
	arately: 5,300 1	4. All state and l	ocal income or gene	ral sales taxes includ	ded on federal Sche	dule A, line 5	• 14			00
		5. Subtract line	14 from line 13. If yo	ou don't use federal S	Schedule A, enter ze	эго	15			00
10000000	sehold: - 0,300 16	3. Standard ded	uction. See instruction	ons, page 7, to deter	mine amount if not	standard	• 16		15100	00
Маті	ed filing 1	7. Subtract the L	ARGER of line 15 o	r 16 from line 11. If I	ess than zero, ente	r zero	17		34900	00
	ntly or alifying 18	3. Multiply \$4,05	0 by the number of	exemptions claimed	on line 6d. Federal	limits apply	18		8100	00
Wide	ow(er):	ennountainets de la maisone		ne 18 from line 17. I		A STATE OF THE PARTY OF T	Telephone I I I I I I I I I I I I I I I I I I I		26800	00
	2,000			See instructions, page			SERVICES   1 1000		1483	00
	903						9000 AV		1777, 255, 13	

Don't staple

Continue to page 2.



Tax amount from line 20 21 1483 00 CREDITS. Limits apply. See instructions, page 8. 100 00 22. Income tax paid to other states. Include Form 39R and a copy of other state return ...... 22. 240 00 23. Total credits from Form 39R, Part E, line 4. Include Form 39R 24. Total business income tax credits from Form 44, Part I, line 11. Include Form 44 ....... 24 00 325 25. TOTAL CREDITS. Add lines 22 through 24 25 665 00 Subtract line 25 from line 21. If line 25 is more than line 21, enter zero 818 00 OTHER TAXES. See instructions, page 9. 49 27. Fuels tax due. Include Form 75 27 00 152 00 28. Sales/Use tax due on nontaxed purchases (Internet, mail order, and other) 28 75 29. Total tax from recapture of income tax credits from Form 44. Part II, line 7. Include Form 44. 29 00 30. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER ...... 30 00 10 00 31 1094 TOTAL TAX. Add lines 26 through 31 00 DONATIONS. See instructions, page 9. I want to donate to: \_\_\_\_ 34. Idaho Children's Trust Fund ...... 33. Nongame Wildlife Conservation Fund ......... 36. Idaho Guard and Reserve Family ... 37. American Red Cross of Idaho Fund ..... 38. Veterans Support Fund ..... 40. Opportunity Scholarship Program ... 39. Idaho Foodbank Fund ..... 1094 41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 ...... 00 41 PAYMENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10. 42. Grocery credit. Computed Amount (from worksheet) To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42 220 To receive your grocery credit, enter the computed amount on line 42 42 00 43. Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R ...... 00 Gasoline tax refund 229 00 Special fuels tax refund 182 45. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding ...... 45 00 3000 46. 2016 Form 51 payment(s) and amount applied from 2015 return ...... 46 00 200 47. Pass-through income tax. Withheld • 50 Paid by entity • 150 Include Form(s) ID K-1 .... 47 200 00 48. Reimbursement Incentive Act credit • 100 Claim of Right credit • 100 See instructions ....... 48 200 00 49. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48 ...... 49 00 4049 TAX DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line 49, GO TO LINE 53. 50. TAX DUE. Subtract line 49 from line 41 00 Interest from the due date . 51. Penalty • Enter total 51 00 52 00 53. OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid ...... 53 2955 00 54. REFUND. Amount of line 53 to be refunded to you 00 1975 55 980 00 56. DIRECT DEPOSIT. See instructions, page 12. . \_ Check if final deposit destination is outside the U.S. Checking Type of \* · Account No. 9 2 Routing No. 6 8 6 9 4 5 0 6 8 1 3 2 0 8 0 8 8 Account: . / Savings AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions. 00 57. Total due (line 52) or overpaid (line 53) on this return ...... 58. Refund from original return plus additional refunds 58 00 59. Tax paid with original return plus additional tax paid ...... 59 00 60. Amended tax due or refund. Add lines 57 and 58 then subtract line 59 ...... 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 Your signature Spouse's signature (if a joint return, BOTH MUST SIGN) SIGN HERE Date Preparer's EIN, SSN, or PTIN Taxpayer's phone Paid preparer's signature Preparer's address and phone number

