## **Don't Staple**

## State Tay Commission

## Form 40 2023 Individual Income Tax Return

Sta	ate Tax Co	ommi	ssion Individual	Incon	ne Tax Return		EXTORNEGER DREWE					2
Am	ended R	eturr	? Check the box.	•	State Use Only		EXTRACTOR SECTION CONTRACTOR					į
			structions for the reasons the number that applies.	•	DUTT		IIII PYPROPROSITATION CONTINUES	(5154) (5154)	1200144136	<u> Markandan</u>	CP WOOM	<b>}}</b>
For	calendar <u>y</u>	ear 2	023 or fiscal year beginnir	ng	, ending							
be	Your first name and initial			Your last name			Your Social Security numb		Deceased			
or Type		ANIRBAN Speuge's first name and initial				026-79-5973 Spouse's Social Security number (SSN)			$\overline{}$	in 2023		
t or	Spouse's first name and initial SHWETA			Spouse's last name SINGH			982-94-7111				Decea in 202	
Print	Current r		address	BINGI			Forms and instructions av			available	at	
Please	2627	E RI	ED CEDAR LANE AP				tax.idaho.gov					
lea	City State ZIP Code Foreign country (if not U.S						3.)					
	BOISE		thock only one hoy. If me	arried filin	ID   83716 g jointly or separately, e	ontor c	nouso's name and So	cial (	Socurit		aho	
										rviving spo		V C.
	1. S	ingle	2. X Married filin jointly	g 3.	Married filing 4. separately	hou	ad of usehold 5. W	ith q	ualifying	g depender	nts	
Hou	sehold.	See i	nstructions, page 7. If so	meone can	claim you as a dependent,	leave li	ine 6a blank. Enter "1" on	lines	6a and	6b, if they	apply	
6	a. Yours	elf _	1 6b. Spous	e1	6c. Dependents		6d. Total household _	2	2			
List	t vour de	pend	ents below. If you have	more than	four dependents, contin	ue on F	Form 39R. Enter total r	numh	er on li	ine 6c.		
		-	•						Dep	endent's bir		3
_		epend	dent's first name		Dependent's last name		Dependent's SSN		1	(mm/dd/yyy	/y)	$\neg$
												_
												_
												_
			tructions, page 7.									
7.	-		• •		federal Form 1040 or 10							
_										92	853	
					de Form 39R				8		0.5.0	00
<ol> <li>Total. Add lines 7 and 8</li> <li>Subtractions from Form 39R, Part B, line 24. Include Form 39R</li> </ol>						9 10	92	853	00			
					line 9				11	92	853	
			on. See instructions,	_	Time o						033	
	andard	atati	oni. Oce mstructions, <sub>i</sub>	page U.								
De	duction		a. If age 6	5 or older	·······	You	rself • Spouse					
	r Most People	b. If blind										
Si	ingle or											
	ried Filing   parately:											
\$	13. Itemized deductions. Include federal Schedule A. Federal limits apply											00
	lead of usehold:				al sales taxes included o				13 14			00
	20,800			_	ou don't use federal Sch				15			00
	ried Filing	−16. Standard deduction. See instructions, page 8, to determine amount if not standar							16	27	700	
Qι	ointly or lualifying				16 from line 11. If less the				17		153	
Sι	urviving pouse:				ction. If less than zero, e				18			00
\$	27,700	19.	Idaho taxable income.	Subtract I	ine 18 from line 17			•	19	65	153	00
		20.	Tax from worksheet. S	ee instruc	tions, page 9			•	20	3	258	00

REV 02/28/24 PRO

Continue to page 2.

Return and payment - Mail to: Idaho State Tax Commission, PO Box 83784, Boise, ID 83707-3784 Return only - Mail to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

Include a complete copy of your federal return.

