TDAHO State Tax Commission Form 43 2023 (con					
	l wa	ant to donate to:			
Donations	54.	. Idaho Nongame Wildlife Fund 55. Idaho Children's Trust Fund			
	56.	.Special Olympics Idaho 57. Idaho Guard and Reserve Family			
	58.	.American Red Cross of Idaho Fund 59. Veterans Support Fund			
	60.	. Special Olympics Idaho			
	62.	.Total Tax Plus Donations. See instructions, page 22. Add lines 53 through 61		62	00
Payments	63. Grocery Credit. Computed amount from worksheet on page 24				
		To receive your grocery credit, enter the computed amount on line 63		63	00
		To donate your grocery credit to the Cooperative Welfare Fund,			
		check the box and enter zero on line 63	• <u> </u>		
	64.	. Maintaining a home for family member age 65 or older or		24	
	0.5	developmentally disabled. Include Form 39NR		64 65	00
		. Idaho income tax withheld. Include Form W-2s and any 1099s that	om 75	00	00
	00.	show Idaho withholding		66	00
	67.	. 2023 Form 51 estimated payments and amount applied from 2022 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	00
	70.	. Total Payments and Other Credits. Add lines 63 through 69		70	00
Tax Due	71.	. Tax Due. If line 62 is more than line 70, subtract line 70 from line 62	71		00
	72.	. Penalty • Interest from the due date • Enter tota	l	72	00
		Check the hay if nanalty is equeed by an unqualified Idaha medical			
		savings account withdrawal			
	73.	73. Nonrefundable credit from a prior year return. See Form 44 instructions			
	74. Total Due. Add lines 71 and 72, then subtract line 73.				
		Pay online or make check payable to the Idaho State Tax Commission		74	00
pur	75.	. Overpaid. If line 62 is less than 70, subtract lines 62 and 72 from line 70		75	00
Refund	76.	. Refund Apply to 2024			
	77	. Direct Deposit. See instructions, page 25. • Check if final deposit dest	tside of the	e U.S.	
	• R	ng No. Type of Account:			King
			01710000111.	Savir	nae
	• Ac	ccount No.	•	oavii	igo
Amended	78.	. Total due (line 74) or overpaid (line 75)		78	00
	79. Refund from original return plus additional refunds			79	00
	80. Tax paid with original return plus additional tax paid			80	00
	81. Amended tax due or refund. Add lines 78 and 79 then subtract line 80			81	00
Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid prep					ied below.
		Inder penalties of perjury, I declare that to the best of my knowledge and belief this return is true,	•		
Sigr Here	Yo	our signature (required) Spouse's signature (if a joint return, both mus	st sign) Taxı	payer's phone	number
	ı 📮	Paid preparer's signature Preparer's EIN, SSN, or PTIN Pre		parer's phone	numher
	 _	Tropard & Ent, Cert, Or Fritt	119	paror o priorio	Tidiliboi
Prep	parer's address State ZIP Code		Date	Date	
Return and payment - Mail to: Idaho State Tax Commission, PO Box 83784, Boise, ID 83707-3784					
Return only - Mail to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056					
	10001	Include a complete copy of your federal return. 1 09-07-2023 Page 3 of 3			
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