

M EFO00091 05-31-2017

AMENDED RETURN? Check the box. See page 12 of instructions for reasons to amend, and enter the number that applies. State Use Only

For calendar year 2017 or fiscal year beginning, ending. Your Social Security number (required). Deceased in 2017. PLEASE PRINT OR TYPE. Your first name and initial, Last name, Spouse's first name and initial, Last name, Spouse's Social Security number (required), Deceased in 2017, Current mailing address, City, state, and ZIP Code, Forms available at tax.idaho.gov

If the IRS considers you or your spouse a nonresident alien, check here. Residency status: Resident, Idaho Resident on Active Military Duty, Nonresident, Part-Year Resident, Military Nonresident. Yourself, Spouse

Full months in Idaho this year. Yourself, Spouse. Current state abbreviation. Yourself, Spouse

FILING STATUS. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above. 1. Single, 2. Married filing jointly, 3. Married filing separately, 4. Head of household, 5. Qualifying widow(er)

6. EXEMPTIONS. If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. Yourself, Spouse. c. List your dependents. If you have more than four, continue on Form 39NR. Enter the total number here. d. Total exemptions. Add lines 6a through 6c. Must match federal return

IDAHO INCOME. See instructions, page 13. Table with 20 rows: 7. Wages, salaries, tips, etc. Include Form(s) W-2; 8. Taxable interest income; 9. Dividend income; 10. Alimony received; 11. Business income or (loss); 12. Capital gain or (loss); 13. Other gains or (losses); 14. IRA distributions; 15. Pensions and annuities; 16. Rents, royalties, partnerships; 17. Farm income or (loss); 18. Unemployment compensation; 19. Other income; 20. TOTAL INCOME. Idaho Amounts column with values 00.

IDAHO ADJUSTMENTS. See instructions, page 14. Table with 7 rows: 21. Deductions for IRAs, health savings accounts; 22. Moving expenses, alimony paid; 23. Deductions for self-employment tax; 24. Penalty on early withdrawal of savings; 25. Other deductions; 26. TOTAL ADJUSTMENTS; 27. ADJUSTED GROSS INCOME. Subtract line 26 from line 20. Idaho Amounts column with values 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.

SIGN HERE. Your signature, Date, Spouse's signature (if a joint return, BOTH MUST SIGN), Taxpayer's phone, Paid preparer's signature, Preparer's EIN, SSN, or PTIN, Preparer's address and phone number

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056. INCLUDE A COMPLETE COPY OF YOUR FEDERAL RETURN.



DON'T STAPLE