IDAHO INDIVIDUAL INCOME TAX RETURN													
See ii	nstructions	s, page	N, check the	asons	State Use Only								
				scal year beginning	, ending	1	Your Social Security Number (required)				_		
					Last name								
PLEASE PRINT OR TYPE					.ast name		Spouse's Social Security Number (required)						
	Spouse's	first nan	ne and initial										
	Mailing ad	dress						payer deceased		o you need Idaho come tax forms			
LEA	City, State	, and Zij	p Code				↓ In 2011 Spouse deceased		mailed to you next year?		ear?		
P						↓ v in 2011			• Yes • No				
lf fili	ing marri	ed joi		one box. rate return, enter ecurity Number above	6. EXEMPTIONS. If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, Yourself a. c. List your dependents. If more than four dependents, continue on Form 39R.								
1. Single C. List your dependents. If more Enter the total number here													
	2. N	larried	l filing joint r	return	First name		Last name		Social	Security Number			
3. Married filing separate return										<u> </u>			
4. Head of household													
	5. C	-			d. Total exemptions. Add lines 6a through 6c. Must match federal return d.								
			match fede							um u.			
			ructions, p	age 7. I gross income from fec	eral Form 1040 line 37	7: federal Form 104	LA line 21.						
	-		-	ne 4. Include a comple					7		00		
				Part A, line 7. Include F					8		00		
				R, Part B, line 23. Inclu					9 10		00		
				ME. Subtract line 10 fro					10		00		
lf yo	u have ar	NOL	and are ele	ecting to forego the carr	yback period, check he	re • 🗌			11		00		
ТАХ	COMPU	TATIC	N. See ins	structions, page 7.									
De F	tandard eduction or Most People	12.	CHECK —	b. If blindc. If your parent or s	omeone else can claim nter zero on lines 18 an	Yourself • you as a depende	Spouse Spouse						
	Single or arried filing eparately:	13.	Itemized d	eductions. Include fede			·	13		00			
Ma		14.		nd local income or gene									
	\$5,800		federal Scl	hedule A, line 5		•	14		00				
	Head of	15.	Subtract lin	ne 14 from line 13. If yo	ero		15		00				
	busehold: \$8,500	16.	16. Standard deduction. See instructions page 7 to determine standard deduction amount										
Ma	rried filing		if different than the Standard Deduction For Most People								00		
	ointly or ualifying			ne LARGER of line 15 o		17		00					
W	idow(er): \$11,600			6,700 by the number of					00				
	, 11,000			ble income. Subtract li					19		00		
		20.	Tax from ta	ables or rate schedule.	See instructions, page	36		•	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.



	Form 40 - 2011 EF000089p2 08-04-11		Pa	age 2						
21	Tax amount from line 20	21		00						
	DITS. Limits apply. See instructions, page 8.	21		00						
	Income tax paid to other states. Include Form 39R and a copy of other state return 22									
	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	-								
	TOTAL CREDITS. Add lines 22 through 24	25		00						
	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero	26		00						
	IER TAXES. See instructions, page 8.	+								
27.	Fuels tax due. Include Form 75	27		00						
28.	Sales/Use tax due on Internet, mail order, and other nontaxed purchases	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 are receiving Idaho public assistance payments	31	10	00						
32.	TOTAL TAX. Add lines 26 through 31	32		00						
	IATIONS. See instructions, page 8. I wish to donate to:									
	Nongame Wildlife Conservation Fund									
	Special Olympics Idaho 36. Idaho Guard and Reserve Family •									
	American Red Cross of Greater Idaho Fund									
	Idaho Foodbank									
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	41		00						
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 9. Grocery credit. Computed Amount (from worksheet)									
72.	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		00						
	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	44		00						
45.	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	45		00						
	2011 Form 51 payment(s) and amount applied from 2010 return			00						
	Pass-through income tax withheld. Include Form(s) ID K-1			00						
	Hire One Act credit for new employees. Include Form 72			00						
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48	49		00						
TAX	DUE or REFUND. See instructions, page 10. If line 41 is more than line 49, GO TO LINE 50. If line 41 is less than line	1e 49	GO TO LINE 53.							
50.	TAX DUE. Subtract line 49 from line 41			00						
				00						
51.	Penalty Interest from the due date Enter total	51		00						
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account									
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		00						
54.	REFUND. Amount of line 53 to be refunded to you			00						
				00						
55.	ESTIMATED TAX. Amount of line 53 to be applied to your 2012 estimated tax	55		00						
	DIRECT DEPOSIT. See instructions, page 11 Check if final deposit destination is outside the U.S.									
			Type of Ch	necking						
• R0	uting No.		Account: Sa	vings						
AME	ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.									
57.	Total due (line 52) or overpaid (line 53) on this return	57		00						
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 and 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 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										
Date	Daytime phone Preparer's EIN, SSN, or PTIN									
	· · · · · · · · · · · · · · · · · · ·									
Paid p	oreparer's signature Address and phone number									
		1 5								