

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box. State Use Only

See page 7 of instructions for the reasons to amend, and enter the number that applies.

For calendar year 2018 or fiscal year beginning _____, ending _____

PLEASE PRINT OR TYPE	Your first name and initial	Last name	Your Social Security number (required)	<input type="checkbox"/> Deceased in 2018
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2018
	Current mailing address		Forms available at tax.idaho.gov	
	City, state, and ZIP Code			

FILING STATUS. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.

1. Single 2. Married filing jointly 3. Married filing separately 4. Head of Household 5. Qualifying widow(er)

HOUSEHOLD. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a, and 6b, if they apply. List your dependents below. If you have more than four, continue on Form 39R. Enter total number on line 6c.

	First Name	Last Name	Social Security Number	Birthdate (mm/dd/yyyy)
Yourself 6a. _____				
Spouse 6b. _____				
Dependent(s) 6c. _____				
Total 6d. _____				

INCOME. See instructions, page 7.

7. Enter your federal adjusted gross income from federal Form 1040, line 7. Include a complete copy of your federal return	7	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R	8	00
9. Total. Add lines 7 and 8	9	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R	10	00
11. Qualified business income deduction	11	00
12. TOTAL ADJUSTED INCOME. Subtract lines 10 and 11 from line 9.	12	00

TAX COMPUTATION. See instructions, page 7.

<p>Standard Deduction for Most People</p> <p>Single or Married Filing Separately: \$12,000</p> <p>Head of Household: \$18,000</p> <p>Married Filing Jointly or Qualifying Widow(er): \$24,000</p>	13. CHECK	<p>a. If age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>b. If blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 43. <input type="checkbox"/></p>		
	14. Itemized deductions. Include federal Schedule A. Federal limits apply	14	00	
	15. All state and local income or general sales taxes included on federal Schedule A, line 5	15	00	
	16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero	16	00	
	17. Standard deduction. See instructions, page 7, to determine amount if not standard	17	00	
	18. Subtract the LARGER of line 16 or 17 from line 12. If less than zero, enter zero	18	00	
	19. Idaho taxable income. Enter amount from line 18	19	00	
	20. Tax from tables or rate schedule. See instructions, page 39	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.



21. Tax amount from line 20	21	00
CREDITS. Limits apply. See instructions, page 8.		
22. Income tax paid to other states. Include Form 39R and a copy of other states' returns ...	22	00
23. Total credits from Form 39R, Part E, line 4. Include Form 39R	23	00
24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44	24	00
25. Idaho Child Tax Credit. Computed amount from worksheet on page 8.....	25	00
26. TOTAL CREDITS. Add lines 22 through 25	26	00
27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27	00
OTHER TAXES. See instructions, page 9.		
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
30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	30	00
31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	31	00
32. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2018.....	32	10 00
33. TOTAL TAX. Add lines 27 through 32	33	00
DONATIONS. See instructions, page 9. I want to donate to:		
34. Idaho Nongame Wildlife Fund	34	
35. Idaho Children's Trust Fund	35	
36. Special Olympics Idaho	36	
37. Idaho Guard and Reserve Family ...	37	
38. Reserved	38	
39. Veterans Support Fund	39	
40. Idaho Foodbank Fund	40	
41. Opportunity Scholarship Program ...	41	
42. TOTAL TAX PLUS DONATIONS. Add lines 33 through 41	42	00
PAYMENTS and OTHER CREDITS.		
43. Grocery credit. Computed amount from worksheet on page 10	43	00
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43 <input type="checkbox"/>		
To receive your grocery credit , enter the computed amount on line 43		
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(s) W-2 and any 1099(s) that show Idaho withholding	46	00
47. 2018 Form 51 payment(s) and amount applied from 2017 return	47	00
48. Pass-through income tax. Withheld _____ Paid by entity _____ Include Form(s) ID K-1	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
TAX DUE or REFUND. See instructions, page 11. If line 42 is more than line 50, GO TO LINE 51. If line 42 is less than line 50, GO TO LINE 54.		
51. TAX DUE. 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 <input type="checkbox"/>		
53. TOTAL DUE. Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission	53	00
54. OVERPAID. Line 50 minus lines 42 and 52. This is the amount you overpaid	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 2019 estimated tax	56	00
57. DIRECT DEPOSIT. See instructions, page 11. <input type="checkbox"/> Check if final deposit destination is outside the U.S.		
Routing No. <input type="text"/>		Type of <input type="checkbox"/> Checking
Account No. <input type="text"/>		Account: <input type="checkbox"/> Savings
AMENDED 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 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 HERE Your signature	Spouse's signature (if a joint return, BOTH MUST SIGN)
Date	Preparer's EIN, SSN, or PTIN
Taxpayer's phone number	Preparer's address and phone number
Preparer's signature	

