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		<u>[</u> 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 live	d in Idaho	
Тахра	iyer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)  Part-year residency dates:	[15]	[16]
From	[17]	[19]
To	[18]	[20]
State of residence	[21]	[22]
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)		[24]
Thank it tangages of spouse has a developmental disability (1 - laxpayer, 5 - spouse, b - bottl)		[23]

**NOTES/QUESTIONS:**