### **IDAHO SUPPLEMENTAL SCHEDULE**

For Form 40, Resident Returns Only

_	(s) as shown on return		Social Security number		
Co	<u>x</u>			400-11-5952	
Α. /	Additions. See instructions, page 20.				
	1. Federal net operating loss carryover included in Form 40, line 7		1	100	00
:	2. Capital loss carryover incurred outside the state before becoming an Idaho resident		2		00
	Non-Idaho state and local bond interest and dividends	_	3		00
	4. Idaho college savings account withdrawal		4		00
	5. Bonus depreciation. Include computations		5		00
	6. Other additions. Include explanation		6		
	7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8			400	00
	•	•	7	100	00
	Subtractions. See instructions, page 20.				
	Idaho net operating loss carryover     100				
	Idaho net operating loss carryback _ Enter total here		1	100	00
	State income tax refund, if included in federal income		2		00
	Interest from U.S. Government obligations		3		00
	4. Energy efficiency upgrades	•	4		00
	5. Alternative energy devices deduction				
	Year				
	Acquired Type of Device Total Cost Percent				
	a. 2016	00			
	b. 2015	00			
	c. 2014	00			
	d. 2013	00			
	e. Add lines 5a through 5d. Can't exceed \$5,000		5e		00
	6. Child/dependent care. Include federal Form 2441		6		00
	7. Social Security and railroad benefits, if included in federal income		7		00
	8. Retirement benefits deduction. Complete Part C		8		00
	9. Technological equipment donation		9		00
	Idaho capital gains deduction. Include Form CG		10		00
	Active duty military pay earned outside of Idaho		11		00
	2. Adoption expenses		12		00
	3. Idaho medical savings account. Contributions Interest		12		-00
	Financial institution Account number		13		00
1	4. Idaho college savings program		14		00
	5. Maintaining a home for the aged and/or developmentally disabled		15		00
	6. Idaho lottery winnings, less than \$600 per prize		16		00
	7. Income earned on a reservation by an American Indian		17		00
	8. Health insurance premiums		18		00
	9. Long-term care insurance		19		00
	0. Workers' compensation insurance		20		00
2	1. Bonus depreciation. Include computations		21		00
2	2. Other subtractions. Include explanation		22		00
2	3. Total subtractions. Add lines 1 through 4 and 5e through 22.				
	Enter here and on Form 40, line 10	•	23	100	00
C. I	Retirement Benefits Deduction. See instructions, page 21, for qualified retirement ber	nefi	ts.		
	1. If single, enter \$31,668, or if married filing jointly, enter \$47,502	00			
:	Federal Railroad Retirement benefits received	00			
;	Social Security benefits received	00			
	4. Line 1 minus lines 2 and 3. If less than zero, enter zero	00			
	A Line Aminus lines Cond C Hiller than any antonion				

Cox						400-11-5952			
D. Credit for Incom	ne Tax Paid to Other State	s. See instructions, pag	ge 25.				4		
This credit is being	claimed for taxes paid to:	OR		_ (State nan	ne)				
1. Idaho tax, Form	40, line 20		. 1		00	2.5			
	d gross income earned in othe			3400		<ul> <li>Include a copy of the income tax return and a</li> </ul>			
	ho modifications. See instructions			3.7.11	separate Form 39R for each state for which a				
	income. See instructions				00	credit is claimed.			
	line 3. Enter percentage here		1 to		%	Tier and the second sec	1		
	y line 4. Enter amount here						00		
6. Other state's ta	x due less its income tax credit	IS			• 6	100	00		
7. Enter the small	er of lines 5 or 6 here and on F	orm 40, line 22			7	100	00		
	o Educational Entity and I utions and Live Organ Do			s, page 2	5.				
1. Credit for contri	butions to Idaho educational er	ntities			1	70	00		
	butions to Idaho youth and reh						00		
	gan donation expenses					90	00		
202002000000000000000000000000000000000			120		55		2021		
Total credits. A	dd lines 1 through 3. Enter tota	al here and on Form 40, line	23		4		00		
Nam First Name	ne of Family Member Last Name	Social Security Number of Family Member	Relationship t				ntally		
Elvira	Cox	CONTROL CONTRO	Mother	700 PM	193				
LIVIII	000	123-45-9876	WOUR	51	190				
Enter here and	aimed (\$100 for each qualifying on Form 40, line 43. (Credit con 15.)	an't be claimed if you took S	\$1,000 deduc		4		00		
G. Dependents: (	Continued from Form 40,	page 1, Line 6c)							
First Name		Last Name			S	Social Security number			
-									
?									
9				i i		-   -			
						<u> </u>			
						i i			
2						i i			

