	F R F	10		<b>2012</b>				
ID/		-20-12						
AME		TUR	N, check the box.	State Use Only				
			e 6 for the reasons					
			2012, or fiscal year beginning	, ending	Your Social Secur	ity Numbe	er (required)	_
	Your first n			ast name				
R					Spouse's Social Security Number (required)			
INT		irst nam	ne and initial	Last name				
PLEASE PRINT OR TYPE	Mailing ad	dress			Taxpayer deceased	Do	you need Idaho	
T T		inc	come tax forms	~~?				
PLE	City, State, and Zip Code Spouse deceased in 2012						ailed to you next ye	
								No
			Check only one box. nt or separate return, enter	6. EXEMPTIONS. If someone can clair	,		, ,	
spo	use's nan	ne an	d Social Security Number above				opouse b.	
	1. S	ingle		c. List your dependents. If more that Enter the total number here				
	2. M	arried	l filing joint return	First name	Last name	Social S	Security Number	
	3. M	arried	l filing separate return			ļ		
							<u>                                      </u>	
4. Head of household							<u>                                      </u>	
	5. Q	ualifyi	ing widow(er)				<u> </u>	
		Must	match federal return.	d. Total exemptions. Add lines 6a th	rough 6c. Must match fed	eral ret	urn d.	
	OME. Se							
	Enter you or federal	7		00				
			-	Form 39R		8		00
						9		00
			TED INCOME. Subtract line 10 fi	lude Form 39R		10		00
			and are electing to forgo the carry		•	11		00
ТАХ	COMPU	ΤΑΤΙΟ	N. See instructions, page 7.					
			1	• Yourself •				
	tandard eduction	12.		someone else can claim you as a depende				
F	or Most			enter zero on lines 18 and 42.	ont,			
	People	13	Itemized deductions Include fed	leral Schedule A		13		00
Ma	Single or arried filing		All state and local income taxes i					
	eparately: \$5,950		federal Schedule A, line 5		·	14		00
	Head of	15.	Subtract line 14 from line 13. If y	ou do not use federal Schedule A, enter z	ero	15		00
	susehold: <sup>1</sup> \$8,700	16.		ions page 7 to determine standard deduct				
Ma	arried filing			luction For Most People		16		00
	lointly or Qualifying			or 16 from line 11. If less than zero, enter		17		00
	/idow(er): \$11,900			exemptions claimed on line 6d				00
				line 18 from line 17. If less than zero, ente				00
		20.	lax 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.



	Form 40 - 2012 EF000089p2 07-20-12			Pa	age 2
21	Tax amount from line 20	2	21		00
	DITS. Limits apply. See instructions, page 8.	. 2			00
		00			
		00			
		00			
	TOTAL CREDITS. Add lines 22 through 24		5		00
					00
	Subtract line 25 from line 21. If line 25 is more than line 21, enter zero	. 2	6		00
	Fuels tax due. Include Form 75	. 2	7		00
	Sales/Use tax due on Internet, mail order, and other nontaxed purchases				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		-		00
	Permanent building fund. Check the box if you are receiving Idaho public assistance payments	-	-	10	
	TOTAL TAX. Add lines 26 through 31		2		00
	ATIONS. See instructions, page 8. I want to donate to:				
	Nongame Wildlife Conservation Fund				
	Special Olympics Idaho 36. Idaho Guard and Reserve Family				
	American Red Cross of Greater Idaho Fund 38. Veterans Support Fund				
	Idaho Foodbank 40. Opportunity Scholarship Program				1
	TOTAL TAX PLUS DONATIONS. Add lines 32 through 40		1		00
	MENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 9.				
	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.				
	To receive your grocery credit, enter the computed amount on line 42		2		00
	Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39R		3		00
	Special fuels tax refund   Gasoline tax refund   Include Form 75		4		00
	Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding		5		00
	2012 Form 51 payment(s) and amount applied from 2011 return		6		00
	Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1		7		00
48.	Hire One Act credit for new employees. Include Form 72	. • 4	8		00
49.	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 48	. 4	9		00
ΤΑΧ	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 4	19, C	GO TO LINE 53.	
50	TAX DUE. Subtract line 49 from line 41				
50.					00
51.	Penalty • Interest from the due date • Enter total	. [-			00
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account		51		00
50	TOTAL DUE. Add lines 50 and 51. Make check or money order payable to the Idaho State Tax Commission		2		00
52.	TOTAL DOL. Add lines 50 and 51. Make check of money order payable to the idano State Tax commission		4		00
53.	OVERPAID. Line 49 minus lines 41 and 51. This is the amount you overpaid	. • 5	3		00
54.	REFUND. Amount of line 53 to be refunded to you				00
			_		
	ESTIMATED TAX. Amount of line 53 to be applied to your 2013 estimated tax	. •   5	5		00
56.	DIRECT DEPOSIT. See instructions, page 11. • Check if final deposit destination is outside the U.S.			Type of	ecking
• Rou	uting No. Account No.				-
				Sa	vings
	NDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.		_		~~
	Total due (line 52) or overpaid (line 53) on this return		57		00
	Refund from original return plus additional refunds		8		00
	Tax paid with original return plus additional tax paid		9		00
60.	Amended tax due or refund. Add lines 57 and 58 and subtract line 59		0		00
•	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identification and balling this return is true, correct and complete. See	ied bel	OW.		
0.01	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See i	msuuC	0005		
SIGN					
Date	Daytime phone Preparer's EIN, SSN, or PTIN				
Paid p	reparer's signature Address and phone number				
•		1	5	<b>ⅡⅠ■Ⅰ■Ⅰ■Ⅰ</b> 2 9 5	