Form 40

1030 **2023** 

(continued)

21.	Tax amount from line 20						21	3258	00
Cred	Credits. Limits apply. See instructions, page 9.								
22.	Income tax paid to other states. Include Form	39R and a	copy of other state	s' returns ■	22	00			
23.	Total credits from Form 39R, Part D, line 4. Include Form 39R								
24.	Total business income tax credits from Forr	00							
25.	Idaho Child Tax Credit. Computed amount	0 00							
26.	Total Credits. Add lines 22 through 25						26	0	00
27.	Subtract line 26 from line 21. If line 26 is me	ore than lir	ne 21, enter zero				27	3258	00
Othe	er Taxes. See instructions, page 10.								
28.	Fuels use tax due. Include Form 75						28		00
29.	Sales/use tax due on untaxed purchases	s (online,	mail order, and o	ther)			29		00
	Total tax from recapture of income tax cred		30		00				
	Tax from recapture of qualified investment						31		00
	Permanent building fund tax.	•	` ,						
	Check the box if you received Idaho public	assistance	e payments for 202	23		• 🖂	32	10	00
33.	Total Tax. Add lines 27 through 32						33	3268	00
Don	ations. See instructions, page 10.	want to do	nate to:						
34.	Idaho Nongame Wildlife Fund ■	35	5. Idaho Children's	s Trust Fund	<b>-</b>				
	Special Olympics Idaho		7. Idaho Guard & l						
			9. Veterans Suppo	ort Fund					
40.	American Red Cross of Idaho Fund Idaho Food Bank Fund	4 <sup>-</sup>	1. Opportunity Sch	nolarship Progr	am •				
	Total Tax Plus Donations. Add lines 33 th						42	3268	00
	nents and Other Credits.								
43.	Grocery Credit. Computed amount from wo	orksheet o	n page 11		•	240		Г	_
	To receive your grocery credit, enter the	computed	amount on line 43	3		<u> </u> •	43	240	00
	To donate your grocery credit to the Cooperation	ve Welfare	Fund, check the box	x and enter zero	on line 43	- 🔲			
44.	Maintaining a home for family member age 6	5 or older	or developmentally	disabled. Inclu	ıde Form 39	R •	44		00
45.	Special fuels tax refund G	Sasoline ta	x refund	Inclu	de Form 75		45		00
46.	Idaho income tax withheld. Include Form V	/-2s and a	ny 1099s that sho	w Idaho withho	olding		46	3280	00
47.	2023 Form 51 estimated payments and am	ount appli	ed from 2022 retu	rn			47		00
48.	Paid by entity • Withheld	•	ABE •	See ir	nstructions .		48		00
49.	Tax Reimbursement Incentive credit •	Claim	of Right credit •		ee instruction		49		00
50.	Total Payments and Other Credits. Add I	ines 43 thr	ough 49	<del></del>			50	3520	00
Tax	Due or Refund. See instructions, page 12.								
51.	Tax Due. If line 42 is more than line 50, su	btract line	50 from line 42			<b>■</b> 51			00
52.	Penalty • Interest from the	due date		Enter total			52		00
	Check box if penalty is caused by an unqual	alified Idah	o medical savings	account withou	drawal	• 🔲			
53.	Nonrefundable credit from a prior year return	See Form	44 instructions				53		00
54.	Total Due. Add lines 51 and 52, then subtract		54		00				
55.								252	00
56.	Refund • 252	App	oly to 2024	•				•	
 57	Direct Deposit. See instructions, page 13	. Da	nack if final dance	eit destination	n is outside	the II	9		
						T	$\overline{}$	Type of Check	
<ul><li>Rout</li></ul>	ing No. 3 2 4 1 7 3 6 2 6 • Acc	ount No. 7	1  4  1  6  9	3   1   4				Account: Saving	gs
Ame	nded Return Only. Complete this section	on to deter	rmine your tax du	e or refund. S	ee instructi	ons.			
58.	Total due (line 54) or overpaid (line 55) on	this return					58		00
59.	Refund from original return plus additional refunds								00
60.	60. Tax paid with original return plus additional tax paid								00
61.	61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60								00
	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								
	Your signature (required) Spouse's signature (if a joint return, both must sign)								
Sign			ļ <u>.</u>	ON D=:::		1-			
Here	I					yer's phone number			
	03-					08)440-4954			
	arer's address GLOBAL TAXES LLC	State	ZIP Code	Preparer's phon		=			<b>   </b>
245	ROONEY CT E BRUNSWICK	NJ	08816	(678)965-	9522				