43 IDAHO PART-YEAR RESIDENT & NONRESIDENT INCOME TAX RETURN 2016 State Use Only AMENDED RETURN, check the box. See instructions, page 12, for the reasons

	for amending and enter the number.												
For	calendar year 2016, or fiscal year beginning	, ending	g		Your Social Se	curity number	er (requir	red)					
R	Your first name and initial	Last name								1	Decease		
<u> </u>											in 2016		
PRINT OR	Spouse's first name and initial	Last name	ast name			Spouse's Social Security number (required)				d)			
										Decease			
ЯŠ Г	Current mailing address									l	in 2016		
PLEASE T	City, State, and ZIP Code												
P	Oity, State, and Zir Gode						Forms available at tax.idaho.gov						
16													
	u or your spouse are nonresident aliens for federal		•		- Military Duty		Part-Year F						
	idency status Resider k one for yourself and one for Yourself	nt Ia I			, ,	lonresident		resident		Ī	Nonresident		
	ck one for yourself and one for Yourself 1 - Spouse, if a joint return. Spouse		2			3 🐪	4 : - 5 : -				╡		
		- Chausa		Indicat	te current state of	f rocidonco	• Your	colf		- Sn/	 ouse		
		 Spouse 			le current state of	i residence.	- 1001	<u> </u>		• Spt			
	NG STATUS. Check only one box.	6. EXE	EMPTION	1S. If s	omeone can claim yo	ou as a E	nter "1" in	boxes f	3a. `	Yourself	a.		
	arried filing jointly or separately, enter spouse's ne and Social Security number above.		dependent, leave box 6a blank.					and 6b, if they apply. Spouse b.					
IIaII										•			
	1. Single	1	, ,	•	ts. If you have mo oer here								
	2. Married filing jointly							· <u></u>					
	2 iviamed illing jointly	First	First name Last name						Secui	rity numb	<u>er</u>		
	3. Married filing separately												
									1	1			
	4. Head of household							+					
	5. Qualifying widow(er)							+					
	5. Qualifying widow(er)												
		d. Tot	al exemp	otions. F	Add lines 6a throug	ah 6c. Must i	match fed	deral re	eturn		. d.		
IDA	HO INCOME. See instructions, page 13.					J				o Amo			
	7. Wages, salaries, tips, etc. Include Form(s) W-2								- Cauri	0 7 11110	00		
	Taxable interest income							7			00		
	Dividend income							9			00		
							-	10					
	Alimony received										00		
	Business income or (loss). Include federal Schedule C or C-EZ												
	2. Capital gain or (loss). If required, include federal Schedule D										00		
	3. Other gains or (losses). Include federal Form 4797										00		
	I. IRA distributions (taxable amount)							14 15			00		
	i. Pensions and annuities (taxable amount)										00		
16.	. Rents, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E							16			00		
17.	7. Farm income or (loss). Include federal Schedule F							17			00		
18.	. Unemployment compensation							18			00		
19.	Other income. Include explanation							19			00		
20.	TOTAL INCOME. Add lines 7 through 19							20			00		
IDA	HO ADJUSTMENTS. See instructions, page 14.												
21.	Deductions for IRAs, health savings accounts, and	IRC 501(c)(18)(D)) retirem	ent plan			21			00		
22.	Tuition and fees, moving expenses, alimony paid, a	and stude	nt loan in	iterest .				22			00		
23.	Deductions for self-employment tax, health insurance, and qualified retirement pla							23			00		
24.	Penalty on early withdrawal of savings							24			00		
25.	Other deductions. See instructions							25			00		
26.	TOTAL ADJUSTMENTS. Add lines 21 through 25						-	26					
	3						-				- 100		
27.	ADJUSTED GROSS INCOME. Subtract line 26 fro	om line 20)					27			00		
Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identific									—		00		
	Under penalties of perjury, I declare that to the best of r	my knowled	dge and be						S				
	Your signature		Date		MAIL TO: Idaho State Tax Commission					se, ID 83	756-0056		
SIGN	Spouse's signature (if a joint return, BOTH MUST SIGN)		Formores -	, II	NCLUDE A COMPLE	ETE ,,,		.			00 00 00 00 00 00 00 00 00 00 00 00 00		
HEKE	Spouse's signature (ii a joint return, BOTH MUST SIGN)		Taxpayer's pho		OPY OF YOUR						11		
Paid	 preparer's signature F	Preparer's Ell	N, SSN, or F	PTIN F	EDERAL RETURN.						11		
• Don't staple										$\ \ \ $	11		
Prep	arer's address and phone number				•	(1 6	1 7	' 0	9 5	_		