# IDAHO BUSINESS INCOME TAX CREDITS AND CREDIT RECAPTURE

2016

Nar	ne(s) as shown on return		Social Security	numbe	r or EIN		
PA	RT I — BUSINESS INCOME TAX CREDITS	BUSINESS INCOME TAX CREDITS  Credit Allowed Carryove  1					
	Credit Allowe			d	Carryover		
1.	Investment tax credit. Include Form 49	1			•		
2.	Credit for production equipment using post-consumer waste	2					
3.	Promoter-sponsored event credit	3					
4.	Credit for qualifying new employees. Include Form 55	4			•		
5.	Credit for Idaho research activities. Include Form 67	5			•		
6.	Broadband equipment investment credit. Include Form 68	6					
7.	Small employer investment tax credit. Include Form 83	7					
8.	Small employer real property improvement tax credit. Include Form 84	8					
9.	Small employer new jobs tax credit. Include Form 85	9			•		
10.	Biofuel infrastructure investment tax credit. Include Form 71	10					
11.	Total business income tax credits allowed. Add lines 1 through 11	11					
PA	RT II — TAX FROM RECAPTURE OF BUSINESS INCOME TAX CREDITS	5					
Та	x from recapture of:						
1.	Investment tax credit. Include Form 49R			1			
2.	Broadband equipment investment credit. Include Form 68R			2			
3.	Small employer investment tax credit. Include Form 83R			3			
4.	Small employer real property improvement tax credit. Include Form 84R			4			
	Small employer new jobs tax credit. Include Form 85R			5			
5.	Biofuel infrastructure investment tax credit. Include Form 71R			6			



## IDAHO FUELS USE REPORT

### FOR FUEL BOUGHT ON OR AFTER JULY 1, 2015

	Name			Soc	cial Security N	umber			
PLEASE	Assumed Business Name (DBA)				_	]_			
PRINT	Assumed Business Name (DBA)					]	<u></u>		
OR TYPE	Address			Federal Em	nployer Identifi	cation Nu	Jmber		_
	City, State, and Zip Code							$\perp$	
Section I.	. FILING PERIOD Beginning, _	and ending •,			State use	e only			
Use this fo	orm for fuel purchased on or after July 1,	, 2015.							
	ready claimed a refund of this tax from the liod, don't complete this form.	Tax Commission on another Fo	orm 75						
	_	ach box below that descri			-		y.		
		<ul> <li>Landscaping &amp; tree se</li> <li>Well drilling</li> </ul>	ervice		ີ່ Golf coເ ີ່ Outfitter				
		<ul> <li>Equipment rental/leas</li> </ul>	sing	13.					
	Trucking 9.	vel	14. • 🗌	Other (d	describ	oe) _			
		■ Excavating							
	II. NONTAXABLE USE Mark each b							axes	<b>S.</b>
	TAX-PAID special fuels (diesel, propar Stationary engines	ne, or natural gas) used in	10. • Station	O TAX-PAID (	jasoline u	isea in	1		
	Unregistered equipment (list)		11. • Unregis		ent (list)				
	Refrigeration unit with separate tank	12. • Refrige		-					
	Intrastate motor vehicles off-highway		13. • IFTA au					m 75-	-IC)
5. ■ _	IFTA power take-off and auxiliary eng (attach Form 75-IC)	line allowances	14. • Intrasta	nce (attach Fo		-	Jine		
6. <b>-</b>	Intrastate motor vehicle power take-o	off and auxiliary engine	15. • Aircraft	•		v )			
	allowances (attach Form 75-IMV)	, ,	16. ■ Comme	•					
_	Federal, state, and local government	motor vehicles	17. • Other (	describe)					
	Aircraft (see instructions)	* 0							
9. ■	Other (describe)		soline used in a reg tely owned) doesn						x
Section I	V. Total refund or tax due	Piiva	tery ewiled) decem	- quality for a					Λ.
	e the sections on page 2 that apply	to you (Sections V, VI, or	VII) before comp	leting this se	ction				
1. Ga	soline tax refund from page 2, Section	V, line 5			\$				
	ecial fuels tax refund from page 2, Sec								
	soline tax due from page 2, Section VI ecial fuels tax due from page 2, Section								
5. Tot	al of use tax due from page 2, Section	VII, line 8							
	I paid the use tax with my sales/use t								
	fund. If the total of lines 1 and 2 is greater the difference								
	<b>x Due.</b> If the total of lines 1 and 2 is les					$\square$			
ent	ter the difference								
	Within 180 days of receiving this return, the Ida	aho State Tax Commission may	discuss this return wit	h the paid prepar	rer identifie	d below			
	Under penalties of perjury, I declare that to the								
SIGN .	Authorized signature	Date	Call 334-766	60 in the Boise ar	ea or toll-fr	ee at (8	300) 97	<b>'2-766</b>	0.
HERE	■ Title	Destina abase	MAIL TO:						
'	Title	Daytime phone	Idaho State PO Box 76	Tax Commission	ı				
Paid prepare	r's signature Pre	parer's EIN, SSN, or PTIN	Boise ID 837	707-0076					
	-								
Address and	phone number								

