



Form ID: ID Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran	_____ [1]
Receiving Idaho Public Assistance	_____ [2]
	Taxpayer Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	_____ [3] _____ [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]
Veterans Support Fund	_____ [10]
Idaho Food Bank	_____ [11]
Opportunity Scholarship Program Fund	_____ [12]
Donate grocery credit to the Cooperative Welfare Fund	_____ [13]

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)	_____ [14]	_____ [15]
Part-year residency dates:		
From	_____ [16]	_____ [18]
To	_____ [17]	_____ [19]
State of residence	_____ [20]	_____ [21]

Adjustments and Credits

Energy efficiency upgrades	_____ [22]
Adoption expenses	_____ [23]
Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both)	_____ [24]

NOTES/QUESTIONS: