ТГ	on't Stapl	e			8734						
Sta	AHO ate Tax Comm	Form 40	al Income		2 021 Return						
Am	ended Retu	rn? Check the box.	•	State Us	se Only]					
		nstructions for the reasons									
to an	mend, and ente	er the number that applies.	• <u> </u>			4					
For	calendar year	2021 or fiscal year begin	ning	, ending _							
g	Your first nam	e and initial	Your last name				Your Social Se	ecurity number	(SSN)		Deceas
or Type	Spouse's first name and initial		Snouse's last n	Spouse's last name			Spouse's Social Security number (SSN)			:NI)	in 2021
nt o											Deceas in 2021
Print	Current mailin	g address	•								
Please I	City						_ Form	is and instr			able at
Ple	City			State ZIP code				lax.10	aho.g	ΟV	
Fili	ng Status.	Check only one box. If I	narried filing jo	intly or s	separately,	enter s	pouse's nam	e and Socia	al Secu	rity nur	nber above
	1. Single	Marriad fil	ing ₃ [] l	- Married fili	ing 🔒		ad of	൳ 🥅 Qua	lifying v	vidow(e	r)
		jointly	- <u>J.</u>	separately	- 4.	L ho	usehold	^{J.} With	qualify	ng depe	endents
Hou	isehold. See	instructions, page 7. If	someone can clai	m you as a	a dependent	t, leave l	ine 6a blank. E	inter "1" on lin	es 6a ai	nd 6b, if	they apply.
6	6a. Yourself	6b. Spou	ise	6c. Depe	endents		6d. Total hou	usehold			
List	t your depen	dents below. If you hav	e more than fou	ır depend	ents, conti	nue on	Form 39R. Er	nter total nur	nber or	n line 60	C.
		ependents below. If you have more than four dependents, continue on								epender	nt's birthdate
	Deper	ndent's first name	Dep	endent's la	st name		Depend	lent's SSN		(mm/c	dd/yyyy)
1											
		structions, page 7.									
	Enter your f	federal adjusted gross									
7.	Enter your f Include a co	federal adjusted gross omplete copy of your fe	deral return						• 7		
7. 8.	Enter your t Include a co Additions fr	federal adjusted gross omplete copy of your fe om Form 39R, Part A,	deral return ine 7. Include F	orm 39R					8		C
7. 8. 9.	Enter your f Include a co Additions fr Total. Add li	federal adjusted gross omplete copy of your fe om Form 39R, Part A, nes 7 and 8	deral return ine 7. Include F	orm 39R					8 9		
7. 8. 9. 10.	Enter your f Include a co Additions fr Total. Add li Subtraction	federal adjusted gross omplete copy of your fe om Form 39R, Part A, nes 7 and 8 s from Form 39R, Part	deral return ine 7. Include F B, line 24. Inclu	orm 39R Ide Form	39R	·····			8 9 10		
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MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

21.	Tax amount from line 20	21		00
Cree	dits. Limits apply. See instructions, page 9.			
22.	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22	0		
23.	Total credits from Form 39R, Part D, line 4. Include Form 39R 23	0		
24.	Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24	D		
25.	Idaho Child Tax Credit. Computed amount from worksheet on page 10 25	0		
26.	Total Credits. Add lines 22 through 25	26		00
	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27		00
	er Taxes. See instructions, page 10.	1	1	\square
28.	Fuels use tax due. Include Form 75	28		00
29.	Sales/use tax due on untaxed purchases (online, mail order, and other)	29		00
	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	30		00
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	31		00
	Permanent building fund tax.			+
	Check the box if you received Idaho public assistance payments for 2021	32	10	00
33.	Total Tax. Add lines 27 through 32	33		00
Don	ations. See instructions, page 10. I want to donate to:		-	
34.	Idaho Nongame Wildlife Fund • 35. Idaho Children's Trust Fund •			
36.	Special Olympics Idaho			
38.	American Red Cross of Idaho Fund			
40.	Idaho Food Bank Fund • 41. Opportunity Scholarship Program •			
42.	Total Tax Plus Donations. Add lines 33 through 41	42		00
Pay	ments and Other Credits.			
43.	Grocery Credit. Computed amount from worksheet on page 11			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43			
	To receive your grocery credit, enter the computed amount on line 43	43		00
44.	Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R •	44		00
45.	Special fuels tax refund Gasoline tax refund Include Form 75	45		00
46.	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding	46		00
47.	2021 Form 51 estimated payments and amount applied from 2020 return	47		00
48.	Paid by entity Withheld ABE See instructions	48		00
49.	Tax Reimbursement Incentive credit Claim of Right credit See instructions	49		00
50.	Total Payments and Other Credits. Add lines 43 through 49	50		00
Тах	Due or Refund. See instructions, page 12.			\square
51.	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42 • 51			00
52.	Penalty Interest from the due date Enter total	52		00
	Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal			
53.	Total Due. Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission	53		00
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50	54		00
55.	Refund. Amount of line 54 to be refunded to you 55			00
56.	Estimated Tax. Amount of line 54 to be applied to your 2022 estimated tax	56		00
57.	Direct Deposit. See instructions, page 13. • Check if final deposit destination is outside the L	J.S.	——————————————————————————————————————	
			Type of Chec	-
 Rou 	ting No. • Account No.		Account: Savin	igs
Ame	ended Return Only. Complete this section to determine your tax due or refund. See instructions.			
58.	Total due (line 53) or overpaid (line 54) on this return	58		00
59.	Refund from original return plus additional refunds	59		00
60.	Tax paid with original return plus additional tax paid	60		00
61.	Amended tax due or refund. Add lines 58 and 59 then subtract line 60	61		00
. [Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid			
	¹ Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and	comp		ns.
	Your signature Spouse's signature (if a joint return, both must sign)		Date	
Sign				
Here	Paid preparer's signature Preparer's EIN, SSN, PTIN Taxpa	ayer's	phone number	
Prep	arer's address State ZIP code Preparer's phone number			
EFO	00089 09-23-2021 Page 2 of 2	0 2	1 1 5 2 9	5