EFO00286 08-11-15 Form 75 Page 2

	A**	В	С	D**	E**	F**	G**	Н
Section V. FUELS TAX REFUND	Gasoline	Av Gas	Jet Fuel	Undyed Diesel*	Propane	CNG	LNG	Totals
Total tax-paid gallons purchased from all sources (whole gallons)								
Total nontaxable gallons     (whole gallons)								
3. Tax rate	.32	.07	.06	.32	.232	.32	.349	
4. Fuels tax refund								

- 5. Gasoline tax refund. Add line 4, columns A, B, and C. Enter here and on page 1, Section IV, line 1......
- 6. Special fuels tax refund. Add line 4, columns D, E, F, and G. Enter here and on page 1, Section IV, line 2.....

	A**	В	С	D**	E**	F**	G**	Н
Section VI. FUELS TAX DUE	Gasoline	Av Gas	Jet Fuel	Undyed Diesel*	Propane	CNG	LNG	Totals
Taxable gallons     (whole gallons)								
2. Tax rate	.32	.07	.06	.32	.232	.32	.349	
3. Fuels tax due								

- 4. Gasoline tax due. Add line 3, columns A, B and C. Enter here and on page 1, Section IV, line 3......
- 5. Special fuels tax due. Add line 3, columns D, E & F, and G. Enter here and on page 1, Section IV, line 4.....

Section VII. USE TAX DUE	A** Gasoline	B Av Gas	C Jet Fuel	D** Undyed Diesel*	E** Propane	F** CNG	G** LNG	H Totals
1. Number of gallons from Section V, line 2								
2. Average price per gallon (carry 4 decimal places x.xxxx) •								
3. Less state fuels tax/gallon								
4. Less federal fuels tax/gallon								
5. The base cost per gallon (line 2 less 3 & 4)								
6. Total amount subject to use tax (multiply line 1 by line 5)								
7. Use tax due (multiply line 6 by 6%)								

<sup>8.</sup> Use tax due. Add line 7, columns A through G. Enter here and on page 1, Section IV, line 5.....

<sup>\*</sup> Includes Biodiesel and Biodiesel Blends

<sup>\*\*</sup> Rate change effective July 1, 2015



# F 40 R EF 000089 M 08-01-2016 IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED R	ETURN, check the box	State Use Only				
	s, page 7, for the reasons and enter the number.					
For calenda	r year 2016, or fiscal year beginning	, ending	_	1800-1800-1800-1800-1800-1800-1800-1800	7	
1. 0 T VII. CO.	name and initial	Last name	Your Social Security number (r	required)		
Ted N		Noon	400-11-59	950		ceased 2016
Spouse's  Current in  13 Wi  City, State	first name and initial	Last name	Spouse's Social Security number	ber (required)	Dec	eased
Current n	nalling address nners Circle Dr		_		2	2016
The state of the s	e, and Zip Code eshoe Bend ID 83626		roms availa	ble at tax.idaho.g	ov	
If married fill name and Se	TUS. Check only one box. ing jointly or separately, enter spouse's ocial Security number above. Single	6. EXEMPTIONS. If someone can dependent, leave c. List your dependents. If you ha Enter the total number here	box 6a blank. and 6b, if the	ey apply. Spou on Form 39R.	se b.	0
2.	Married filing jointly	First name	Last name	Social Security nu	mber	
31	Married filing separately			1 1		
4. H	Head of household					
5. 0	Qualifying widow(er)					
		d. Total exemptions. Add lines 6a	through 6c. Must match fed	eral return	d.	0
7. Enter you or federa 8. Additions 9. Total. Add	ee instructions, page 7.  ur federal adjusted gross income from fed al Form 1040EZ, line 4. Include a comple s from Form 39R, Part A, line 7. Include F dd lines 7 and 8	te copy of your federal returnorm 39R	•	7 8 9 10	10000	00 00 00
11. TOTAL	ADJUSTED INCOME. Subtract line 10 fro	om line 9	· · · · · · · · · · · · · · · · · · ·	11	10000	00
Standard Deduction For Most People	12. CHECK — b. If blind	Yourself Yourself omeone else can claim you as a deper	Spouse Spouse ndent,			
Single or Married filing Separately:				13		00
\$6,300	14. All state and local income or gene			14		00
Head of Household:	15. Subtract line 14 from line 13. If yo	ou don't use federal Schedule A, enter	zero	15		00
\$9,300	16. Standard deduction. See instruction	ons, page 7, to determine amount if no	t standard	16	6300	00
Married filing	17. Subtract the LARGER of line 15 of	r 16 from line 11. If less than zero, ent	er zero	17	3700	00
Jointly or Qualifying	18. Multiply \$4,050 by the number of	exemptions claimed on line 6d. Federa	al limits apply	18		00
Widow(er): \$12,600	19. Idaho taxable income. Subtract li	ne 18 from line 17. If less than zero, er	nter zero	19	3700	00
	20. Tax from tables or rate schedule.	See instructions, page 37		20	109	00

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Continue to page 2.



