# IDAHO

2-D Barcode

Test Manual

Tax Year 2007

August 2007

August 2007

Dear Software Developer:

Attached is the 2007 tax year 2D bar code filing test packet for the State of Idaho.

### <u>Please do not submit 2D bar code tests and substitute forms approval in the same</u> envelope. Forms approval documents are a separate review process.

Idaho testing will begin after October 8.

Test results will be sent to you by e-mail within two workdays after receiving your test returns.

Our office hours are 7:00AM-3:30 PM MST.

Our office will be closed on weekends and the following holidays.

November 12 Veterans Day November 22 Thanksgiving December 25 Christmas January 01 New Years Day

If you find any errors or have questions regarding the test returns please contact Robin Allen by e-mail or phone. Please contact Dawn Glazier if you have any questions regarding the record layout.

We look forward to working with you again this year!

Sincerely,

Robin Allen
Electronic Filing Support Unit Supervisor
Idaho State Tax Commssion
Revenue Operations Division
P O Box 36
Boise Idaho 83722
(208) 334-7783
rallen@tax.idaho.gov



#### **IDAHO INDIVIDUAL INCOME TAX RETURN**

See in		N, check the box.  7 for the reasons of the number.	State Use Only		
For c	alendar year	2007, or fiscal year be	eginning, ending	Your Social Security Number (required)	$\neg$
	Your first name ar		Last name		
K.				Spouse's Social Security Number (required)	
RINT C E	Spouse's first nar	me and initial	Last name		
PLEASE PRINT OR TYPE	Mailing address			☐ ✓ Taxpayer deceased in 2007	
PLE,	City, State, and Zip	Code		Spouse deceased in 2007	
Do y	ou need Idal	no income tax forms r	nailed to you next year? • Yes •	No	
Filing	g status If filing return, Social	married joint or separate enter spouse's name and Security number above.	6. Exemptions Enter the same number claimed on federal return.  a. Yourself If parents, or some of the parents	Election campaign fund I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return).	
2.	_ ~	g joint return	a. Yourself If parents, or some else, can claim you your spouse) as dependents, enter	(or 7. Yourself 8. Spouse 7. Yourself 8. Sp	ouse
3.	Married filing	g separate return	C. Other dependents		_
4.	Head of hou		d. Total exemptions	Democratic • No Specific •	
5.	Qualifying w	vidow(er)	_	Libertarian None None	
	Must match	federal return		Republican -	
ATTACH PAYMENT HERE	<ol> <li>9. Enter your or federal</li> <li>10. Additions</li> <li>11. Total. Additions</li> <li>12. Subtractions</li> <li>13. TOTALAL</li> </ol>	Form 1040EZ, line 4. A from Form 39R, Part A, d lines 9 and 10on from Form 39R, Part E DJUSTED INCOME. Sub		9 10 11 12	00 00 00 00
ᅜ	If you have	e an NOL and are elect	ting to forego the carryback period, check h	ere 13	00
	Standard Deduction For Most People	14. CHECK— b. If b c. If y	age 65 or older Yo		
HERE	Single or	15. Itemized deductio	ns. Attach federal Schedule A. Federal lim	its apply • 15	OC
COPIES H	Married filing Separately: \$5,350	16. All state and local	income or general sales taxes included on A, line 5		00
<u></u>	Head of	47 Culpturent line 40 for	sans line 45 . If you do not use foderal Caba	dule A enter zero 17	00
W-2	Household: L \$7,850	_	rom line 15. If you do not use federal Sche		00
	Married filing	_	on. See instructions, page 7, if you checked	a driy box orr into 1 r	00
STATE	Jointly or		GER of line 17 or 18 from line 13. If less th		
	Qualifying Widow(er):	20. Multiply <b>\$3,400</b> by	the number of exemptions claimed on line	6d. Federal limits apply   20	00
АТТАСН	\$10,700	21. Taxable income.	Subtract line 20 from line 19. If less than z	ero, enter zero	00
₽		22 Tax from tables of	r rate schedule. See instructions, page 34	<b>.</b> 22	00

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



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23. Tax amount from line 22					23		00
CREDITS. Limits apply. See instructions, page 9.				-			
24. Income tax paid to other states. Attach Form 39R and a copy of the	e other state return(s)			00			
25. Credit for contributions to Idaho educational entities		25		00			
26. Credit for contributions to Idaho youth and rehabilitation facilities		<b>2</b> 6		00			
27. Credit for live organ donation expenses		<b>27</b>		00			
28. Total business income tax credits from Form 44, Part I, line 15. A	Attach Form 44	28		00			
29. TOTAL CREDITS. Add lines 24 through 28					29		00
30. Subtract line 29 from line 23. If line 29 is more than line 23, enter	zero			[	30		00
OTHER TAXES. See instructions, page 9.							~~
31. Fuels tax due. Attach Form 75				1	31		00
32. Sales/Use tax due on mail order, Internet, and other nontaxed p					32		00
33. Total tax from recapture of income tax credits from Form 44, Pa	rt II, line 11. Attach Fo	orm 44			33		00
34. Tax from recapture of qualified investment exemption (QIE). Att	ach Form 49ER			• ↓	34		00
35. Permanent building fund. Check the box if you are receiving Id	•	. ,			35	10	00
36. TOTAL TAX. Add lines 30 through 35				•	36		00
DONATIONS. See instructions, page 10.					27		$\cap \cap$
37. I wish to donate to the Nongame Wildlife Conservation Fund				Ī	37		00
88. I wish to donate to the Children's Trust Fund/Child Abuse Preve				- 1	38		00
89. I wish to donate to the Idaho Guard and Reserve Family Suppo				- 1	39		00
10. I wish to donate to the American Red Cross of Greater Idaho F					40		00
11. TOTAL TAX PLUS DONATIONS. Add lines 36 through 40					41		00
PAYMENTS and OTHER CREDITS. See instructions, page 10.  12. Grocery credit. \$20 per person claimed on line 6d					42		00
<ol> <li>Additional grocery credit. \$15 per person 65 or older claimed or</li> </ol>					43		00
14. Maintaining a home for family member age 65 or older, or develo					44		00
15. Special fuels tax refund Gasoline tax r					45		00
16. Idaho income tax withheld. Attach Form(s) W-2					46		00
17. 2007 Form 51 payment(s) and amount applied from 2006 return					47		00
18. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through					48		00
10: 10 1/1217111112111071112 0 111211 0 112211 0 1 7 100 miles 12 1 1110 ug.							00
					ine 4	17 GO TO LINE 52.	
TAX DUE or REFUND. See instructions, page 11. If line 41 is more	than line 48, GO TO	LINE 49. If lin	e 41 is less		ine 4	47 GO TO LINE 52.	
	than line 48, GO TO	LINE 49. If lin	e 41 is less		line 4	47 GO TO LINE 52.	00
FAX DUE or REFUND. See instructions, page 11. If line 41 is more	than line 48, GO TO	LINE 49. If lin	e 41 is less	than l	line 4		
19. TAX DUE or REFUND. See instructions, page 11. If line 41 is more 19. TAX DUE. Subtract line 48 from line 41	than line 48, GO TO	total	e 41 is less	than l	50		00
FAX DUE or REFUND. See instructions, page 11. If line 41 is more	than line 48, GO TO	total	e 41 is less	than l			00
19. TAX DUE or REFUND. See instructions, page 11. If line 41 is more 19. TAX DUE. Subtract line 48 from line 41	Ethan line 48, GO TO  Enter	totals account	• 41 is less	than			
19. TAX DUE or REFUND. See instructions, page 11. If line 41 is more 19. TAX DUE. Subtract line 48 from line 41	Enter Idaho medical savings	totals account	e 41 is less	[	50		00
19. TAX DUE or REFUND. See instructions, page 11. If line 41 is more 19. TAX DUE. Subtract line 48 from line 41	Enter Idaho medical savings	totals account	e 41 is less	[	50		00
19. TAX DUE or REFUND. See instructions, page 11. If line 41 is more 19. TAX DUE. Subtract line 48 from line 41	Enter Idaho medical savings payable to the Idaho	totals account	e 41 is less	[	50		00
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19. TAX DUE or REFUND. See instructions, page 11. If line 41 is more 19. TAX DUE. Subtract line 48 from line 41	Enter Idaho medical savings payable to the Idaho wou overpaid	total	e 41 is less	[	50		00
19. TAX DUE. Subtract line 48 from line 41	Enter Idaho medical savings payable to the Idaho wou overpaid	total	e 41 is less	[	50 51 52		00 00 00 00 00
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Interest from the due date	Enter   Enter	total	e 41 is less	• [	50 51 52 54 56 57	Type of • Che	00 00 00 00 00 00 vings 00 00
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Interest from the due date	Enter Idaho medical saving payable to the Idaho rou overpaid	total	mission	• [	50 51 52 54 56 57 58 59 d beliastruc	Type of Che Account: Sav	00 00 00 00 00 00 ecking vings 00 00 00
Interest from the due date	Enter Idaho medical saving payable to the Idaho rou overpaid	total	mission	• [	50 51 52 54 56 57 58 59 d beliastruc	Type of Che Account: Sav	00 00 00 00 00 00 ecking vings 00 00 00
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#### **IDAHO INDIVIDUAL INCOME TAX RETURN**

					-						
		N, check the box.		State Use Only							
	ending and ente					1					
For c	alendar year	2007, or fiscal year be	eginning	, ending		You	ur Social Secu	ırity Numbe	(required)		
	Your first name ar	nd initial	Last na	me							
OR						Sp	ouse's Social	Security Nu	mber (require	ed)	
RIN E	Spouse's first nar	me and initial	Last na	me							
PLEASE PRINT OR TYPE	Mailing address		I			☐ ✓ Taxp	ayer deceas	sed			
PLE	City, State, and Zip	Code				Spou	use decease 007	ed			
Do y	ou need Idal	ho income tax forms r	nailed to you n	ext year? •	Yes • No	)					
Filing		married joint or separate enter spouse's name and Security number above.		s Enter the same r		I want \$1	campaign of my inco Campaign	me tax to			
2.	Single  Married filin	g joint return	a. Yours	else, car	s, or someone n claim you (or ouse) as	7. Yourse	If 8. Spous	е	7. Yourself	8. Spous	se
3.		g separate return		dependents	ents, enter "0."	Constitution	•	U	nited	•	
4.	Head of hou		. —	exemptions		Democratic	-  -	No Spe	ecific	•	
5.	Qualifying w	vidow(er)				Libertarian	•	1	None	•	
	Must match	federal return				Republican	• 🔲				
	INCOME. Se	e instructions, page 7.									
Ä	•	r federal adjusted gross ir		•	•						
毕		Form 1040EZ, line 4. A									00
F		from Form 39R, Part A, d lines 9 and 10						10			00
ME		on from Form 39R, Part E						12			00
PAY		DJUSTED INCOME. Sub						+			00
끙	If you have	ve an NOL and are elect	ing to forego the	carryback period	, check here 🍍 🛚			13			00
ATTACH PAYMENT HERE	TAX COMPU	TATION. See instruction	ns, page 7.								
A		a. If a	ae 65 or older		• Yourself	■ Spouse					
	Standard Deduction	14. CHECK— b. If b	lind		• Vourself	■ Spouse					
	For Most	C. If y	our parent or son	neone else can clai	m you as a deper	ident,					
ш	People	ch	eck here and en	ter zero on lines 2	0 and 42. <b>.</b>						
HERE	Single or Married filing	15. Itemized deductio	ns. Attach feder	al Schedule A. Fe	ederal limits appl	y		15			OC
	Separately:	16. All state and local	J								
COPIES	\$5,350	federal Schedule	A, line 5				······································	16			00
	Head of Household:	17. Subtract line 16 fr	om line 15. If y	ou do not use fede	eral Schedule A,	enter zero		17			00
W-2	\$7,850	18. Standard deduction	n. See instructi	ons, page 7, if you	u checked any b	ox on line 14		. 18			00
STATE	Married filing	— 19. Subtract the LAR	GER of line 17 o	r 18 from line 13.	If less than zero	, enter zero		19			00
	Jointly or Qualifying	20. Multiply <b>\$3,400</b> by						20			00
ACH	Widow(er): \$10,700	21. Taxable income.									00
АТТАСН		22. Tax from tables o			•						00
-		LE. TON HOTH LADIES U	i iato ooliouule.	COC INCUIDITO,	Page of			( 7)			

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



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23. Tax amou	unt from line 22				23		00
CREDITS. L	imits apply. See instructions, page 9.	0.4		00			
	ax paid to other states. Attach Form 39R and a copy of the other state return(s)			00			
<ol><li>Credit for</li></ol>	r contributions to Idaho educational entities			00			
	r contributions to Idaho youth and rehabilitation facilities			00			
	r live organ donation expenses			00			
	iness income tax credits from Form 44, Part I, line 15. Attach Form 44			00			
	REDITS. Add lines 24 through 28				29		00
	line 29 from line 23. If line 29 is more than line 23, enter zero				30		00
-	ES. See instructions, page 9.  due. Attach Form 75				31		00
	se tax due on mail order, Internet, and other nontaxed purchases				32		00
	from recapture of income tax credits from Form 44, Part II, line 11. Attach For				33		00
	recapture of qualified investment exemption (QIE). Attach Form 49ER				34		00
	ent building fund. Check the box if you are receiving Idaho public assistance p		_		35	10	00
	AX. Add lines 30 through 35		_		36		00
	S. See instructions, page 10.						
	donate to the Nongame Wildlife Conservation Fund				37		00
38. I wish to	donate to the Children's Trust Fund/Child Abuse Prevention			···· •	38		00
	donate to the Idaho Guard and Reserve Family Support Fund				39		00
	donate to the American Red Cross of Greater Idaho Fund				40		00
	TAX PLUS DONATIONS. Add lines 36 through 40				41		00
	and OTHER CREDITS. See instructions, page 10.				42		00
	credit. \$20 per person claimed on line 6d				43		00
	ng a home for family member age 65 or older, or developmentally disabled. At				44		00
	uels tax refund Gasoline tax refund				45		00
	come tax withheld. Attach Form(s) W-2				46		00
	m 51 payment(s) and amount applied from 2006 return				47		00
	AYMENTS AND OTHER CREDITS. Add lines 42 through 47				48		00
	REFUND. See instructions, page 11. If line 41 is more than line 48, GO TO L				line 4	7 GO TO LINE 52.	
49. TAX DUE	Subtract line 48 from line 41						00
	Subtract line 48 from line 41						
50. Penalty •	Subtract line 48 from line 41	tal			50		00
50. Penalty • Check be	Subtract line 48 from line 41	tal	•		50		00
50. Penalty • Check be	Subtract line 48 from line 41	tal	•				
50. Penalty  Check bo	Subtract line 48 from line 41	talaccount	• [ nmission		50		00
50. Penalty <u>*</u> Check bo 51. TOTAL D 52. OVERPA	Interest from the due date Enter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings UE. Add lines 49 and 50. Make check or money order payable to the Idaho Stalb. Line 48 minus lines 41 and 50. This is the amount you overpaid	talaccount			50		00
50. Penalty <u>*</u> Check bo 51. TOTAL D 52. OVERPA	E. Subtract line 48 from line 41	talaccount			50		00
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50. Penalty 1 Check be 51. TOTAL D 52. OVERPA 53. REFUND 54. ESTIMAT	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings DUE. Add lines 49 and 50. Make check or money order payable to the Idaho StalD. Line 48 minus lines 41 and 50. This is the amount you overpaid	talaccount		•	50		00
50. Penalty 1 Check be 51. TOTAL D 52. OVERPA 53. REFUND 54. ESTIMAT	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings UE. Add lines 49 and 50. Make check or money order payable to the Idaho Stalb. Line 48 minus lines 41 and 50. This is the amount you overpaid	talaccount		•	50 51 52		00 00 00 00
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50. Penalty Check be Check be 51. TOTAL D 52. OVERPA 53. REFUND 54. ESTIMAT 55. DIRECT Routing No. MENDED R 56. Total tax 657. Refund from 58. Tax paid v 59. Amended Within Under State of the Check by	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings bUE. Add lines 49 and 50. Make check or money order payable to the Idaho StalD. Line 48 minus lines 41 and 50. This is the amount you overpaid	talaccountate Tax Cor	mmission	dentification	50 51 52 54 56 57 58 59 ed belo nstruct	Type of Ch Account: Sa	00 00 00 00 00 eckings 00 00
Check be Check be S1. TOTAL D S2. OVERPA S3. REFUND S4. ESTIMAT S5. DIRECT Routing No. MENDED R S6. Total tax of S7. Refund from S8. Tax paid v S9. Amended Withing Under SIGN Your signal Part S1. Tax paid v S1. Tax p	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings of UE. Add lines 49 and 50. Make check or money order payable to the Idaho State. In Idaho State Id	tal account ate Tax Cor	mmission	dentification	50 51 52 54 56 57 58 59 ed belo nstruct	Type of Ch Account: Sa	00 00 00 00 00 ecking vings 00 00
Check be Check be S1. TOTAL D S2. OVERPA S3. REFUND S4. ESTIMAT S5. DIRECT Routing No. MENDED R S6. Total tax of S7. Refund from S8. Tax paid v S9. Amended Within Under SIGN Your signer was seen and so with the seen and	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings of UE. Add lines 49 and 50. Make check or money order payable to the Idaho State. In Idaho State Id	tal account ate Tax Cor	mmission	dentification	50 51 52 54 56 57 58 59 ed belo nstruct	Type of Ch Account: Sa	00 00 00 00 00 eckings 00 00
Check be Check be S1. TOTAL D S2. OVERPA S3. REFUND S4. ESTIMAT S5. DIRECT Routing No. MENDED R S6. Total tax of S7. Refund from S8. Tax paid v S9. Amended Within Under SIGN Your signer was seen and so with the seen and	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings at UE. Add lines 49 and 50. Make check or money order payable to the Idaho State.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings at UE. Add lines 49 and 50. Make check or money order payable to the Idaho State.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings.  Interest from the due dateEnter to ox if penalty is due to the Idaho State Tax Commission may discuss this representation of penalty. Interest to the best of my knowledge and belief this return is grature	tal account ate Tax Cor	mmission	dentification	50 51 52 54 56 57 58 59 ed belo nstruct	Type of Ch Account: Sa	00 00 00 00 00 ecking vings 00 00
Check be Check be S1. TOTAL D S2. OVERPA S3. REFUND S4. ESTIMAT S5. DIRECT Routing No. AMENDED R S6. Total tax of S7. Refund from S8. Tax paid v S9. Amended Within Under SIGN Your sign HERE Paid preparer's s	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings at UE. Add lines 49 and 50. Make check or money order payable to the Idaho State.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings at UE. Add lines 49 and 50. Make check or money order payable to the Idaho State.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings.  Interest from the due dateEnter to ox if penalty is due to the Idaho State Tax Commission may discuss this representation of penalty. Interest to the best of my knowledge and belief this return is grature	tal account ate Tax Cor	mmission	dentification	50 51 52 54 56 57 58 59 ed belo nstruct	Type of Ch Account: Sa	00 00 00 00 00 eckings 00 00
Check be Check be S1. TOTAL D S2. OVERPA S3. REFUND S4. ESTIMAT S5. DIRECT Routing No. AMENDED R S6. Total tax of S7. Refund from S8. Tax paid v S9. Amended Within Under SIGN Your sign HERE Paid preparer's s	Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings at UE. Add lines 49 and 50. Make check or money order payable to the Idaho State.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings at UE. Add lines 49 and 50. Make check or money order payable to the Idaho State.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings.  Interest from the due dateEnter to ox if penalty is due to an ineligible withdrawal from an Idaho medical savings.  Interest from the due dateEnter to ox if penalty is due to the Idaho State Tax Commission may discuss this representation of penalty. Interest to the best of my knowledge and belief this return is grature	tal account ate Tax Cor	mmission	dentification	50 51 52 54 56 57 58 59 ed belo nstruct	Type of Ch Account: Sa	00 00 00 00 00 ecking vivings 00 00

