

F 40 R EFO00089 IDAHO INDIVIDUAL INCOME TAX RETURN

			_	_				
AME	NDED RE	TUR	N, check the box.	State Use Only				
			e 6 for the reasons er the number.					
			2012, or fiscal year beginning	, ending	Your Social Securi	ty Number (required)	_
	Your first na			Last name	-			
χ.				Spouse's Social Security		ecurity Num	ber (required)	
Ę	Spouse's f	first nan	ne and initial	Last name				
PLEASE PRINT OR TYPE								
	Mailing add	dress			Taxpayer deceased in 2012		ou need Idaho ne tax forms	
	City, State,	and Zi	o Code		Spouse deceased	maile	ed to you next ye	ear?
Δ.					in 2012	•	Yes •	No
FILIN	NG STATI	US. (Check only one box.	6. EXEMPTIONS. If someone can cla	im you as a Enter "1" in b	0205 62	Yourself a.	
			nt or separate return, enter	dependent, leave b			Spouse b.	
Spot			d Social Security Number above	c. List your dependents. If more that	n four dependents, continu	e on For	m 39R.	
	1. Si	ingle			V			
	2. M	larried	I filing joint return	First name	Last name	Social Sec	curity Number	
	3. M	larried	I filing separate return					
			f household					
	5. Q	ualify	ing widow(er)					
		Must	match federal return.	d. Total exemptions. Add lines 6a th	rough 6c. Must match fed	eral retur	n d.	
INCO	OME. See	e inst	ructions, page 7.					
				eral Form 1040, line 37; federal Form 10				
				te copy of your federal returnorm 39R		7 8		00
				OIII 39R		9		00
				ıde Form 39R		10		00
			STED INCOME. Subtract line 10 fro					
			and are electing to forgo the carryl	pack period, check here	•	11		00
TAX	COMPU	TATIC	N. See instructions, page 7.	П., ., .	\neg			
		12	CHECK — b. If blind		Spouse Spouse			
	tandard eduction	12.		omeone else can claim you as a depend	_ '			
	or Most People		check here and er	nter zero on lines 18 and 42.				
	•	13.	Itemized deductions. Include fede	eral Schedule A		13		00
Mar	rried filing		All state and local income taxes in					
	parately: \$5,950		federal Schedule A, line 5			14		00
	Head of	15.	Subtract line 14 from line 13. If yo	ou do not use federal Schedule A, enter z	zero	15		00
	ousehold: \$8,700	 16.	Standard deduction. See instruction					
	[_	if different than the Standard Deduction For Most People					00
Jo	arried filing Jointly or Qualifying /idow(er):	17.	Subtract the LARGER of line 15 o	r 16 from line 11. If less than zero, enter	zero	17		00
		18.	Aultiply \$3,800 by the number of exemptions claimed on line 6d					00
\$	11,900	19.	Idaho taxable income. Subtract lii	ne 18 from line 17. If less than zero, ente	er zero	19		00
		20.	Tax from tables 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.



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21.	Tax amount from line 20	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								
	Total credits from Form 39R, Part E, line 4. Include Form 39R								
	Total business income tax credits from Form 44, Part I, line 12. 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							
	ER TAXES. See instructions, page 8.	20 00							
	Fuels tax due. Include Form 75	27 00							
28.	Sales/Use tax due on Internet, mail order, and other nontaxed purchases	28 00							
	Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44	29 00							
		30 00							
	Permanent building fund. Check the box if you are receiving Idaho public assistance payments	31 10 00							
	TOTAL TAX. Add lines 26 through 31	32 00							
	ATIONS. See instructions, page 8. I want to donate to:								
	Nongame Wildlife Conservation Fund 34. Idaho Children's Trust Fund								
	Special Olympics Idaho								
	American Red Cross of Greater Idaho Fund 38. Veterans Support Fund								
	Idaho Foodbank								
41.	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40	41 00							
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 9.								
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							
40	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							
	Special fuels tax refund Gasoline tax refund Include Form 75	44 00							
		45 00							
		46 00							
	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1	47 00							
	Hire One Act credit for new employees. Include Form 72								
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48	49 00							
IAX	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	€ 49, GO TO LINE 53.							
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							
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							
04.	The Grap. Although of this go to be returned to you	00							
55	ESTIMATED TAX. Amount of line 53 to be applied to your 2013 estimated tax	55 00							
	56. DIRECT DEPOSIT. See instructions, page 11 Check if final deposit destination is outside the U.S.								
		Type of • Checking							
• Ro	uting No Account No Account No.	Account: Savings							
ΔΜΕ	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								
	58. Refund from original return plus additional refunds								
	Tax paid with original return plus additional tax paid	59 00							
	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 Your signature Spouse's signature (if a joint return, BOTH MUST SIGN)									
HER									
Date	Daytime phone Preparer's EIN, SSN, or PTIN	/ - - 							
Daid									
Paid p	preparer's signature Address and phone number								