Page 2

21.	Tax amount from line 20	21	109	00
CRE	DITS. Limits apply. See instructions, page 8.			
	Income tax paid to other states. Include Form 39R and a copy of other state return 22 00			
23.	Total credits from Form 39R, Part E, line 4. Include Form 39R			
24.	Total business income tax credits from Form 44, Part I, line 11. Include Form 44 24 00			
	TOTAL CREDITS. Add lines 22 through 24	25		00
26.	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero	26	109	00
	IER TAXES. See instructions, page 9.	1		
	Fuels tax due. Include Form 75	27		00
28.	Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)	• 28		00
29.	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	29		00
30.	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	• 30		00
31.	Permanent building fund. Check the box if you received Idaho public assistance payments for 2016	31	10	00
32.	TOTAL TAX. Add lines 26 through 31	• 32	119	00
	NATIONS. See instructions, page 9. I want to donate to:			
	Nongame Wildlife Conservation Fund 5 34. Idaho Children's Trust Fund 5			
35.	Special Olympics Idaho 5 36. Idaho Guard and Reserve Family 5			
	American Red Cross of Idaho Fund			
39.	Idaho Foodbank Fund <u>5</u> 40. Opportunity Scholarship Program <u>5</u>	1		
41.	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	41	159	00
PAY	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.	16		
42.	Grocery credit. Computed Amount (from worksheet)			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42	40		00
40	To receive your grocery credit, enter the computed amount on line 42			00
	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R	1		00
	Special fuels tax refund Gasoline tax refund Include Form 75	44		00
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	-		00
				00
	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1	47		00
	Reimbursement Incentive Act credit • Claim of Right credit • See instructions	48		00
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48	49		00
TAX	DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than li	ne 49,	GO TO LINE 53.	
50.	TAX DUE. Subtract line 49 from line 41		150	00
		9 3	159	00
51.	Penalty • 10 Interest from the due date • 5 Enter total	51	15	00
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	31	\$7a	00
52	TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission	- 52	174	00
			24.50	00
53.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid	- 53		00
	PETIND A STATE FOR EACH AND A STATE OF THE S	-05	1	V20000000
54.	REFUND. Amount of line 53 to be refunded to you			00
	FOTIMATED TAY Association 504-be assigned as 2017 and assigned to			
_	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax	. 55	07-07	00
56.	DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S.		Type of • Ch	necking
· Ro	uting No Account No.			
		+-	Sa Sa	vings
	ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.			00
	Total due (line EQ) as assessed (line EQ) as this setup		35	00
	Total due (line 52) or overpaid (line 53) on this return	57		
58.	Refund from original return plus additional refunds	58		00
58. 59.	Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  •	58 59	<del>)</del>	00
58. 59.	Refund from original return plus additional refunds	58 59 60	2	
58. 59.	Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified	58 59 60 below.	16	00
58. 59. 60.	Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in	58 59 60 below.	18.	00
58. 59.	Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in Pour signature    Your signature   Spouse's signature (if a joint return, BOTH MUST SIGN)	58 59 60 below.	18.	00
58. 59. 60.	Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in Pour signature    Your signature   Spouse's signature (if a joint return, BOTH MUST SIGN)	58 59 60 below.	ıs.	00
58. 59. 60. • SIGN HER	Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in Your signature  Spouse's signature (if a joint return, BOTH MUST SIGN)	58 59 60 below.	ıs.	00
58. 59. 60. • SIGN HER	Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in Your signature  Spouse's signature (if a joint return, BOTH MUST SIGN)	58 59 60 below.	ns.	00



