Form 43

2021

(continued)

		ant to donate to:		
Donations	54.	Idaho Nongame Wildlife Fund • 55. Idaho Children's Trust Fund •		
		Special Olympics Idaho • 57. Idaho Guard and Reserve Family •		
		American Red Cross of Idaho Fund • 59. Veterans Support Fund		
Δ	60.	Idaho Food Bank Fund 61. Opportunity Scholarship Program		•
	62.	Total Tax Plus Donations. See instructions, page 22. Add lines 53 through 61	62	00
	63.	Grocery Credit. Computed amount from worksheet on page 23		
Payments		To donate your grocery credit to the Cooperative Welfare Fund,		
		check the box and enter zero on line 63		
		To receive your grocery credit, enter the computed amount on line 63	63	00
		Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR	64	00
		Special fuels tax refund Gasoline tax refund Include Form 75	65	00
	66.	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding	66	00
	67.	2021 Form 51 estimated payments and amount applied from 2020 return	67	00
	68.	Paid by entity • Withheld • ABE •		
		See instructions. Include Form ID K-1s	68	00
	69.	Tax Reimbursement Incentive credit Claim of Right credit See instructions	69	
Tax Due	70	Total Payments and Other Credits. Add lines 63 through 69	70	00
		Tax Due. If line 62 is more than line 70, subtract line 70 from line 62	[70]	1
				00
	72.	Penalty • Interest from the due date • Enter total	72	00
		Check the box if penalty is caused by an unqualified Idaho medical savings account withdrawal		
Refund	73.	Total Due. Add lines 71 and 72. Pay online or make check payable to the Idaho State Tax Commission	73	00
	74.	Overpaid. If line 62 is less than 70, subtract lines 62 and 72 from line 70	74	00
	75.	Refund. Amount of line 74 to be refunded to you		00
2	76.	Estimated Tax. Amount of line 74 to be applied to your 2022 estimated tax	76	00
	77.	Direct Deposit. See instructions, page 25. Check if final deposit destination is or	utside of the U.S.	
	■ Ro	outing No.	- Checking	
		Type of Account:	Gridenmig	
	- Ac	ecount No.	Savings	
Amended	78.	Total due (line 73) or overpaid (line 74)	78	00
	79.	Refund from original return plus additional refunds	79	00
		Tax paid with original return plus additional tax paid	80	00
∢		Amended tax due or refund. Add lines 78 and 79 then subtract line 80	81	00
•[] W Ur	ithin 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid pr nder penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and co	eparer identified below. Implete. See instructions	3.
	Yo	our signature Spouse's signature (if a joint return, both must sign)	kpayer's phone number	
Sigi		aid preparer's signature Preparer's EIN, SSN, or PTIN Pre	eparer's phone number	
Her	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	alu preparer s signature Freparer s Eliv, 33N, 01 F Filiv	sparer s priorie flumber	
Prep	I arer's	s address State ZIP code Da	te	
MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056				

Include a complete copy of your federal return.