

Form 39R Resident Supplemental Schedule

Na	ames as shown on return Social Se	curity	number /	
A.	Additions. See instructions, page 27.			
	Federal net operating loss deduction included on Form 40, line 7	•	1	00
	2. Capital loss carryover incurred outside Idaho before becoming an Idaho resident	•	2	00
	Interest and dividends from non-Idaho state and local bonds	•	3	00
	Nonqualified withdrawal from an Idaho college savings account	•	4	00
	5. Bonus depreciation. Include federal Form 4562s			
	Check the box if you have a current-year loss limitation. See instructions		5	00
	6. Other additions. Include explanation		6	00
В.	7. Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8		7	00
Б.	Idaho net operating loss carryover			
	Idaho net operating loss carryback • Enter total here		1	00
	State income tax refund, if included in federal income	<i>'</i> .	2	00
	Interest from U.S. government obligations		3	00
	Energy efficiency upgrades Description		4	00
	Alternative energy device deduction			
	Year			
		00		
	a. 2024 \$ X 40% = 5a • b 2023 \$ Y 20% = 5b •	00	4	
	b. 2025 \$\pi \times \times 2070 3b -	00	4	
	c. 2022 \$ X 20% = 5c • d 2021 \$ X 20% = 5d •	00	-	
	α. 2021 ψ /γ 20/0 00		l _ I	
	e. Add lines 5a through 5d. Can't exceed \$5,000		5e	00
	6. Child/dependent care. Complete worksheet on page 30. Also include federal Form 2441		6	00
	7. Social Security and railroad benefits, if included in federal income	. •	7	00
	8. Retirement benefits deduction. See instructions for qualifications. a. If single, enter \$45,864 or if married filing jointly, enter \$68,796	00	-	
	a. If single, enter \$45,864 or if married filing jointly, enter \$68,796 • 8a b. Federal Railroad Retirement benefits received	00	4	
		00	+	
		00	-	
	d. Line 8a minus lines 8b and 8c. If less than zero, enter zero e. Qualifying retirement benefits included in federal income	00	4	
	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 Interest		12	
			12	00
	Financial institution Account number 14. Idaho college savings program	- <u>-</u>	13	00
	15. Home for the aged or developmentally disabled. Complete Part E, line 3		15	00
	Idaho lottery winnings, less than \$600 per prize		16	00
	17. American indians. Income you camed on a reservation	·· •	''	00

	AHO State Tax Commission					Form 39	R	2024	(contir	nued)
Na	mes as shown on return				;	Social Securi	ly num	ber		
	18. Health insurance premiums						18			00
	19. Long-term care insurance prer							1		00
	20. Workers' compensation insural						-	 		00
	21. Bonus depreciation. Include Fo	-						+		00
	22. First-time home buyer savings a									
	Financial institution		Account number	er						
	By checking the box, I	attest that I'm a	first-time home bu	yer. See	e instruction	s. •	22			00
	23. Other subtractions. Include ex	olanation				·	23	4		00
	24. Total subtractions. Add lines 1 Enter here and on Form 40, lin	through 4, 5e th	rough 7, and 8f th	rough 2	3.		24	1	,	00
C.	Credit for income tax paid to oth					4	3			100
	I'm claiming this credit for taxes pa		, pug) (S1	/ tate na	me)	
	1. Idaho tax, Form 40, line 20. Er	oter amount here	_		1	50				
	Federal adjusted gross income						⊢ Inc		copy of to	
	states taxed, adjusted for Idah	o modifications.	See instructions .	• <u>[</u>	2 2	0			te Form	
	3. Idaho adjusted income. See in	structions			3	0			state you	
	4. Divide line 2 by line 3. Enter pe	ercentage here .			4	%	Cla	illilling a	a credit fo	JI.
	5. Multiply line 1 by line 4. Enter	amount here					5			00
	6. Other state's tax due minus its	income tax cred	dits. See instructio	ns		'	- 6			00
	7. Enter the smaller of lines 5 or									00
D.		o educational e	ntity and Idaho y	outh an	nd rehabilit					100
	Credit for contributions to Idah	_	4 \ 1/				1			00
	2. Credit for contributions to Idah							1		00
	3. Credit for live-organ donation	expenses					• 3			00
	4. Total credits. Add lines 1 throu	gh 3. Enter total	here and on Form	n 40, line	e 23		4			00
E.	Maintaining a home for a family idevelopmental disability. See ins	nember age 65 tructions, page	or older or a fam	nily men	nber with a					
	Did you maintain a home for a you and your spouse) and pro	n immediate fam	nily member age 6	5 or olderson's su	er (not inclu	ding		Yes		No
	Did you maintain a home for a (including you and your spous)	n immediate fam	nily member with a	develo	pmental dis	ability				No
	List each family member you're	,	iore triair one-riair	or triat j	person's su	pport:		Yes	'	NO
	Family Member's Name		Family Member's		nship to Person	Family I			Check He	
	First Name Las	t Name	Social Security Number	Fili	ng Return		hdate ld/yyyy		Developme Disable	
	20/									
	0/									
	*/							-		
		1 1.6 .			Φ000			\perp		1
	 Total amount claimed (\$100 fo Enter here and on Form 40, lir 						4			00
F.	Dependents: (Continued from Fo	rm 40, page 1,	line 6)							
	First Name		Last Name		Social S	Security Numb	er		Birthdate m/dd/yyyy)	١
							\Box		,, y y y y)	•
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					1					

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