# F 40 R EF CO0089 M 08-01-2016 IDAHO INDIVIDUAL INCOME TAX RETURN

AMEN	NDED RETUR	RN, check the I	oox. • 🗸	State Use Only	<del>-</del> 1						
		e 7, for the rea ter the number.	sons 4	i d		-					
For o	alendar yea	r 2016, or fis	cal year beginning	, endi	ng			W 50 C 7 50	120		
	Your first name a	nd initial	1	ast name		You	r Social Security numb	er (require	d)		
PLEASE PRINT OR TYPE	Ted M			Norris			400-11	-5956			ceased 2016
N.	Spouse's first na	me and initial		ast name		Spo	ouse's Social Security n	umber (re	quired)		200000000000000000000000000000000000000
E PRI											ceased
SE	Current mailing a									in:	2016
LE	13 Winners	H (M. 07,007) H ( 45,07)					Forms av	ailable a	tax.idah	o.gov	
а.	City, State, and 2 Horseshoe		33626							7.00	
If ma	mied filing jo	Security num	rately, enter spouse's	c. List your depe	dependent,			they app	orm 39R	oouse b.	2
	2. Marrie	d filing jointly		First name		Last	name	Socia	al Security	y number	
	3. Marrie	d filing separa	teh	John		Norris		40	0   11	5970	
			tely	Sam		Norris		40	0   11	5971	
	4. Head	of household							1		
	5. Qualif	ying widow(er)							Í		
	77			d. Total exemption	ons. Add line	s 6a through	6c. Must match f	ederal	eturn	d.	3
7. E 8. A 9.	Enter your fed or federal Forn Additions from Total. Add line	m 1040EZ, line Form 39R, Pa es 7 and 8	ge 7. gross income from feder 4. Include a completer A, line 7. Include F	e copy of your feder orm 39R	al return			8		26125 26125	00
11.	TOTAL ADJU	STED INCOM	E. Subtract line 10 fro	m line 9				• 11		26125	00
St De Fo		. CHECK —	a. If age 65 or older b. If blind		• Yourse im you as a d	elf · Spo					
Man	ried filing parately:	. Itemized de	ductions. Include fede	ral Schedule A. Fed	eral limits ap	ply		• 13			00
	Control of the Control	. All state and	local income or gene	ral sales taxes includ	ded on federa	Schedule A	, line 5	• 14		13	00
	lead of 15	. Subtract line	14 from line 13. If yo	u don't use federal S	Schedule A, e	nter zero		15			00
100	usehold: - 89,300 16	. Standard de	duction. See instruction	ons, page 7, to deter	mine amount	if not standar	'd	- 16		9300	00
7.53	No.		LARGER of line 15 or	and the transfer of the contract of the				17		16825	00
Jo	pintly or		50 by the number of					7290		12150	00
	dow(er): 12,600 19	. Idaho taxab	e income. Subtract lir	ne 18 from line 17. I	less than zer	ro, enter zero	)	19		4675	00
	12,000		les or rate schedule.					- 20		110	
	0037/		The second secon	The state of the s	200 200 200 200 200 200 200 200 200 200			20000	-	CONTRACT.	_

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Continue to page 2.



21.	Tax amount from line 20		21	110	00
CRE	EDITS. Limits apply. See instructions, page 8.				
		00			
23.	Total credits from Form 39R, Part E, line 4. Include Form 39R	00			
		00			
25.	TOTAL CREDITS. Add lines 22 through 24	_	25		00
26.	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero		26	110	00
ОТН	HER TAXES. See instructions, page 9.				
	Fuels tax due. Include Form 75	30975	27		00
	Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)		28		00
	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44		29		00
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER		30		00
	Permanent building fund. Check the box if you received Idaho public assistance payments for 2016		31	10	
	TOTAL TAX. Add lines 26 through 31		32	110	00
	NATIONS. See instructions, page 9. I want to donate to:	1			
	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund				
	Special Olympics Idaho 36. Idaho Guard and Reserve Family •				
	American Red Cross of Idaho Fund				
	Idaho Foodbank Fund		1	110	N.
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	***	41	110	00
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.				
42.	Grocery credit. Computed Amount (from worksheet) 300	-			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42  To receive your grocery credit, enter the computed amount on line 42		42	300	00
43	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R	000000000000000000000000000000000000000	43		00
	Special fuels tax refund Gasoline tax refund Include Form 75	2000	44		00
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	-	45	100	00
	2016 Form 51 payment(s) and amount applied from 2015 return	-	46	100	00
		20 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A. H.
	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1.		47		00
	Reimbursement Incentive Act credit • Claim of Right credit • See instructions		48	100	00
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48		49	400	00
TAX	CDUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less that	n line	49, 0	O TO LINE 53.	
50.	TAX DUE. Subtract line 49 from line 41				00
51.	Penalty • Interest from the due date • Enter total		51		20
V. P. SOCC-1	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	7	51		00
52	TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission	۱. ا	52		00
				100,000	00
53.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid		53	290	00
54.	REFUND. Amount of line 53 to be refunded to you			200	00
	,			290	A CONTRACTOR
27.000	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax	*	55		00
56.	DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S.			Type of • Ch	ecking
·Ro	outing No. 3 2 4 6 0 6 1 2 3 *Account No. 9 8 7 6 5 4 3 2 1	10 0		7 10 10 10 10 10 10 10 10 10 10 10 10 10	2000
1,000		<u> </u>	+	Account: . 🗸 Sav	vings
	ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.			290	20
	Total due (line 52) or overpaid (line 53) on this return		57	250.00	00
122	Refund from original return plus additional refunds		58	100	00
59.		-	59		00
60.	Amended tax due or refund. Add lines 57 and 58 then subtract line 59		60	390	00
•	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identi- Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. Se-			19	
SIGI	Vegetiere Communication of a joint and an ECTU ANICT CICAR	G Lines	trou-		
HER					
Date	Taxpayer's phone Preparer's EIN, SSN, or PTIN				
	CONTRACTOR				
Paid	preparer's signature Preparer's address and phone number	Ш			
•	0.1	6	1 5	2 9 5	

# F 40 R EF CO0089 M 08-01-2016 IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED	RETURN, check the box.	• 🗆 🗆	State Use Only	1				
	ions, page 7, for the reasons g and enter the number.	_	5					
For calend	dar year 2016, or fiscal y	ear beginning	, ending		1	MENTS SERVICE SERVICE		
	rst name and initial	Last name			Your Social Security number	(required)		
8 Clin	t e	Smith			400-11-5	957		eceased 2016
Spous Spous Clini	se's first name and initial	Last name			Spouse's Social Security nur	mber (required)		eceaseo
SA Gurrer	nt mailing address 0 Lansing St						72 70	2016
0.000	state, and Zip Code Idleton ID 83644	***			Forms avai	lable at tax.id	ano.gov	
If married	ATUS. Check only one bor filing jointly or separately Social Security number a Single	, enter spouse's above.	ist your depend			e on Form 39		1
2.	Married filing jointly	Fi	rst name		Last name	Social Secu	rity number	
19		200100	0.1 - 1.00 ( 20 m. 1 - 0.01)			1	1	
3.	Married filing separately						i .	
4.	Head of household					1	Ī	
5.	Qualifying widow(er)						-	
	adding macrical	d	Total exemptions	. Add lines 6a thro	ugh 6c. Must match fe	deral return	d.	1
7. Enter or fed 8. Addition 9. Total.	See instructions, page 7. your federal adjusted gross eral Form 1040EZ, line 4. I ons from Form 39R, Part A, Add lines 7 and 8 actions from Form 39R, Par	income from federal Fo nclude a complete copy line 7. Include Form 39	of your federal re	eturn		7 8 9		00 00 00
11. TOTA	L ADJUSTED INCOME. S	ubtract line 10 from line	9			- 11		00
Standar Deductio For Mos People	t 12. CHECK — b. If c. If	ons, page 7. age 65 or older blind your parent or someone heck here and enter zer	e else can claim	Yourself • you as a depender	Spouse Spouse at,			
Single o Married fili Separate	log by:	ons. Include federal Sch	edule A. Federa	l limits apply		13		00
\$6,300	14. All state and loca	l income or general sale	s taxes included	on federal Schedu	ıle A, line 5	14		00
Head of Househol		rom line 13. If you don't	use federal Sch	edule A, enter zero		15		00
\$9,300		on. See instructions, pag	ge 7, to determin	e amount if not sta	ndard	16	6300	00
Married fili		GER of line 15 or 16 fro	m line 11. If less	than zero, enter z	ero	17		00
Jointly o Qualifyin		y the number of exempti	ons claimed on I	ine 6d. Federal lin	nits apply	18	4050	00
Widow(er \$12,600	): 10 Idaha tayahla ina	ome. Subtract line 18 fr	om line 17. If les	ss than zero, enter	zero	19		00
312,000	The state of the s	r rate schedule. See ins	tructions, page 3	37		20		00

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Form 40 - 2016 EF000089p2 08-01-2016

