



Taxpayer's Full Name: _____ **Spouse's Full Name:** _____

Form ID: ID

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 Idaho	_____	[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: