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]
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: