Don't Staple

Form 40 State Tax Commission Form 40 2023 Individual Income Tax Return

Amended	Return? Check the box.	. 🗆	State Us	se Only				
See page 7	of the instructions for the reasons							
to amend, ar	nd enter the number that applies.	·						
SAME TO STREET, SAME TO STREET	r year 2023 or fiscal year beginnir	ng, , e	ending _					
Your fir	st name and initial	and initial Your last name			Your Social Security number (SSN)		Deceased in 2023	
Spouse Current	e's first name and initial	name and initial Spouse's last name				Spouse's Social Security number (SSN)		
Current	t mailing address Forms and instru					ctions av	vailable at	
City								
Filing Sta	tus. Check only one box. If ma	arried filing join	tly or s	eparately, enter	spouse's name and Social	Security	number above.	
	Single 2. Married filing jointly	g ₃ \square Ma	rried fili parately	ng ₄ \square H	ead of 5 Qual	ifying surv	riving spouse dependents	
Household	1. See instructions, page 7. If so	meone can claim	you as a	a dependent, leave	line 6a blank. Enter "1" on line	es 6a and 6	Sb, if they apply.	
					6d. Total household			
List your d							19.60	
List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total nur Dependent's first name Dependent's SSN						Dependent's birthdate		
	Dependent's first name	Depend	dent's las	st name	Dependent's SSN	(1	mm/dd/yyyy)	
						-		
						_		
						_		
Income S	ee instructions, page 7.							
	your federal adjusted gross inc	come from feder	al Form	1040 or 1040-S	R. line 11.			
Include a complete copy of your federal return						7	00	
8. Additions from Form 39R, Part A, line 7. Include Form 39R						8	00	
9. Total. Add lines 7 and 8						9	00	
10. Subtractions from Form 39R, Part B, line 24. Include Form 39R						10	00	
11. Total Adjusted Income. Subtract line 10 from line 9						11	00	
-	outation. See instructions, p	age 8.						
Standard Deduction for Most a. If age 65 or older								
for Most People	42 Charles							
Single or Married Filing Separately: \$13,850	c. If your parent or someone else can claim you as a							
	dependent, check here and enter zero on line 43							
Head of	13. Itemized deductions. Include federal Schedule A. Federal limits apply					13	00	
Household: \$20,800	14. State and local income or general sales taxes included on federal Schedule A					14	00	
	15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero					15	00	
Married Filing Jointly or	10. Standard deduction. See instructions, page 8, to determine amount if not standard					16	00	
Qualifying Surviving Spouse: \$27,700	17. Subtract the larger of line 15 or 16 from line 11. If less than zero, enter zero					17	00	
	18. Qualified business income deduction. If less than zero, enter zero					18	00	
	19. Idaho taxable income. Subtract line 18 from line 17					19	00	
			page 9		and investment in contract and an experimental investment and inve	20	00	
Return and	Conti pavment - Mail to: Idaho State	inue to page 2.	DO Box	93794 Pains ID	99707 9794			

Return only - Mail to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

Include a complete copy of your federal return.

EFO00089 08-23-2023



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. Your signature (required) Spouse's signature (if a joint return, both must sign) Date Sign Here Paid preparer's signature Preparer's EIN, SSN, PTIN Taxpayer's phone number Preparer's address State ZIP Code Preparer's phone number EFO00089 08-23-2023 Page 2 of 2