IDAHO PART-YEAR RESIDENT & NONRESIDENT INCOME TAX RETURN State Use Only AMENDED RETURN, check the box. See instructions, page 12 for the reasons for amending and enter the number. For calendar year 2014, or fiscal year beginning , ending Your Social Security Number (required) PRINT OR Your first name and initial Last name Deceased in 2014 Spouse's first name and initial Last name Spouse's Social Security Number (required)

골	Mailing address			-		in 2014	
PLEASE	City, State, and Zip Code			Do you need Idaho incor	ne tax forms mailed to y	ou next year?	
귑	only, otate, and zip oode	■ Yes ■ No					
If you	u or your spouse are nonresident aliens for federal	purposes, check	here.	Forms also a	vailable at tax.idaho.go	ov	
Resi	dency status Residen	nt on Active Military Duty	Nonresident Part-Year F	Resident Military No	nresident		
Chec	k one for yourself and one for Yourself 1 • 🔛	2 • 🔲		3 · 🔲 4 · 🔲 5 · 🔲			
your s	spouse if a joint return. Spouse	•		<u>. </u>	<u> </u>		
Full	months in Idaho this year • Yourself	Spouse	Indicate current state o	f residence. • Your	self Spou	use	
FILING STATUS. Check only one box. 6. EXEMPTIONS. If someone can claim you as a Enter "1" in boxes 6a, Yourself a.							
If filling married joint or separate return, enter							
spot	ise's name and Social Security Number above.	c. List your dependents. If more than four dependents, continue on Form 39NR.					
	1. Single	Enter the total number here					
	2. Married filing jointly	First name	La	ast name	Social Security Number	<u>·r</u>	
	3. Married filing separately					_	
	4. Head of household					_	
	5 Qualifying widow(or)					_	
	5. Qualifying widow(er)					_	
		d. Total exemp	tions. Add lines 6a through	gh 6c. Must match fed	deral return	d.	
IDAI	O INCOME. See instructions, page 13.				Idaho Amou		
	Wages, salaries, tips, etc. Include Form(s) W-2				7	00	
	Taxable interest income			_	8	00	
9.	9. Dividend income				9	00	
10.	0. Alimony received				10	00	
11.	Business income or (loss). Include federal Schedule C or C-EZ				11	00	
12.	12. Capital gain or (loss). If required, include federal Schedule D				12	00	
	Other gains or (losses). Include federal Form 4797			13	00		
	4. IRA distributions (taxable amount)			-	14	00	
15.	Pensions and annuities (taxable amount)			15	00		
16.	6. Rents, royalties, partnerships, S corporations, trusts, etc. Include federal Sche				16	00	
	7. Farm income or (loss). Include federal Schedule F				17	00	
18.	Unemployment compensation			18	00		
19.	9. Other income. Include explanation				19	00	
	20. TOTAL INCOME. Add lines 7 through 19				20	00	
IDAHO ADJUSTMENTS. See instructions, page 14.							
	21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan					00	
22. I	Moving expenses, alimony paid, and student loan ir	nterest			22	00	
23. I	Deductions for self-employment tax, health insurance, and qualified retirement plans				23	00	
24. I	Penalty on early withdrawal of savings				24	00	
25. (Other deductions. See instructions			-	25	00	
26.	26. TOTAL ADJUSTMENTS. Add lines 21 through 25				26	00	
27. ADJUSTED GROSS INCOME. Subtract line 26 from line 20					27	00	
Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. **Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.							
	Your signature		te Tax Commission, PO		56-0056		
SIGN HERE Spouse's signature (if a joint return, BOTH MUST SIGN)		Doutine	INCLUDE A COMPLI	INCLUDE A COMPLETE			
ILKE	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime pho	COPY OF YOUR				
Paid p	reparer's signature P	reparer's EIN, SSN, or	PTIN FEDERAL RETURN.			_	
•							
Addre	ss and phone number			0 1 4	1 7 0 9 5		