## Don't Staple

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Amended Return? Check the box.	• 🔲	State Use Only							
See page 7 of the instructions for the reasons to amend, and enter the number that applies.	•	DUTT							
For calendar year 2022 or fiscal year beginn	ina	endina							



7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return	Amended Return? Check the box.	•	State Us	se Only		TO IX		
Nour first name and initial   Your last name   Your Social Security number (SSN)   Decasated   ANI RBAN   Spouse's first name and initial   Spouse's last name   Spouse's Social Security number (SSN)   Decasated   1		<u> -                                   </u>	DUT	T I	IIII POPRIS REPRODEOTES INSTITUTO	X 1734 ENGLY	ACKSAKSAKKAKAKAKA	.\\\ 
Nour first name and initial   Your last name   Your Social Security number (SSN)   Decasated   ANI RBAN   Spouse's first name and initial   Spouse's last name   Spouse's Social Security number (SSN)   Decasated   1	For calendar year 2022 or fiscal year beginning	ng,	ending _					
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Current mailing address	ANIRBAN	DUTTA			· '	,		
Current mailing address	Spouse's first name and initial	<del>\</del>	me			ber (SSI	N) Dece	ased
Comment mailling address   State   ZIP code   Foreign country (if not U.S.)	₩ETA	SINGH				,	, 11 1 2000	
Cate	Current mailing address					ctions	available at	
Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.  1. Single 2. Married filing 3. Married filing 4. Head of household 5. Qualifying widow(er) 1. Single 2. Married filing 3. Separately of the spouse of t	2627 E RED CEDAR LANE AF	PT 0102						
Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.  1. Single 2. Married filing 3. Married filing 4. Head of household 5. Qualifying widow(er) 1. Single 2. Married filing 3. Separately of the spouse of t	City		State	ZIP code	Foreign country (if not U.S.)			
1. Single   2. Married filing   3. Married filing   4. Head of household   5. Qualifying widow(er) with qualifying dependents separately   4. Head of Household   5. Qualifying widow(er) with qualifying dependents   6. Qualifying dependents   6. Qualifying dependents   6. Qualifying widow(er)   7. Qualifying widow(er)   8. Additions from Form 39R. Enter total number on line 6c. Dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c. Dependent's first name   Dependent's Isst name   Dependent's SSN   Dependent's SSN   Dependent's SSN   Dependent's SSN   Dependent's SSN   Dependent's Dependent's SSN	BOISE		ID	83716			·	
Household. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply.  6a. Yourself 1 6b. Spouse 1 6c. Dependents 6d. Total household 2  List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c.  Dependent's first name Dependent's last name Dependent's SSN Dependent's birthdate (mm/dd/yyyy)  Income. See instructions, page 7.  7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return 7 89047 00  8. Additions from Form 39R, Part A, line 7. Include Form 39R. 8 00  9. Total. Add lines 7 and 8 9 89047 00  10. Subtractions from Form 59R, Part B, line 24. Include Form 39R. 9 11 89047 00  11. Total Adjusted Income. Subtract line 10 from line 9 10  12. Check 1 a life ge 65 or older 11 89047 00  13. Itemized deductions, page 8.  Standard Deduction Form See instructions, page 8.  Standard Deduction Form See instructions, page 8.  13. Itemized deductions Include federal Schedule A. Federal limits apply 14 State and local income or general sales taxes included on federal Schedule A. 15 Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero 15 00  15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero 16 017 63147 00  17. Subtract lie larger of line 15 or 16 from line 11. If less than zero, enter zero 17 018 00  18. Qualifying 17 018 00  19. Subtract lier larger of line 15 or 16 from line 11. If less than zero, enter zero 17 017 63147 00  19. Subtract lier larger of line 15 or 16 from line 11. If less than zero, enter zero 17 018 00  19. Subtract lier larger of line 15 or 16 from line 11. If less than zero, enter zero 17 017 63147 00  19. Subtract lier larger of line 15 or 16 from line 11. If less than zero, enter zero 17 017 63147 00	Filing Status. Check only one box. If m	arried filing joi	ntly or s	separately, enter	spouse's name and Social	Secur	ity number abo	ve.
Computation   See instructions, page 7.   Computation   See instructions   Subtractions   Subtractions   Subtractions   Single or Married Filing Separately, \$12,950   Head of Household. \$19,400   Head of Household. \$1	1. Single 2. X Married filin jointly	3. M	arried fili eparately	ing 4. H	ead of ousehold 5. Quali with o	fying w qualifyir	idow(er) ng dependents	
List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c.  Dependent's first name  Dependent's last name  Dependent's SSN  Dependent's SSN  Dependent's SSN  Dependent's birthdate (mml/dd/yyyy)  Income. See instructions, page 7.  7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return  Include a complete copy of your federal Sending  Include a com	Household. See instructions, page 7. If so	omeone can claim	ı you as a	a dependent, leave	line 6a blank. Enter "1" on line	s 6a an	d 6b, if they apply	/.
Dependent's first name  Dependent's last name  Dependent's SSN  Dependent's birthdate (mm/idd/yyyy)  Dependent's sirthdate (mm/idd/yyyy)  Dependent's birthdate (mm/idd/yyyy)  Dependent's sirthdate (mm/idd/yyyy)  Dependent's last name  Dependent's last name  Dependent's sirthdate (mm/idd/yyyy)  Dependent's birthdate (mm/idd/yyyy)  Dependent's birthate (mm/idd/yyyy)  Dependent's birthate (mm/idd/yyy)  Dependent's birthate (mm/idd/yyyon)  Dependent's birthate (mm/idd/yyyon)  Dependent's birthate (mm/idd/yyyon)  Dependent's birthate (mm/idu/yyon)  Dependent's birthate (mm/idu/yon)  Dependent (in the park (mm	6a. Yourself1 6b. Spous	e <u> </u>	c. Depe	endents	6d. Total household	2		
Dependent's first name  Dependent's last name  Dependent's SSN  Dependent's birthdate (mm/idd/yyyy)  Dependent's sirthdate (mm/idd/yyyy)  Dependent's birthdate (mm/idd/yyyy)  Dependent's sirthdate (mm/idd/yyyy)  Dependent's last name  Dependent's last name  Dependent's sirthdate (mm/idd/yyyy)  Dependent's birthdate (mm/idd/yyyy)  Dependent's birthate (mm/idd/yyyy)  Dependent's birthate (mm/idd/yyy)  Dependent's birthate (mm/idd/yyyon)  Dependent's birthate (mm/idd/yyyon)  Dependent's birthate (mm/idd/yyyon)  Dependent's birthate (mm/idu/yyon)  Dependent's birthate (mm/idu/yon)  Dependent (in the park (mm	List your dependents below. If you have	more than four	depend	lents, continue or	Form 39R. Enter total num	ber on	line 6c.	
Income. See instructions, page 7.  7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. Include a complete copy of your federal return			-				ependent's birthdate	е
7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return							(	
7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return								-
7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return								$\dashv$
7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return			4					-
7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.  Include a complete copy of your federal return								ᆚ
Include a complete copy of your federal return	Income. See instructions, page 7.							
8. Additions from Form 39R, Part A, line 7. Include Form 39R 9 89047 00 9. Total. Add lines 7 and 8 9 89047 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 89047 00  Tax Computation. See instructions, page 8.  Standard Deduction for Most People 12. Check 5 If blind 6 10 If blind 10 If your parent or someone else can claim you as a dependent, check here and enter zero on line 43 11 Itemized deductions. Include federal Schedule A. Federal limits apply 14. State and local income or general sales taxes included on federal Schedule A 15. Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero 15 00  Married Filing 10 Itemized Filing 11. Itemized deduction. See instructions, page 8, to determine amount if not standard 16 Itemized Filing 17. Subtract the larger of line 15 or 16 from line 11. If less than zero, enter zero 17 Itemized Filing 18, Qualified business income deduction 18. Qualified business income deduction 19 Itemized Filing 10 It								
9 89047 00 10. Subtractions from Form 39R, Part B, line 24. Include Form 39R 10 10 00 11. Total Adjusted Income. Subtract line 10 from line 9 11 89047 00  Tax Computation. See instructions, page 8.  Standard Deduction for Most People Single or Married Filing Separately: \$12,950 Head of Household: \$19,400  Harried Filing Jointly or Qualifying Widow(er): 18. Qualified business income deduction see instructions, page 8, to determine amount if not standard 17. Subtract the larger of line 15 or 16 from line 11. If less than zero, enter zero 17. Subtract sine 14 from 16. Square 17. Subtract sine eduction 17. Subtract sine eduction 18. Qualified business income deduction 19. Good 19. G		1				-	89047	00
10. Subtractions from Form 39R, Part B, line 24. Include Form 39R  11. Total Adjusted Income. Subtract line 10 from line 9						8		
Tax Computation. See instructions, page 8.  Standard Deduction for Most People Single or Married Filing Separately: \$12,950 Head of Household: \$19,400 Married Filing Jointly or Qualifying Widow(er): \$25,900  Married Filing Separate Inc. Standard deduction. See instructions, page 8, to determine amount if not standard to 18 Qualified business income deduction.  11 89047 00  12 89047 00  13 89047 00  14 Standard Deductions and If age 65 or older and Inc. See instructions, page 8, to determine amount if not standard and Inc. Standard deduction. See instructions, page 8, to determine amount if not standard and Inc. Standard seduction.  14 Subtract the larger of line 15 or 16 from line 11. If less than zero, enter zero and Inc. Standard seduction.  15 Subtract the larger of line 15 or 16 from line 11. If less than zero, enter zero and Inc. Standard seduction.  16 Standard deduction.  17 63147 00  18 Qualified business income deduction.	9. Total. Add lines 7 and 8					9	89047	00
Tax Computation. See instructions, page 8.  Standard Deduction for Most People  Single or Married Filing Separately: \$12,950  Head of Household: \$19,400  Married Filing Jointly or Qualifying Widow(er): \$25,900  Middle A. Qualified business income deduction.  Standard Deduction, page 8.  a. If age 65 or older	10. Subtractions from Form 39R, Part B, line 24. Include Form 39R		10		00			
Standard Deduction for Most People  Single or Married Filing Separately: \$12,950  Head of Household: \$19,400  Married Filing Jointly or Qualifying Widow(er): \$25,900  Married Filing Widow(er): \$25,900  Married Filing Jointly or Qualified business income deduction . See instructions, page 8, to determine amount if not standard . If a ge 65 or older	11. Total Adjusted Income. Subtract lin	ne 10 from line	9		······	11	89047	00
Deduction for Most People   12. Check	Tax Computation. See instructions,	page 8.						
To Most People   Single or Single or Married Filing Separately: \$12,950	Standard				<u></u>			
People   Single or Married Filing Separately: \$12,950	Deduction a. If age 6	65 or older	<i></i>	• 🔲 Yo	urself • Spouse			
Single or Married Filing Separately: \$12,950  Head of Household: \$19,400  Married Filing Jointly or Qualifying Widow(er): \$25,900  Married Filing Head of Comparison of the properties of the pr				• 🗌 Yo	urself • Spouse			
Married Filing Separately: \$12,950 Head of Household: \$19,400  Married Filing Jointly or Qualifying Widow(er): \$25,900  Married Filing Separately: \$12,950  13. Itemized deductions. Include federal Schedule A. Federal limits apply	Single or C. If your	parent or some	one else					
Head of Household: \$19,400  Married Filing Jointly or Qualifying Widow(er): \$25,900  Read of Household: \$12,950  13. Itemized deductions. Include federal Schedule A. Federal limits apply	Married Filing dependent check here and enter zero on line 43							
Head of Household: \$19,400  14. State and local income or general sales taxes included on federal Schedule A	\$12,950							
Household: \$19,400  14. State and local income or general sales taxes included on federal Schedule A	I Head of I					13		00
Married Filing Jointly or Qualifying Widow(er): \$25,900 18. Qualified business income deduction \$\\\ \text{15}\\ \text{16}\\ \text{16}\\ \text{16}\\ \text{17}\\ \text{18}\\ \	Household: 14. State and local income or general sales taxes included on federal Schedule A			14		00		
Jointly or Qualifying Widow(er): \$25,900	15. Subtract line 14 from line 13. If you don't use lederal Schedule A, enter zero			15		00		
Qualifying Widow(er): \$25,900 17. Subtract the <b>larger</b> of line 15 or 16 from line 11. If less than zero, enter zero				16	25900	00		
\$25,900 16. Qualified business income deduction - 16 00	Qualifying   17. Subtract the <b>larger</b> of	line 15 or 16 fro	om line 1	11. If less than ze	ro, enter zero	17		
		ome deduction				18		00
19. Idaho taxable income. Subtract line 18 from line 17 ■ 19 63147 <b>00</b>		Subtract line 1	8 from li	ine 17		19	63147	00
	20. Tax from tables or rate	e schedule. See	instruct	tions, page 53		20	3322	
20. Tax from tables or rate schedule. See instructions, page 53	ZU. TAX ITOTTI TADIES OF FALE	somedule. See	mouucl	uons, page 33	·······	120	3322	UU

