

Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran _____ [1]
 Receiving Idaho Public Assistance _____ [2]

Number of days eligible for grocery credit if less than full year or total time spent as part year resident
Taxpayer _____ [3] Spouse _____ [4]

Use Tax

Purchases subject to use tax _____ [5]

Contributions

Amount of charitable contributions you wish to make to:

| | |
|---|------------|
| Nongame Wildlife Conservation Fund | _____ [6] |
| Children's Trust Fund and Child Abuse Prevention | _____ [7] |
| Special Olympics Idaho | _____ [8] |
| Idaho Guard and Reserve Family Support Fund | _____ [9] |
| American Red Cross of Greater Idaho Fund | _____ [10] |
| Veterans Support Fund | _____ [11] |
| Idaho Food Bank | _____ [12] |
| Opportunity Scholarship Program Fund | _____ [13] |
| Donate grocery credit to the Cooperative Welfare Fund | _____ [14] |

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

| | Taxpayer | Spouse |
|---|------------|------------|
| Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident) | _____ [15] | _____ [16] |
| Part-year residency dates: | | |
| From | _____ [17] | _____ [19] |
| To | _____ [18] | _____ [20] |
| State of residence | _____ [21] | _____ [22] |

Adjustments and Credits

Energy efficiency upgrades _____ [23]
 Adoption expenses _____ [24]
 Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) _____ [25]

NOTES/QUESTIONS: