

2023 Form OR-40-N
Oregon Individual Income Tax Return for Nonresidents

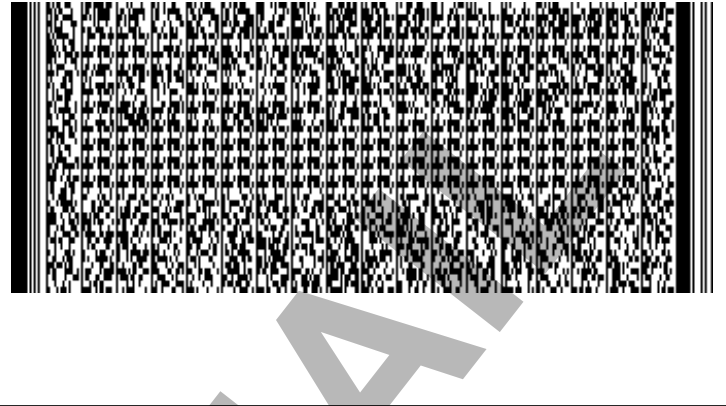
Oregon Department of Revenue

Page 1 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Amended return.
If amending for an NOL tax year (YYYY)
NOL, tax year the
NOL was generated:
- Calculated with "as if" federal return
- Short-year tax election
- Employment exception
- Extension filed
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief
- Military



First name

Initial

Date of birth (MM/DD/YYYY)

BHASKAR

01/01/1999

Last name

ATTILI

Social Security number (SSN)

883-97-2873

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name

Initial

Spouse date of birth (MM/DD/YYYY)

Spouse last name

Spouse SSN

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current mailing address

1215 E VISTA DEL CERRO DR #20

City

State

ZIP code

TEMPE

AZ

85281

Country

Phone

USA

Filing Status (check only one box)

- 1. Single
- 2. Married filing jointly
- 3. Married filing separately (enter spouse information **above**)
- 4. Head of household (with qualifying dependent)
- 5. Qualifying surviving spouse



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Last name

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Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

6b. Credits for your spouse6b.

Check boxes that apply: [] Regular [] Severely disabled [] Someone else can claim you as a dependent

Dependents.

List your dependents in order from youngest to oldest. If you have more than three dependents, complete Schedule OR-ADD-DEP. Include the schedule with your return.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code *

[] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code *

[] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code *

[] Dependent 3: Check if child has a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents.....6c.

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 1



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Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z. Include all Forms W-2.		
7F.	37,950.00	7S. 37,950.00
8. Interest income from Form 1040 or 1040-SR, line 2b.		
8F.		8S.
9. Dividend income from Form 1040 or 1040-SR, line 3b.		
9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 1.		
10F.		10S.
11. Alimony received from federal Schedule 1, line 2a.		
11F.		11S.
12. Business income or loss from federal Schedule 1, line 3.		
12F.		12S.
13. Capital gain or loss from Form 1040 or 1040-SR, line 7.		
13F.		13S.
14. Other gains or losses from federal Schedule 1, line 4.		
14F.		14S.
15. IRA distributions from Form 1040 or 1040-SR, line 4b.		
15F.		15S.



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Federal column (F)

Oregon column (S)

16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.

16F.

16S.

17. Schedule E income or loss from federal Schedule 1, line 5.

17F.

17S.

18. Farm income or loss from federal Schedule 1, line 6.

18F.

18S.

19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.

19F.

19S.

20. Total income. Add lines 7 through 19.

20F.

37,950.00

20S.

37,950.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F.

21S.

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F.

22S.

23. Moving expenses from federal Schedule 1, line 14.

23F.

23S.



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	Federal column (F)		Oregon column (S)
24. Deduction for self-employment tax from federal Schedule 1, line 15.			
24F.		24S.	
25. Self-employed health insurance deduction from federal Schedule 1, line 17.			
25F.		25S.	
26. Alimony paid from federal Schedule 1, line 19a.			
26F.		26S.	
27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column.			
27F.		27S.	
28. Total adjustments. Add lines 21 through 27.			
28F.		28S.	
29. Income after adjustments. Line 20 minus line 28.			
29F.	37,950.00	29S.	37,950.00

Additions

30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.			
30F.		30S.	
31. Income after additions. Add lines 29 and 30.			
31F.	37,950.00	31S.	37,950.00



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Subtractions	Federal column (F)	Oregon column (S)
32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.		
32F.		
33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.		
33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33.		
34F.	37,950.00	34S.
35. Oregon percentage (see instructions; not more than 100.0%).....		35. 100.0 %

Deductions and modifications

36. Amount from line 34S		36. 37,950.00												
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0		37. 0.00												
38. Standard deduction. Enter your standard deduction		38. 2,605.00												
<p>You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind</p>														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;">Standard deductions</th> <th>Single</th> <th>Married filing jointly</th> <th>Married filing separately</th> <th>Qualifying surviving spouse</th> <th>Head of household</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">\$2,605</td> <td style="text-align: center;">\$5,210</td> <td style="text-align: center;">\$2,605 or \$0</td> <td style="text-align: center;">\$5,210</td> <td style="text-align: center;">\$4,195</td> </tr> </tbody> </table> <p>See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent. See instructions if you are married filing separately.</p>			Standard deductions	Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of household		\$2,605	\$5,210	\$2,605 or \$0	\$5,210	\$4,195
Standard deductions	Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of household									
	\$2,605	\$5,210	\$2,605 or \$0	\$5,210	\$4,195									
39. Enter the larger of line 37 or 38.....		39. 2,605.00												
40. 2023 federal tax liability (see instructions).....		40. 2,675.00												
41. Total modifications from Schedule OR-ASC-NP, line D7		41.												
42. Deductions and modifications multiplied by the Oregon percentage (see instructions).....		42. 5,280.00												



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Deductions and modifications (continued)

43. Charitable art donation (see instructions)..... 43.
44. Total deductions and modifications. Add lines 42 and 43..... 44. 5,280.00
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0 45. 32,670.00

Oregon tax

46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 46. 2,573.00
46a. [] Schedule OR-FIA-40-N 46b. [] Worksheet FCG 46c. [] Schedule OR-PTE-NR
47. Interest on certain installment sales 47.
48. Total tax recaptures from Schedule OR-ASC-NP, line E5..... 48.
49. Total additions to tax. Line 47 plus line 48..... 49.
50. Total tax before credits. Add lines 46 and 49..... 50. 2,573.00

Standard and carryforward credits

51. Exemption credit (see instructions)..... 51. 236.00
52. Total standard credits from Schedule OR-ASC-NP, line F16..... 52.
53. Total standard credits. Add lines 51 and 52 53. 236.00
54. Tax minus standard credits. Line 50 minus line 53. If line 53 is more than line 50, enter 0 54. 2,337.00
55. Total carryforward credits used this year from Schedule OR-ASC-NP, line G9. Line 55 can't be more than line 54 (see Schedule OR-ASC and OR-ASC-NP Instructions) 55.



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Standard and carryforward credits (continued)

56. Tax after standard and carryforward credits. Line 54 minus line 55 56. 2,337.00

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 57. 2,602.00

58. Amount applied from your prior year's tax refund 58.

59. Estimated tax payments for 2023. Include all estimated payments you made by April 15, 2024, including any extension payment or tax withheld from real estate transactions. Do not include the amount you already reported on line 58 59.

60. Tax payments from a pass-through entity 60.

61. Earned income credit (see instructions)..... 61.

62. Oregon Kids Credit (see instructions) 62.

63. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 79 63. 0.00

64. Total refundable credits from Schedule OR-ASC-NP, line H7..... 64.

65. Total payments and refundable credits. Add lines 57 through 64 65. 2,602.00

Tax to pay or refund

66. Overpayment of tax. If line 56 is less than line 65, you overpaid. Line 65 minus line 56 66. 265.00

67. Net tax. If line 56 is more than line 65, you have tax to pay. Line 56 minus line 65 67.

68. Penalty and interest for filing or paying late (see instructions) 68.



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69. Interest on underpayment of estimated tax. Include Form OR-10 69.

Exception number from Form OR-10, line 1: 69a.

Check box if you annualized: 69b.

70. Total penalty and interest due. Add lines 68 and 69 70.

71. Net tax including penalty and interest.

Line 67 plus line 70 This is the amount you owe. 71.

72. Overpayment less penalty and interest.

Line 66 minus line 70 This is your refund. 72.

265.00

73. Estimated tax. Fill in the portion of line 72 you want applied to your open estimated tax account 73.

74. Charitable checkoff donations from Schedule OR-DONATE, line 30 74.

75. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 75.

76. Total. Add lines 73 through 75. The total can't be more than your refund on line 72 76.

77. Net refund. Line 72 minus line 76 This is your net refund. 77.

265.00

Direct deposit

78. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Checking or

Savings

Account information:

Routing number

Account number

Kicker donation

79. If you elect to donate your kicker to the State School Fund, check this box. 79a.

Complete the kicker worksheet in the instructions and enter the amount here. This election is irrevocable. 79b.



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Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Your signature

X

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

VENKATA SAI PAVAN

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

678-965-9522

Preparer first name

Initial

Preparer last name

VENKATA

S

PAVAN KUMAR DUDIPALLI

Preparer address

245 ROONEY CT

City

State

ZIP code

E BRUNSWICK

NJ

08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 70)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2023 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order. If you include payment with your return, don't include Form OR-40-V payment voucher.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



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Last name

SSN

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883-97-2873

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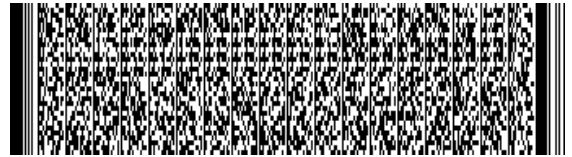
Amended statement. Complete this section only if you're amending your 2023 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

DO NOT MAIL





Amended Return? Check the box. State Use Only ATTI

For calendar year 2023 or fiscal year beginning , ending

Please Print or Type: Your first name and initial, Your last name, Your Social Security number (SSN), Spouse's first name and initial, Spouse's last name, Spouse's Social Security number (SSN), Current mailing address, City, State, ZIP Code, Foreign country (if not U.S.)

Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.

- 1. [X] Single 2. [] Married filing jointly 3. [] Married filing separately 4. [] Head of household 5. [] Qualifying surviving spouse with qualifying dependents

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 6c. Dependents 6d. Total household 1

List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c.

Table with 4 columns: Dependent's first name, Dependent's last name, Dependent's SSN, Dependent's birthdate (mm/dd/yyyy)

Income. See instructions, page 7.

Table with 3 columns: Line number, Description, Amount. Includes lines 7-11 for income calculation.

Tax Computation. See instructions, page 8.

Table with 3 columns: Line number, Description, Amount. Includes lines 12-20 for tax computation.



21. Tax amount from line 20 21 1137 00

Credits. Limits apply. See instructions, page 9.

22. Income tax paid to other states. Include Form 39R and a copy of other states' returns 22 1137 00
23. Total credits from Form 39R, Part D, line 4. Include Form 39R 23 00
24. Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24 00
25. Idaho Child Tax Credit. Computed amount from worksheet on page 10 25 0 00
26. Total Credits. Add lines 22 through 25 26 1137 00
27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero 27 0 00

Other Taxes. See instructions, page 10.

28. Fuels use tax due. Include Form 75 28 00
29. Sales/use tax due on untaxed purchases (online, mail order, and other) 29 00
30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 30 00
31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER 31 00
32. Permanent building fund tax.
Check the box if you received Idaho public assistance payments for 2023 32 10 00
33. Total Tax. Add lines 27 through 32 33 10 00

Donations. See instructions, page 10. I want to donate to:

34. Idaho Nongame Wildlife Fund 35. Idaho Children's Trust Fund
36. Special Olympics Idaho 37. Idaho Guard & Reserve Family
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 10 00

Payments and Other Credits.

43. Grocery Credit. Computed amount from worksheet on page 11 120
To receive your grocery credit, enter the computed amount on line 43 43 120 00
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43
44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R ... 44 00
45. Special fuels tax refund Gasoline tax refund Include Form 75 45 00
46. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding 46 00
47. 2023 Form 51 estimated payments and amount applied from 2022 return 47 00
48. Paid by entity Withheld ABE See instructions 48 00
49. Tax Reimbursement Incentive credit Claim of Right credit See instructions ... 49 00
50. Total Payments and Other Credits. Add lines 43 through 49 50 120 00

Tax Due or Refund. See instructions, page 12.

51. Tax Due. If line 42 is more than line 50, subtract line 50 from line 42 51 00
52. Penalty Interest from the due date Enter total 52 00
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal
53. Nonrefundable credit from a prior year return. See Form 44 instructions 53 00
54. 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 55 110 00
56. Refund Apply to 2024 110

57. Direct Deposit. See instructions, page 13. Check if final deposit destination is outside the U.S.

Routing No. Account No. Type of Account: Checking Savings

Amended Return Only. Complete this section to determine your tax due or refund. See instructions.