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Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

Page 1 of 2

EFO00089 09-28-2022

Form 40 2022

(continued)

10				
	Tax amount from line 20	21	3322	00
	dits. Limits apply. See instructions, page 9.			
	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22 00			
	Total credits from Form 39R, Part D, line 4. Include Form 39R			
	Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24 00			
	Idaho Child Tax Credit. Computed amount from worksheet on page 10			
	Total Credits. Add lines 22 through 25	26		00
	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27	3322	00
	er Taxes. See instructions, page 10.			
	Fuels use tax due. Include Form 75	28		00
	Sales/use tax due on untaxed purchases (online, mail order, and other)	29 30		00
	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44  Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	31		00
	Permanent building fund tax.	31		100
JZ.	Check the box if you received Idaho public assistance payments for 2022	32	10	00
33.	Total Tax. Add lines 27 through 32	33	3332	-
	ations. See instructions, page 10. I want to donate to:	7		
	Idaho Nongame Wildlife Fund • 35. Idaho Children's Trust Fund •			
	Special Olympics Idaho			
38.	American Red Cross of Idaho Fund   39. Veterans Support Fund			
40.	Idaho Food Bank Fund 41. Opportunity Scholarship Program			
42.	Total Tax Plus Donations. Add lines 33 through 41	42	3332	00
	ments and Other Credits.			
43.	Grocery Credit. Computed amount from worksheet on page 11 200		I	_
	To receive your grocery credit, enter the computed amount on line 43	43	200	00
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43		Υ	
	Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R	44		00
	Special fuels tax refund Gasoline tax refund Include Form 75	45		00
	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding	46	3749	<del></del>
	2022 Form 51 estimated payments and amount applied from 2021 return	47		00
	Paid by entity Withheld ABE See instructions	48		00
	Tax Reimbursement Incentive credit  Claim of Right credit  See instructions	49	3949	00
	Total Payments and Other Credits. Add lines 43 through 49  Due or Refund. See instructions, page 12.	50	3545	00
	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42			00
	Penalty Interest from the due date Enter total	52		00
JZ.	Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal	102	I	100
53.	Nonrefundable credit from a prior year return. See Form 44 instructions	53		00
	Total Due. Add lines 51 and 52, then subtract line 53	54		00
55.	Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50	55	617	-
56.	Refund 617 Apply to 2023			
	Direct Deposit. See instructions, page 13. • Check if final deposit destination is outside the U.	<u> </u>		
		.s.	Type of • Checl	king
<ul><li>Rou</li></ul>	ting No. Account No.		Account: • Savin	gs
Ame	ended Return Only. Complete this section to determine your tax due or refund. See instructions.			
	Total due (line 54) or overpaid (line 55) on this return	58		00
59.	59. Refund from original return plus additional refunds			00
60.	60. Tax paid with original return plus additional tax paid			00
61.	Amended tax due or refund. Add lines 58 and 59 then subtract line 60	61		00
. [	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid p			
	Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and c	ompl		ns.
	Your signature (required) Spouse's signature (if a joint return, both must sign)		Date	
Sign	Pede proporario cignatura	or's	ahana numbar	
Here			phone number 40-4954	
Pren	parer's address GLOBAL TAXES LLC   State   ZIP code   Preparer's phone number	J / 4 ·		15.
	5 ROONEY CT E BRUNSWICK NJ 08816 (678)965-9522			
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