

## 8734 2015

# F 40 R EFO00089 IDAHO INDIVIDUAL INCOME TAX RETURN

									7							
AMEN	IDED RE	TURI	<b>N</b> , check the	e box. ■			State Use Or	nly								
			e 7, for the reer the number		_											
For c	alendar	year	2015, or f	iscal year be	ginning		, e	nding _								
	Your first name and initial				Last name	ast name				Security number (	require	ed)				
, o															Deceased in 2015	
<u> </u>	Spouse's first name and initial					Last name	ast name			Spouse's S	Spouse's Social Security number (required)					
PLEASE PRINT OR TYPE															Deceased in 2015	
ASE	Mailing address								Do vou ne	ed Idaho income	e tax f	orms mail	ed to vo			
뷥	City, State, and Zip Code									■ Yes ■ No						
										Forms also available at tax.idaho.gov						
If ma	rried filiı	ng joi		one box. parately, enter mber above.	spouse's	5	XEMPTIO	depe	meone can clai endent, leave bo	ox 6a blank.	Enter "1" in land 6b, if the	еу арг	oly. Sp		a b	
	1. S	ingle									four, continue				c	
	2. M	larried	d filing jointly	y		_Fi	rst name			Last name		Soci	al Security	/ number	<u>r_</u>	
:	3. M	larried	d filing sepa	rately								-			_	
	4. H	ead o	f household	t											_	
	5. Q	ualifyi	ing widow(e	er)												
						d	Total exem	ptions. A	dd lines 6a thr	ough 6c. N	/lust match fed	deral	return		d	
INCO	ME. Se	e inst	ructions, p	age 7.												
	,		•	d gross income			-	-		-	-					
				ne 4. Include a			-					_			00	
				Part A, line 7.								8			00	
				R, Part B, line								10			00	
11 7	TOTAL A	DJUS	STED INCO	ME. Subtract I	ine 10 fro	om line	9					11			00	
				structions, pag											00	
Sta Dec Fo	andard duction or Most eople		СНЕСК —	a. If age 65 b. If blind . c. If your pa	or older	omeone		• 🔲 `	Yourself	Spouse Spouse ent,						
Marı	ngle or ried filing	13.	Itemized d	leductions. Inc	lude fede	eral Sch	iedule A. I	ederal lin	nits apply			13			00	
	oarately: 6,300	14.	All state a	nd local income	e taxes in	cluded	on federal	Schedule	A, line 5			14			00	
	ead of usehold:	15.	Subtract li	ne 14 from line	13. If yo	u don't	use feder	al Schedu	le A, enter zer	· · · · · · · · · · · · · · · · · · ·		15			00	
	\$9,250 16. Standard deduction. See instructions, page						ge 7, to de	termine a	mount if not st	andard	······································	16			00	
	ried filing	17. Subtract the LARGER of line 15 or 16 from line 11. If less than zero, enter zero									17			00		
Qu	alifying	18.	Multiply \$4	<b>4,000</b> by the nu	mber of e	exempti	ions claime	ed on line	6d. Federal li	mits apply	······•	18			00	
	dow(er): 12,600	19.	Idaho taxa	able income. S	ubtract lir	ne 18 fr	om line 17	. If less th	nan zero, ente	r zero		19			00	
		20.	Tax from ta	ables or rate so	hedule.	See ins	structions,	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.





### **State Income Tax Return Forms**

You can prepare and efile this tax form on efile.com as part of your current Federal and/or State Tax Return on from:

#### Early January until mid October

You can start, prepare, and efile your tax return now

You will just need to answer a few tax questions and the efile.com tax preparation software will select the correct tax forms for you.



#### **Attention**

If you missed the mid October efile deadline for the current tax year you have the following options to prepare and file your tax return:

1. You can download the State Tax form here:

http://www.efile.com/support-state-tax-agency-list/

2. Work online on your tax return with an efile Tax Professional

Start working with a LIVE TaxPRO

Download Federal tax forms by tax year, complete and mail to the IRS Download Federal Tax Forms

Free Tax Tools, Calculators and Educators

Head of Household Educator:

http://www.efile.com/claim-head-of-household-single-qualifying-person-requirement-tax-tool/

Qualifying Child Dependent Educator:

http://www.efile.com/qualifying-child-test-qualified-dependent-tax-tool/

Qualifying Relative Educator:

http://www.efile.com/qualifying-relative-test-dependent-requirement-tax-tool/

Earned Income Tax Credit Educator:

http://www.efile.com/what-is-the-earned-income-tax-credit-eitc-eic-eligibility-schedule-calculator/

Child Tax Credit Educator:

http://www.efile.com/how-to-qualify-for-child-tax-credit-deduction-requirements-tool/

Got Tax Questions? Contact efile.com!

Page 2

Form 40 - 2015 EFO00089p2 09-04-15

21	Tax amount from line 20	21		00
		21		00
	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			
	Total credits from Form 39R, Part E, line 4. Include Form 39R	-		
		0.5		
	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 9. Fuels tax due. Include Form 75	27		00
	Sales/Use tax due on nontaxed purchases (Internet, mail order, and other)			00
		29		00
	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44			00
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	31	10	
	Permanent building fund. Check the box if you're receiving Idaho public assistance payments		10	
	TOTAL TAX. Add lines 26 through 31	32		00
	IATIONS. See instructions, page 9. I want to donate to:  Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund			
	Special Olympics Idaho			
27	American Ped Cross of Idaha Fund			
	American Red Cross of Idaho Fund			
	Idaho Foodbank Fund	144		00
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	41		00
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10.  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
43.	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R			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	45		00
	2015 Form 51 payment(s) and amount applied from 2014 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 line		GO TO LINE 53	
	SOE of Ref OND. Occ mod doctors, page 11. If fine 41 is more than fine 40, 50 TO Effect of. If fine 41 is 1635 than in	10 40,	00 10 LINE 00.	
50.	TAX DUE. Subtract line 49 from line 41			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
<b>-</b> 2	OVERDAID. Line 40 minus lines 44 and 54. This is the amount you availed			-
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 2016 estimated tax	55		00
	DIRECT DEPOSIT. See instructions, page 12 Check if final deposit destination is outside the U.S.			
50.	Since in the control of the control		Type of • Ch	necking
• Ro	uting No Account No Acco		Account: Sa	vings
Λ M/E	ENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.	T		wings
	Total due (line 52) or overpaid (line 53) on this return	57		00
	Refund from original return plus additional refunds	58		00
	Tax paid with original return plus additional tax paid	59		
	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	60	<u> </u>	00
•	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See in:			
SIGN	Vous signature  Spause's signature (if a joint return POTH MLIST SIGN)			
HER				
Date	Taxpayer's phone Preparer's EIN, SSN, or PTIN			
	·			
Delate				
Paid p	preparer's signature Preparer's address and phone number			