	° 43 → DAUG BART VEA	D DEG	NDENT 6	NONDEOLDENIA	INCOME T	AV DE	873 201	34 1 1
	MEFO00091 08-11-11			NONKESIDEN I	INCOME 1	AX KE	IUKN ZU	•
ı	AMENDED RETURN, check the box.	State	Use Only					
	See instructions, page 12 for the reasons for amending and enter the number.				Value		The state of the s	
For	calendar year 2011, or fiscal year beginning		, endin	ıa	Your	Social Secur	ity Number (required)	
$\overline{}$	Your first name and initial	Last name		9				
PRINT OR					Spor	o'o Social S	Security Number (required)	
N N	Spouse's first name and initial	Last name			ορυι	ISE'S SUCIAI C	Security Number (required)	
	Mailing address							
PLEASE						er decease		
'LE	City, State, and Zip Code	in 2011 Spause		income tax forms mailed to you next y	/ear?			
	u or your spouse are nonresident aliens for federa	al nurnos:	check here		Spouse in 201	e deceased 1		No
	Deside		daho Resident on A		onresident Part-	Year Residen		
Chec	k one for yourself and one for Yourself 1 •		2 • 🔲	3		•	5 •	10
	spouse if a joint return. Spouse]	• 📗		•	-	•	
	months in Idaho this year • Yourself	- Spous	e Indi	cate current state of	residence. •	Yourself _	Spouse _	
	NG STATUS. Check only one box.	6. EX	EMPTIONS.	If someone can claim yo	u as a Enter "	1" in boxes	6a, Yourself a.	
	ng married joint or separate return, enter use's name and Social Security Number above			dependent, leave box 6a		if they app		\neg
-	1. Single		at vour depend	lents. If more than fou	ır dependents, co	entinue on	Form 39NR.	
				umber here				
	2. Married filing joint return	First	t name	Las	st name	Socia	al Security Number	
	3. Married filing separate return							
							<u> </u>	
	4. Head of household						<u> </u>	
	5. Qualifying widow(er)							
	Must match federal return.			^ · · · · · · · · · · · · · · · · · · ·				\neg
1201		d. 10	tal exemptions	s. Add lines 6a throug	h 6c. Must matc	h federai r		
	HO INCOME. See instructions, page 13. Wages, salaries, tips, etc. Include Form(s) W-2					. 7	Idaho Amounts	00
	Taxable interest income					8		00
-	Dividend income					• 9		00
10.	Alimony received					1 0		00
11.	Business income or (loss). Include federal Sched	dule C or (O-EZ			• 11		00
	Capital gain or (loss). If required, include federal $% \left(1\right) =\left(1\right) \left(1\right) $							00
	Other gains or (losses). Include federal Form 479							00
	IRA distributions (taxable amount)							00
	Pensions and annuities (taxable amount)							00
	Rents, royalties, partnerships, S corporations, tru- Farm income or (loss). Include federal Schedule							00
	Unemployment compensation					• 17 • 18		00
	Other income. Include explanation			19		00		
	TOTAL INCOME. Add lines 7 through 19			20		00		
	O ADJUSTMENTS. See instructions, page 13.							-
	Deductions for IRAs, health savings accounts, an	irement plan		2 1		00		
22.	Tuition and fees, moving expenses, alimony paid		2 2		00			
	Deductions for self-employment tax, health insura		• 23		00			
	Penalty on early withdrawal of savings			24		00		
	Other deductions. See instructions		25		00			
	TOTAL ADJUSTMENTS. Add lines 21 through 2					26		00
21.	ADJUSTED GROSS INCOME. Subtract line 26 f If you have an NOL and are electing to forego the			k hara		• 27		00
	☐ Within 180 days of receiving this return, the Idaho Sta				paid preparer identi			00
	Under penalties of perjury, I declare that to the best of Your signature	f my knowle		his return is true, correct	and complete. See	instruction		
SIGN	Your signature			, PO Box 5	56, Boise, ID 83756-00	56		
	Spouse's signature (if a joint return, BOTH MUST SIGN)		Daytime phone	INCLUDE A COMPLE		= 111= 111		
Daid n	reparer's signature	Despararia E	IN, SSN, or PTIN	OF YOUR FEDERAL	RETURN.			