21.	Tax amount from line 20	21		00
CRE	EDITS. Limits apply. See instructions, page 8.			
22.	Income tax paid to other states. Include Form 39R and a copy of other state return 22	)		
23.	Total credits from Form 39R, Part E, line 4. Include Form 39R	)		
	Total business income tax credits from Form 44, Part I, line 11. Include Form 44 24 00	0		
25.	TOTAL CREDITS. Add lines 22 through 24	25	1	00
	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero			00
	IER TAXES. See instructions, page 9.	-		
27.	Fuels tax due. Include Form 75	27		00
28.	Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)	• 28		00
29.	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	29		00
30.	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	- 30		00
31.	Permanent building fund. Check the box if you received Idaho public assistance payments for 2016	31	10	00
32.	TOTAL TAX. Add lines 26 through 31	• 32		00
	NATIONS. See instructions, page 9. I want to donate to:			
33.	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund	4		
35.	Special Olympics Idaho 36. Idaho Guard and Reserve Family •	48		
37.	American Red Cross of Idaho Fund			
39.	Idaho Foodbank Fund 40. Opportunity Scholarship Program •			2
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40			00
PAY	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.			
	Grocery credit. Computed Amount (from worksheet)			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42	2000 B	100	
	To receive your grocery credit, enter the computed amount on line 42		100	00
	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R	1		00
	Special fuels tax refund Include Form 75	44		00
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding			00
	2016 Form 51 payment(s) and amount applied from 2015 return	_		00
	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1			00
48.	Reimbursement Incentive Act credit • Claim of Right credit • See instructions	48		00
49.	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48	49	100	00
TAX	DUE or REFUND. See instructions, page 11. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than I	ine 49, (	30 TO LINE 53.	
-	TAX DUE. Subtract line 49 from line 41		Ï	30
50.	TAX DUE. Subtract line 49 from line 41			00
51	Penalty • Interest from the due date • Enter total	-		1,0000
01.	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account	51		00
52.	TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission	• 52		00
53.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid	3 2000	100	00
53.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid	3 2000	100	00
	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid  REFUND. Amount of line 53 to be refunded to you	3 2000		00
	30000000000000000000000000000000000000	- 53	100	
54.	30000000000000000000000000000000000000	- 53		
54. 55.	REFUND. Amount of line 53 to be refunded to you	- 53	100	00
54. 55. 56.	REFUND. Amount of line 53 to be refunded to you  ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S.	- 53	100	00
54. 55. 56.	REFUND. Amount of line 53 to be refunded to you  ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax	- 53	100	00
54. 55. 56.	REFUND. Amount of line 53 to be refunded to you  ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S.	- 53	100	00 00 ecking
54. 55. 56. • Ro	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No.	- 53	100	00 00 ecking
54. 55. 56. • Roo AME 57.	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No. • Account No	• 53 • 55	100	00 00 ecking
54. 55. 56. • Ro AME 57. 58.	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No. • Account No. • Account No. • Complete this section to determine your tax due or refund. See instructions. Total due (line 52) or overpaid (line 53) on this return	• 53 • 55 • 57 • 58	100	00 00 ecking vings
54. 55. 56. • Roo AME 57. 58. 59.	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12.	• 53 • 55 • 57 • 58	100	00 00 ecking vings 00 00
54. 55. 56. • Roo 57. 58. 59. 60.	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No. • Account No	53 - 55 - 55 - 58 - 59 - 60 d below.	Type of • Ch	00 00 ecking vings 00 00
54. 55. 56. • Roo AME 57. 58. 59.	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12.	53 - 55 - 55 - 58 - 59 - 60 d below.	Type of • Ch	00 00 ecking vings 00 00
54. 55. 56. •Roo 57. 58. 59. 60. • Sign	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No.  ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.  Total due (line 52) or overpaid (line 53) on this return  Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in North Must SIGN)	53 - 55 - 55 - 58 - 59 - 60 d below.	Type of • Ch	00 00 ecking vings 00 00
54. 55. 56. •Roo 57. 58. 59. 60. • sign	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No.  ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.  Total due (line 52) or overpaid (line 53) on this return  Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in Spouse's signature (if a joint return, BOTH MUST SIGN)  **  **  **  **  **  **  **  **  **	53 - 55 - 55 - 58 - 59 - 60 d below.	Type of • Ch	00 00 ecking vings 00 00
54. 55. 56. •Roo 57. 58. 59. 60. • Sign	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No.  ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.  Total due (line 52) or overpaid (line 53) on this return  Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in North Must SIGN)	53 - 55 - 55 - 58 - 59 - 60 d below.	Type of • Ch	00 00 ecking vings 00 00
54. 55. 56. •Roo  AME  57. 58. 59. 60. • SIGH  HER	ESTIMATED TAX. Amount of line 53 to be applied to your 2017 estimated tax  DIRECT DEPOSIT. See instructions, page 12. • Check if final deposit destination is outside the U.S. outing No.  ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.  Total due (line 52) or overpaid (line 53) on this return  Refund from original return plus additional refunds  Tax paid with original return plus additional tax paid  Amended tax due or refund. Add lines 57 and 58 then subtract line 59  Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in Spouse's signature (if a joint return, BOTH MUST SIGN)  **  **  **  **  **  **  **  **  **	53 - 55 - 55 - 58 - 59 - 60 d below.	Type of • Ch	00 00 ecking vings 00 00