

8734

F 40 R EFFO00089 IDAHO INDIVIDUAL INCOME TAX RETURN

		_	_			
АМЕ	ENDED RE	TURN, check the box.	State Use Only			
		, page 6 for the reasons d enter the number.				
		year 2013, or fiscal year beginning	, ending	-[
			ast name	Your Social Security Number (r	required)	
PLEASE PRINT OR TYPE						Deceased in 2013
	Spouse's fi	rst name and initial L	ast name	Spouse's Social Security Number	ber (required)	111 2013
						Deceased
яŠ Г	Mailing address			1		in 2013
Ē	City State	and 7in Code	Do you need Idaho income tax forms mailed to you next year?			
<u>.</u>	City, State, and Zip Code			• <u> </u>	res ∎ No)
FILI	ING STATU	JS. Check only one box.	6. EXEMPTIONS. If company can claim		- Vours	aclf a
If fil	ling marrie	ed joint or separate return, enter	dependent, leave box	•		self a
spo	use's nam	ne and Social Security Number above.	·		ороц	
	1. Si	ngle	c. List your dependents. If more than Enter the total number here			c.
	2. M	arried filing joint return	_ First name	Last name	Social Security No	umber
	3. M	arried filing separate return				
	4. He	ead of household				
	5. Qı	ualifying widow(er)				
			d. Total exemptions. Add lines 6a thro	ugh 6c. Must match fed	eral return	d.
INC	OME. See	e instructions, page 7.	I			
7.	Enter you	federal adjusted gross income from federal	eral Form 1040, line 37; federal Form 1040	OA, line 21;		
			e copy of your federal return		7	00
			orm 39R		9	00
			de Form 39R		10	00
		,				
11.	TOTAL A	DJUSTED INCOME. Subtract line 10 fro	m line 9	······································	11	00
TAX	к сомрит	TATION. See instructions, page 7.		1		
		a. If age 65 or older 12. CHECK — b. If blind		Spouse		
- 1	Standard eduction			Spouse		
F	For Most		ter zero on lines 18 and 42.	,		
	People	13 Itemized deductions Include fede	ral Schedule A		13	00
Ma	Single or arried filing	All state and local income or gener			13	- 00
S	eparately: \$6,100	<u> </u>			14	00
	Head of	15. Subtract line 14 from line 13. If you	u do not use federal Schedule A, enter ze	ro	15	00
H	ousehold:	old:				
	\$8,950		ction For Most People		16	00
Jo Qı Wi	arried filing Jointly or	17. Subtract the LARGER of line 15 or	16 from line 11. If less than zero, enter z	ero	17	00
	Qualifying Vidow(er):	18. Multiply \$3,900 by the number of e	xemptions claimed on line 6d		18	00
	\$12,200		e 18 from line 17. If less than zero, enter			00
			See instructions, page 36	İ		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.



Page 2

Form 40 - 2013 EFO00089p2 09-10-13

CREDITS. Limits apply, See instructions, page 8.	21	Tax amount from line 20	21		00
22 100 23 101 102 24 20 24 20 25 24 26 27 27 28 28 29 29 29 29 29 29			21		00
23. Total business income tax credits from Form 44, Part I, line 12. Include Form 44		11.9			
24. Total business income tax credits from Form 44, Part I, line 12. Include Form 44.					
25. TOTAL CREDITS. Add lines 22 through 24 26. Subtract line 25 from line 21. If line 25 is more than line 21, enter zero 27. Fuels tax due. Include Form 75 28. 27. Fuels tax due. Include Form 75 29. Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44 29. 0.0 29. Total tax from recapture of qualified investment exemption (OIE). Include Form 44 29. 0.0 30. Tax from recapture of qualified investment exemption (OIE). Include Form 49ER 30. 0.1 31. Permanent building fund. Check the box if you are receiving Idaho public assistance payments 31. 10. 0. 32. TOTAL TAX. Add lines 26 through 31 31. ODNATIONS. See instructions, page 8. I want to donate to: 33. Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund 35. Special Olympics Idaho 36. Idaho Guard and Reserve Family 37. American Red Cross of Gratel Idaho Fund 38. Veterans Support Fund 41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 41. TOTAL TAX PLUS DONATIONS. Add lines 32 through 40 42. Opportunity Scholarship Program 43. Idaho Foodbank 44. Opportunity Scholarship Program 44. To receive your grocery credit. Tomputed Amount (from worksheet) 75. receive your grocery credit. Tomputed Amount (from worksheet) 76. To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 42 42. 0. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		· · ·			
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or. Total due (into 62) or overpaid (into 60) or this rotal in		· · · · · · · · · · · · · · · · · · ·	57		00
58. Refund from original return plus additional refunds					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 Your signature Sperial Sp					
HERE *					
Date Daytime phone Preparer's EIN, SSN, or PTIN					
Paid preparer's signature Address and phone number	Paid p	preparer's signature Address and phone number			
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