

Form 39R Resident Supplemental Schedule

Names as shown on return Social Section Social Section Social Section					rity number			
<u>A.</u>	A. Additions. See instructions, page 27.							
	1. Federal net operating loss deduction included on Form 40, line 7	-	1	00				
	2. Capital loss carryover incurred outside the state before becoming an I	sident	•	2	00			
	3. Non-Idaho state and local bond interest and dividends	-	3	00				
	Idaho college savings account withdrawal			•	4	00		
	5. Bonus depreciation. Include federal Form 4562s							
	Check the box if you have a current year loss limitation. See instruction	_		•	5	00		
	6. Other additions. Include explanation	•	6	00				
	7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line	8		•	7	00		
B.	Subtractions. See instructions, page 29.1. Idaho net operating loss carryover							
	<u></u>		1	00				
		Idaho net operating loss carryback • Enter total here						
	Interest from U.S. government obligations				3	00		
	Alternative energy device deduction				4	00		
	Year							
	Acquired Type of Device Total Cost Percentage							
		5a - -		00				
	· · · · · · · · · · · · · · · · · · ·	5b •		00				
		5c •		00				
		5d •	L.	00				
	e. Add lines 5a through 5d. Can't exceed \$5,000	•	5e	00				
	6. Child/dependent care. Complete worksheet on page 30, and include for			•	6	00		
	7. Social Security and railroad benefits, if included in federal income	•	7	00				
	8. Retirement benefits deduction. See instructions for qualifications.							
		• 8a		00				
	b. Federal Railroad Retirement benefits received	• 8b	+	00				
	c. Social Security benefits received		+	00				
	d. Line 8a minus lines 8b and 8c. If less than zero, enter zero	8d		00				
	e. Qualifying retirement benefits included in federal income			00				
	f. Enter the smaller of line 8d or 8e here			•	8f	00		
	Technological equipment donation			•	9	00		
	10. Idaho capital gains deduction. Include Form CG			•	10	00		
	11. Active duty military pay earned outside of Idaho			•	11	00		
	12. Adoption expenses			•	12	00		
	13. Idaho medical savings account. Contributions Interes							
	Financial institution Account number			•	13	00		
	14. Idaho college savings program			•	14	00		
	15. Home for the aged or developmentally disabled. Complete Part E, line			•	15	00		
	16. Idaho lottery winnings, less than \$600 per prize			•	16	00		
	17. Income earned on a reservation by an American Indian	-	17	00				

Na	mes as shown on return				So	ocial Securi	ty nur	mber			
	18. Health insurance premiums						18	3		00	
	19. Long-term care insurance						19	9		00	
	20. Workers' compensation insura	nce					• 20	0		00	
	21. Bonus depreciation. Include F	orm 4562s				'	• 2 ⁻	1		00	
	22. First-time home buyer savings a	ccount. Cont	tributions	Inter	est						
	Fi <u>nan</u> cial institution		Account number	er							
	 By checking the box, I 	attest that I am a	a first-time home b	ouyer. See ir	nstruction	s.	22	2		00	
	23. Other subtractions. Include ex	planation					23	3		00	
	24. Total subtractions. Add lines 1 Enter here and on Form 40, lines	through 4, 5e th	rough 7, and 8f th	rough 23.			- 24	4		00	
C.	Credit for income tax paid to oth	er states. See ii	nstructions, page	⊋ 37.							
	This credit is being claimed for taxes paid to: (State name)										
	1. Idaho tax, Form 40, line 20. Enter amount here						00				
	Federal adjusted gross income earned in other state and taxed by								a copy of tax return		
	both states adjusted for Idaho					- 1	□ c.		rate Form		
	3. Idaho adjusted income. See ir	structions					<u>الا</u>		h state for is claimed		
	4. Divide line 2 by line 3. Enter p	ercentage here .		4		%	_				
	5. Multiply line 1 by line 4. Enter	amount here					5	5		00	
	6. Other state's tax due minus its	income tax cred	lits. See instructio	ns			• 6	3		00	
	7. Enter the smaller of lines 5 or		<u> </u>				- 7	7		00	
D.		tity and Idaho y	outh and rehabil	itation	nage 37						
	facility contributions, and live organ donation expenses. See instructions, page 37. 1. Credit for Idaho educational entity contributions							1		00	
	Credit for Idaho educational entity contributions							_		00	
	Credit for live organ donation of the state of the s	· · · · · · · · · · · · · · · · · · ·					-	_		00	
	-	•						1			
E.	4. Total credits. Add lines 1 through							1		00	
	Maintaining a home for a family member age 65 or older or a family member with a developmental disability. See instructions, page 39.										
	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?										
	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 Las	t Name	Family Member's Social Security Number	Relationship Filing R		Family Birt (mm/c	hdate		Check Ho Developmo Disablo	entally	
]	
									! <u> </u>	! 1	
										<u> </u>	
	Total amount claimed (\$100 fc Enter here and on Form 40, lin	r each qualifying ne 44	member but not i	more than \$	300). 			1		00	
F.	Dependents: (Continued from Form 40, page 1, line 6)										
	First Name Last Name Social Security Nur					curity Numb	oer		Birthdate (mm/dd/yyyy))	
_											
								l			

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