15 IDAHO PART-YEAR RESIDENT & NONRESIDENT INCOME TAX RETURN

2018

	See p	independent of the box. page 13 of instructions for reasons to ad, and enter the number that applies	State	Use Only					
	For calendar year 2018 or fiscal year beginning			, ending	Your Social S	ecurity number	r (required)		
			t name				/		
	R								Deceased in 2018
	PRINT 'PE	Spouse's first name and initial Last name				Spouse's Soc	Spouse's Social Security number (required)		
	e pri Type	Current mailing address City, state, and ZIP Code							Deceased
	<u>ж</u> 🗀								in 2018
	PLEASE T								
	Forr					ms available at tax.idaho.gov			
	If the IRS considers you or your spouse a nonresident alien, check here.								
	Decident John Decident or Astro Millery Duty. Neurosident Det Very Decident Millery Duty.								Military Nonresident
,	Residency status Check one for yourself and one for Yourself 1 • 2 • 3 • 4 • 5 • 6								
	your spouse, if a joint return. Spouse								· 🗌
	Full months in Idaho this year • Yourself • Spouse Current state abbreviation. • Yourself • Spouse								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 3. Married filing 4. Head of Household 5. Qualifying widow(er) separately							
	HOUSEHOLD. See instructions, page 14. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a, and 6b, if they apply.								
	List your dependents below. If you have more than four, continue on Form 39NR. Enter total number on line 6c.								
		First Name	-	ast Name	our, comunac c	Social Security			ndate (mm/dd/yyyy)
		Yourself 6a	Lo	ist ivallie		Social Security	Nullibel		idate (IIIII/dd/yyyy)
		0							
		Spouse 6b							
	Depe	endent(s) 6c.							
		Table Oil							
	Total 6d								
	IDAHO INCOME. See instructions, page 14.							Idah	no Amounts
	7.	Wages, salaries, tips, etc. Include Form(s) W-2					········ <u> </u>	7	00
	8. Taxable interest income						······· • _	8	00
	9. Dividend income						• <u> </u>	9	00
	10. Alimony received						• 1	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
	13.	13. Other gains or (losses). Include federal Form 4797						13	00
S	14.	14. IRA distributions (taxable amount)						14	00
DON'T	15.	15. Pensions and annuities (taxable amount)						15	00
	16.	16. Rents, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E						16	00
	17.	17. Farm income or (loss). Include federal Schedule F						17	00
	18. Unemployment compensation						• 1	18	00
	19. Other income. Include explanation						• 1	19	00
	20. TOTAL INCOME. Add lines 7 through 19						2	20	00
-	IDAHO ADJUSTMENTS. See instructions, page 14.								
	21.	21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan						21	00
	22. Moving expenses, alimony paid, and student loan interest						• 2	22	00
	23.	23. Deductions for self-employment tax, health insurance, and qualified retirement plans						23	00
	24. Penalty on early withdrawal of savings						• 2	24	00
	25. Other deductions. See instructions						• 2	25	00
	26. TOTAL ADJUSTMENTS. Add lines 21 through 25						2	26	00
	27.	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							
	SIGN	WAL TO: Idano state					ission, PO I	Box 56, Bo	ise, ID 83756-0056
	HERE			Taxpayer's phone		CLUDE A COMPLETE			
		<u> -</u>			COPY OF YOU	ll l			
	Paid	· ·	oarer's E	IN, SSN, or PTIN	FEDERAL RET	UKN.			
	Prepa	arer's address and phone number			-				
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