58. Total due (line 54) or overpaid (line 55) on this return 58 00
59. Refund from original return plus additional refunds 59 00
60. Tax paid with original return plus additional tax paid 60 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 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.

Sign Here: Your signature (required), Spouse's signature (if a joint return, both must sign), Date, Paid preparer's signature, Preparer's EIN, SSN, PTIN, Taxpayer's phone number

Preparer's address GLOBAL TAXES LLC, 245 ROONEY CT E BRUNSWICK, State NJ, ZIP Code 08816, Preparer's phone number (678) 965-9522

Names as shown on return BHASKAR ATTILI	Social Security number 883-97-2873
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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 Idaho resident	2		00
3. Non-Idaho state and local bond interest and dividends	3		00
4. 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 instructions <input type="checkbox"/>	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 <input type="checkbox"/> _____ Idaho net operating loss carryback <input type="checkbox"/> _____ Enter total here	1		00
2. State income tax refund, if included in federal income	2		00
3. Interest from U.S. government obligations	3		00
4. Energy efficiency upgrades Description _____	4		00
5. Alternative energy device deduction Year Acquired Type of Device Total Cost Percentage			
a. 2023 \$ X 40% = 5a <input type="checkbox"/>			00
b. 2022 \$ X 20% = 5b <input type="checkbox"/>			00
c. 2021 \$ X 20% = 5c <input type="checkbox"/>			00
d. 2020 \$ X 20% = 5d <input type="checkbox"/>			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 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 \$43,524 or if married filing jointly, enter \$65,286 <input type="checkbox"/>	8a		00
b. Federal Railroad Retirement benefits received	8b		00
c. Social Security benefits received	8c		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	8e		00
f. Enter the smaller of line 8d or 8e here	8f		00
9. 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 _____ 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 3	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

Names as shown on return: BHASKAR ATILI Social Security number: 883-97-2873

18. Health insurance premiums	18		00
19. Long-term care insurance	19		00
20. Workers' compensation insurance	20		00
21. Bonus depreciation. Include Form 4562s	21		00
22. First-time home buyer savings account. Contributions _____ Interest _____ Financial institution _____ Account number _____ <input type="checkbox"/> By checking the box, I attest that I am a first-time home buyer. See instructions.	22		00
23. Other subtractions. Include explanation	23		00
24. Total subtractions. Add lines 1 through 4, 5e through 7, and 8f through 23. Enter here and on Form 40, line 10	24		00

C. Credit for income tax paid to other states. See instructions, page 37.

This credit is being claimed for taxes paid to: OR (State name)

1. Idaho tax, Form 40, line 20. Enter amount here	1	1137	00	Include a copy of the income tax return and a separate Form 39R for each state for which a credit is claimed.
2. Federal adjusted gross income earned in other state and taxed by both states adjusted for Idaho modifications. See instructions	2	37950	00	
3. Idaho adjusted income. See instructions	3	37950	00	
4. Divide line 2 by line 3. Enter percentage here	4	100.00 %		
5. Multiply line 1 by line 4. Enter amount here	5	1137	00	
6. Other state's tax due minus its income tax credits. See instructions	6	2337	00	
7. Enter the smaller of lines 5 or 6 here and on Form 40, line 22	7	1137	00	

D. Credits for Idaho educational entity and Idaho youth and rehabilitation facility contributions, and live organ donation expenses. See instructions, page 37.

1. Credit for Idaho educational entity contributions	1		00
2. Credit for Idaho youth and rehabilitation facility contributions	2		00
3. Credit for live organ donation expenses	3		00
4. Total credits. Add lines 1 through 3. Enter total here and on Form 40, line 23	4		00

E. 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? Yes No
- 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
- List each family member you're claiming:

Family Member's Name First Name Last Name	Family Member's Social Security Number	Relationship to Person Filing Return	Family Member's Birthdate (mm/dd/yyyy)	Check Here if Developmentally Disabled
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter here and on Form 40, line 44 4 00

F. Dependents: (Continued from Form 40, page 1, line 6)

First Name	Last Name	Social Security Number	Birthdate (mm/dd/yyyy)