Donations

I want to donate to:

54. Veterans Support Fund		55. Opportunity Scholarship Program	
56. Idaho Guard and Reserve Family		57. Idaho Children's Trust Fund	
58. Special Olympics Idaho		59. Idaho Nongame Wildlife Fund	
60. American Red Cross of Idaho Fund		61. Idaho Foodbank Fund	

62. **Total Tax Plus Donations.** See instructions, page 21. Add lines 53 through 61 ..... 62 **00**

Payments

63. Grocery Credit. Computed amount from worksheet page 23 .....

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**

64. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR 64 **00**

65. 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. 2019 Form 51 payments and amount applied from 2018 return 67 **00**

68. Pass-through income tax. Paid by entity _____ Withheld _____ 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 total 72 **00**

Check the box if penalty is caused by an unqualified Idaho medical savings account withdrawal ..... ☐

73. **Total Due.** Add lines 71 and 72. Pay online or make check payable to the Idaho State Tax Commission 73 **00**

Refund

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 75 **00**

76. **Estimated Tax.** Amount of line 74 to be applied to your 2020 estimated tax 76 **00**

77. **Direct Deposit. See instructions, page 25.** ☐ **Check if final deposit destination is outside of the U.S.**

Routing No. | | | | | | | | | |

Type of Account: ☐ Checking ☐ Savings

Account No. | | | | | | | | | | | | | | | | |

Amended

78. Total due (line 73) or overpaid (line 74) 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 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	Spouse's signature (if a joint return, both must sign)	Taxpayer's phone number
Paid preparer's signature	Preparer's EIN, SSN or PTIN	Preparer's phone number

Preparer's address	State	ZIP Code	Date

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

Include a complete copy of your federal return.