

IDAHO INDIVIDUAL INCOME TAX RETURN

1995

• A R F W M

For the year January 1 - December 31, 1995, or fiscal year beginning \_\_\_\_\_, 1995, ending \_\_\_\_\_, 1996

Use IDAHO label. Otherwise, please print or type.	Your first name and initial	Last name	Your Social Security Number
	If a joint return, spouse's first name and initial	Last name	Spouse's Social Security Number
	Address (number, street and apartment number)		School District (instructions page 10)
	City, Town or Post Office, State and Zip Code		

If you and your tax preparer do not need Idaho income tax forms and instructions mailed to you next year, check box

FILING STATUS	1 <input type="checkbox"/> Single	EXEMPTIONS	6a <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	Enter number of boxes checked
	2 <input type="checkbox"/> Married filing joint return (even if only one had income)		Caution: <i>If your parent or someone else can claim you as a dependent on his or her tax return, DO NOT check box 6a.</i>	
	3 <input type="checkbox"/> Married filing separate return Enter spouse's SSN above and full name here. _____		b Number of your dependent children from federal form .....	
	4 <input type="checkbox"/> Head of household Enter name of person who qualifies you. _____		c Number of other dependents from federal form .....	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: 19____		d Add lines 6a, b and c. ....	

ATTACH STATE W-2 COPIES HERE	IDAHO ELECTION CAMPAIGN FUND I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return)	7. Yourself 8. Spouse	Democratic 1 • <input type="checkbox"/>	Libertarian 2 • <input type="checkbox"/>	Republican 3 • <input type="checkbox"/>	No specific party 4 • <input type="checkbox"/>	No 5 • <input type="checkbox"/>
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ATTACH PAYMENT HERE	<b>INCOME. See instructions, page 4.</b>				
	9. Enter your federal adjusted gross income from federal Form 1040, line 31; federal Form 1040A, line 16; or federal Form 1040EZ, line 4. Attach a complete copy of your federal return.		9		
	<b>ADDITIONS. See instructions, page 4.</b>				
	10. Federal net operating loss carryforward included in line 9 .....		10		
	11. Capital loss carryforward incurred outside the state before becoming an Idaho resident .....		11		
	12. Interest and dividends not taxable under federal law .....		12		
	13. Other additions. Attach explanation. ....		13		
	14. Income and additions. Add lines 9 through 13.		14		
	<b>SUBTRACTIONS. See instructions, pages 5 and 6.</b>				
	15. Idaho net operating loss carryforward. Attach Form 56. ....		15		
	16. State income tax refund if included in federal income .....		16		
	17. Interest from U.S. Government .....		17		
	18. Insulation of Idaho residence .....		18		
	19. Alternative energy devices. Attach Form 39. ....		19		
20. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2. ....		20			
21. Retirement benefits deduction. Attach Form 39. ....		21			
22. Social security and railroad benefits, if included in federal income.....		22			
23. Technological equipment donation .....		23			
24. Idaho capital gains deduction. Attach Form CG. ....		24			
25. Adoption expenses .....		25			
26. Contributions to a medical savings account.....		26			
27. Other subtractions. Attach Form 39. ....		27			
28. TOTAL SUBTRACTIONS. Add lines 15 through 27.		28			
29. TOTAL ADJUSTED INCOME. Subtract line 28 from line 14.		29			

SIGN HERE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief the return is true, correct and complete.		
	Your signature	Date	Signature of preparer
	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phone	Address

MAIL TO: Idaho State Tax Commission, P O Box 56, Boise, ID 83756-0201

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN

30. TOTAL ADJUSTED INCOME. Amount from line 29.		30		
<b>TAX COMPUTATION. See instructions, pages 6 and 7.</b>				
31. CHECK	a. If age 65 or older	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	
	b. If blind	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	
	c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 37 and 62. <input type="checkbox"/>			
32. Itemized deductions. Attach federal Schedule A. Federal limits apply.	32			
33. All state and local income taxes included on federal Schedule A, line 5	33			
34. Subtract line 33 from line 32.				34
35. Standard deduction. See instructions, page 6.				35
36. Subtract the LARGER of line 34 or 35 from line 30.				36
37. Multiply \$2500 by the number of exemptions claimed on line 6d. Federal limits apply.				37
38. Taxable income. Subtract line 37 from line 36.				38
39. TAX from tables or rate schedule. See instructions, page 7.				39
<b>CREDITS. Limits apply. See instructions, pages 7 and 8.</b>				
40. Income taxes paid to other states. Attach Form 39 and a copy of the other state return(s).	40			
41. Credit for contributions to educational entities	41			
42. Ethanol alcohol production credit. Attach Form 25.	42			
43. Investment tax credit. Attach Form 49. Earned _____ Allowed _____	43			
44. Credit for contributions to youth and rehabilitation facilities	44			
45. New jobs tax credit. Attach Form 55.	45			
46. Credit for production equipment using post-consumer waste	46			
47. TOTAL CREDITS. Add lines 40 through 46.				47
48. Subtract line 47 from line 39. If line 47 is greater than line 39, enter zero.				48
<b>OTHER TAXES. See instructions, page 8.</b>				
49. Special fuels tax due. Attach Form 75.				49
50. Sales/Use tax due on mail order and other nontaxed purchases				50
51. Tax from recapture of Idaho investment tax credit. Attach Form 49R.				51
52. Permanent building fund. Check the box if you are receiving Idaho public assistance payments.	<input type="checkbox"/>			52
53. TOTAL TAX. Add lines 48 through 52.				53
<b>DONATIONS. See instructions, pages 8 and 9.</b>				
54. I wish to donate to the Nongame Wildlife Conservation Fund.	54			
55. I wish to donate to the Drug Enforcement Fund.	55			
56. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.	56			
57. I wish to donate to the Agriculture in the Classroom Fund.	57			
58. I wish to donate to the U.S. Olympic Fund. See instructions.	58			
59. I wish to donate to the Alzheimer's Disease Services Fund.	59			
60. I wish to donate to the Community Forestry Trust Account.	60			
61. TOTAL TAX PLUS DONATIONS. Add lines 53 through 60.				61
<b>PAYMENTS and OTHER CREDITS. See instructions, page 9.</b>				
62. Grocery credit. \$15 per person claimed on line 6d.				62
63. Additional grocery credit. \$15 per person 65 or older claimed on line 31a.				63
64. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39.				64
65. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75.				65
66. Idaho income tax withheld. Attach Form(s) W-2.				66
67. 1995 Forms 51 and 51ES payments and the amount applied from the 1994 return				67
68. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 62 through 67.				68
<b>REFUND or PAYMENT DUE. See instructions, pages 9 and 10.</b>				
69. TAX DUE. If line 61 is more than line 68, subtract line 68 from line 61.				69
70. Penalty _____ Interest from the due date _____ Enter total. _____ Check the box if the penalty is due to an ineligible withdrawal from a medical savings account. <input type="checkbox"/>				70
71. TOTAL DUE. Add lines 69 and 70. Make check or money order payable to Idaho State Tax Commission.				71
72. OVERPAID. If line 68 is more than line 61, subtract line 61 from line 68. This is the amount you overpaid.	72			
73. REFUND. Amount of line 72 to be refunded to you.	73			
74. ESTIMATED TAX. Amount of line 72 to be applied to your 1996 estimated tax.				74