Palu p	reparer's signature	Preparer s ∟	IN, SSN, ULTIN					
Addre	ss and phone number			-	"	■ III■ III 1 1 7	7 0 0 5	

			Form	43 - 20)11	EFO0	0091p2 (08-11-11	1								Col	umn A	- To	tal			olum	ın B - Ida	ho
		28.							, line 37,																
									n line 27							28					00				00
									e 5. Inclu							29					0				00
									line 26.							30					00				00
_		31.	101/	AL ADJU	JOIED	INCO	/IVI⊏. A	uu iirie	es 28 an	u 29	, less i	ine si	J		••••	31				(0	<u>. </u>			00
Standard Deduction 32. a. Check if age 65 or older Yourself Deduction Spouse b. Check if blind																	_	Spous	е						
	For N		33	-						-												_			00
	Peo	ple		33. Itemized deductions. Include federal Schedule A											00	_			00						
	Singl	e or						-													35	_			
	Married	filing	35. Subtract line 34 from line 33										33	₩			00								
	Separa \$5,8		Г	if different than the Standard Deduction For Most People											36				00						
	φυ,ο	100	37.												37				00						
	Head		38.	8. Add line 37 and the LARGER of line 35 or line 36											38				00						
		usehold: 8,500 39. Idaho percentage. Divide line 31, Column B, by line 31, Column A										39			(%									
			40. Multiply amount on line 38 by the percentage on line 39 and enter the result here								40				00										
	Married	_												41	T			00							
	Jointl Qualif																					T			00
	Widov	v(er):		TAX from tables or rate schedule. See instructions, page 36										_	+			00							
	\$11,6	44. Total credits from Form 39NR, Part E, line 4. Include Form 39NR										44	\top			00									
'-									s from F												45	_			00
									45. If les												46	+			00
	47.	Fuels																			47	_			00
S									and oth												48	\top			00
Σ									from Fo			-									49				00
띪									emption												50	\top			00
OTHER TAXES																					51	\top		10	00
	51. Permanent building fund. Check the box if you are receiving Idaho public assistance payments										52	\top			00										
DONATIONS	58.	Ameri	can R	ed Cros	ss of G	reater	Idaho		± 52 throug		59.	ldah	o Foo	odban	k			<u>•</u>			60				00
	_								omputed																
			-															line 6	1 - [_
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 61 To receive your grocery credit, enter the computed amount on line 61										<u> </u>	61				00									
	62. Maintaining a home for family member age 65 or older, or developmentally disabled. Include Form 39NR											62				00									
	1	63. Special fuels tax refund Gasoline tax refund Include Form 75											63				00								
SE.		64. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding											64				00								
PAYMENTS		65. 2011 Form 51 payment(s) and amount applied from 2010 return											65				00								
₽		66. Pass-through income tax withheld. Include Form(s) ID K-1																00							
		7. Hire One Act credit for new employees. Include Form 72																00							
									Add lin												68	+			00
																					1		_		00
ш		69. TAX DUE. Subtract line 68 from line 60												1					00						
TAX DUE	70.	D. Penalty Interest from the due date * Enter total.											_	_			00								
₹		Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account											· 🔲	70				00							
	71.	71. TOTAL DUE. Add lines 69 and 70. Make check or money order payable to the Idaho State Tax Commission.											n	71				00							
	72. OVERPAID. Line 68 minus lines 60 and 70											72				00									
Q	72. DEFLIND Associated line 70 to be unforced at the control											,													
REFUND	/3.	73. REFUND. Amount of line 72 to be refunded to you														00									
Ľ	74. ESTIMATED TAX. Amount of line 72 to be applied to your 2012 estimated tax											74	T			00									
									18. • L	_											- 1	<u> </u>			00
P	outing		7, 06	_,	. 5661	ouul	J. 10113,		count No.		OCK II	iiiai	aeh	Jon U	5311	.1411011	13 01	atolue	51 (11	0.3		\neg	Type of	f • Ch	ecking
	Juniy	110.			<u> </u>	<u></u>		AC	oount NO.	<u>L</u>		<u> </u>											Accoun	it: • Sa	vings
	76.	Total	due (li	ne 71)	or over	paid (I	ine 72)						76				00								
NDED 7									funds				77				00	Ī							
				_					ax paid .			-	78				00	1							
₹				_					d 77, les			-	79				00	4		$\ [\]\ $					
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