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For the year January 1 - December 31, 1997, or fiscal year beginning _____, 1997, ending _____, 1998

Business name

Federal employer identification number

Business mailing address

City, State and Zip Code

1. Did the corporate name change? If yes, enter the previous name. _____ Yes No
2. If a federal audit was finalized this year, enter the latest year audited. _____ • 19 _____ Yes • No
3. Is this an inactive corporation or nameholder corporation? _____ Yes • No
4. Quarterly estimated payments:
 - a. Were federal quarterly estimated payments required? _____ Yes • No
 - b. Were quarterly estimated payments based on annualized amounts? _____ Yes • No
5. Is this a final return? _____ Yes • No
 If yes, check the proper box below and enter the date the event occurred. _____
 Withdrawn from Idaho Dissolved
 Merged or reorganized. Enter new federal employer identification number _____
6. Do you need Idaho income tax forms and instructions mailed to you next year? _____ Yes • No
7. Enter the extended federal due date if this is a short period return. _____
8. Is this an electrical or telephone utility? _____ Yes • No
9. Did you use the combined reporting method? _____ Yes • No
 - a. Does this corporation own more than 50% of another corporation? _____ Yes • No
 - b. Does another corporation own more than 50% of this corporation? _____ Yes • No
 - c. Are more than 50% of this corporation and another corporation owned by the same interest? _____ Yes • No
 - d. Are two or more corporations included in this report operating in Idaho or authorized to do business in Idaho? _____ Yes • No
10. If you are a multistate/multinational taxpayer, answer questions a. and b. Complete Schedule 42.
 - a. If a multinational taxpayer, check the box for your filing method. • 1. worldwide return
 • 2. water's edge return
 - b. If a water's edge return is filed, do you elect to forego filing water's edge spreadsheets? _____ Yes • No
11. Is this a limited liability company? _____ Yes • No

ADDITIONS

- | | | | | |
|--|---|----|----|--|
| 12. Federal taxable income | • | 12 | | |
| 13. Interest and dividends received, not taxable under Internal Revenue Code | • | 13 | | |
| 14. State, municipal or local taxes measured by net income | • | 14 | | |
| 15. Net operating loss deducted on federal return | • | 15 | | |
| 16. Dividends received deduction on federal return | • | 16 | | |
| 17. Other additions, including additions from Part II, Schedule 42 | • | 17 | | |
| 18. Add lines 12 through 17. | | | 18 | |

SUBTRACTIONS

- | | | | | |
|---|---|----|----|--|
| 19. Foreign dividend gross-up (Sec. 78, Internal Revenue Code) | • | 19 | | |
| 20. Interest received from Idaho municipal securities | • | 20 | | |
| 21. Interest on U.S. obligations | • | 21 | | |
| 22. Interest and other expenses related to lines 20 and 21 | • | 22 | | |
| 23. Add lines 20 and 21, and subtract line 22. | | | 23 | |
| 24. Technological equipment donation | • | 24 | | |
| 25. Federal tax credits claimed for gasohol sales and use | • | 25 | | |
| 26. Allocated income. Attach a schedule. | • | 26 | | |
| 27. Interest and other expenses related to line 26. Attach a schedule. | • | 27 | | |
| 28. Subtract line 27 from line 26. | | | 28 | |
| 29. Other subtractions, including subtractions from Part II, Schedule 42 | • | 29 | | |
| 30. Total subtractions. Add lines 19, 23, 24, 25, 28 and 29. | | | 30 | |
| 31. Net business income subject to apportionment. Subtract line 30 from line 18. | • | 31 | | |

32. Net business income subject to apportionment (amount from line 31)	32	
33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and attach Schedule 42. Enter the apportionment factor from line 21, Part I, Schedule 42.	33	%
34. Net business income apportioned to Idaho. Multiply line 32 by the % on line 33.	34	
35. Income allocated to Idaho. See instructions.	35	
36. Idaho net operating loss carryover. Attach a schedule.	36	
37. Idaho taxable income. Add lines 34 and 35, and subtract line 36. If the corporation has an NOL and is electing to forego the carryback period, check here. <input type="checkbox"/>	37	

TAX COMPUTATION

38. Idaho income tax. Multiply line 37 by 8%. Minimum \$20 for each corporation operating or authorized to do business in Idaho.	38	
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CREDITS

39. Credit for contributions to educational entities	39	
40. Investment tax credit. Attach Form 49. Earned • _____ Allowed • _____	40	
41. Credit for contributions to youth and rehabilitation facilities	41	
42. New jobs tax credit carryover. Attach Form 55.	42	
43. Credit for production equipment using post-consumer waste	43	
44. Total credits. Add lines 39 through 43.	44	
45. Subtract line 44 from line 38. If line 44 is greater than line 38, enter zero.	45	

OTHER TAXES

46. Permanent building fund tax. Enter \$10. Combined reports include \$10 for each corporation operating or authorized to do business in Idaho. •	46	
47. Special fuels tax due. Attach Form 75.	47	
48. Tax from recapture of Idaho investment tax credit. Attach Form 49R.	48	
49. Tax on Idaho compensation of nonresident officers and directors not reported to Idaho. If the apportionment factor on line 33 is less than 50%, enter zero.	49	
50. Total tax. Add lines 45 through 49.	50	
51. Underpayment interest. Attach Form 41ESR.	51	
52. Add line 50 and line 51.	52	

PAYMENTS and OTHER CREDITS

53. Estimated tax paid with Form 41E.	53	
54. Quarterly estimated tax payments with Forms 41ES and the 1996 return •	54	
55. Special fuels tax refund. Attach Form 75.	55	
56. Gasoline tax refund. Attach Form 75.	56	
57. Total payments and other credits. Add lines 53 through 56.	57	

If line 52 is more than line 57, GO TO LINE 58. If line 57 is more than line 52, GO TO LINE 61.

REFUND or PAYMENT DUE

58. Tax Due. Subtract line 57 from line 52.	58	
59. Penalty • _____ Interest from due date • _____ Enter total.	59	
60. TOTAL DUE. Add lines 58 and 59.	60	
61. Overpayment. Subtract line 52 from line 57.	61	
62. REFUND. Amount of line 61 you want refunded to you	62	
63. ESTIMATED TAX. Amount you want credited to your 1998 estimated tax. Subtract line 62 from line 61.	63	

Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

Within 120 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it.

SIGN HERE	Signature of officer	Date	Paid preparer's signature	Preparer's EIN or SSN
	Title	Phone	Address and phone number	

Mail to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0201

ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120A