

Social Security number

Page 1 of 2

Names as shown on return

Social Security number

18. Health insurance premiums	▪	18		00
19. Long-term care insurance premiums	▪	19		00
20. Workers' compensation insurance premiums.....	▪	20		00
21. Bonus depreciation. Include Form 4562s	▪	21		00
22. First-time home buyer savings account. Contributions _____ Interest _____ Financial institution _____ Account number _____ ▪ <input type="checkbox"/> By checking the box, I attest that I'm a first-time home buyer. See instructions.	▪	22		00
23. Other subtractions. Include explanation	▪	23		00
24. Total subtractions. Add lines 1 through 4, 5e through 7, and 8f through 23. Enter here and on Form 40, line 10	▪	24		00

C. Credit for income tax paid to other states. See instructions, page 37.

I'm claiming this credit for taxes paid to: _____ (State name)

1. Idaho tax, Form 40, line 20. Enter amount here	1		00	Include a copy of the income tax return and a separate Form 39R for each state you're claiming a credit for.
2. Federal adjusted gross income earned in other state and both states taxed, adjusted for Idaho modifications. See instructions	2		00	
3. Idaho adjusted income. See instructions	3		00	
4. Divide line 2 by line 3. Enter percentage here	4		%	
5. Multiply line 1 by line 4. Enter amount here	5		00	
6. Other state's tax due minus its income tax credits. See instructions	6		00	
7. Enter the smaller of lines 5 or 6 here and on Form 40, line 22	7		00	

D. Credits for contributions to Idaho educational entity and Idaho youth and rehabilitation facilities, and expenses for live organ donation. See instructions, page 37.

1. Credit for contributions to Idaho educational entities	1		00
2. Credit for contributions to Idaho youth and rehabilitation facilities	2		00
3. Credit for live-organ donation expenses	3		00
4. Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 23	4		00

E. Maintaining a home for a family member age 65 or older or a family member with a developmental disability. See instructions, page 39.

1. Did you maintain a home for an immediate family member age 65 or older (not including you and your spouse) and provide more than one-half of that person's support? ☐ Yes ☐ No
2. Did you maintain a home for an immediate family member with a developmental disability (including you and your spouse) and provide more than one-half of that person's support? .. ☐ Yes ☐ No
3. List each family member you're claiming:

Family Member's Name First Name Last Name	Family Member's Social Security Number	Relationship to Person Filing Return	Family Member's Birthdate (mm/dd/yyyy)	Check Here if Developmentally Disabled
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter here and on Form 40, line 44	4		00
---	---	--	----

F. Dependents: (Continued from Form 40, page 1, line 6)

First Name	Last Name	Social Security Number	Birthdate (mm/dd/yyyy)