#### **IDAHO SUPPLEMENTAL SCHEDULE**

2007

#### For Form 40, Resident Returns Only

Name(s)	as shown on return						So	ocial Security Number
Δ Δα	dditions. See instructions	nage 19						
	Federal net operating loss ca	• •	rm 40				<b>.</b> 1	00
	Capital loss carryover incurr						2	
3.		ond interest and dividends	•	•			3	
3. 4.		unt withdrawal					4	
		lanation					5	
5. 6.		chrought 5. Enter on line 10, F						
	ubtractions. See instruction		01111 40	,			<b>■</b> 6	5 00
	Idaho net operating loss cari							
		ryback <u> </u>	nter tota	al here			1	00
2.	State income tax refund if incli	-					<u> </u>	
	Interest from U.S. Governmen						<b>3</b>	
4							<b>4</b>	
5	Alternative energy devices de							
Э.	Alternative energy devices di	eduction						
	Year	Tatal Oast		D				
	Acquired Type of D			Percent	I _ I		_ ///	
	a. <u>2007</u>	\$			5a		0	
	b. <u>2006</u>	\$			5b		0	
	c. 2005	\$			5c		0	
	d. <u>2004</u>	\$	X	20% =	5d	0	0 ///	
	e. Add lines 5a through 5d.						■ 5e	9 00
6.	Child/dependent care. Attacl						<b>6</b>	6 00
	Social security and railroad be						<b>7</b>	7 00
	Retirement benefits deduction						<b>8</b>	3 00
9.		ation					. 9	00
10.		n. Attach Form CG					<b>1</b> 0	1
_	Active duty military pay earne						<u>11</u>	,
	Adoption expenses						12	+
	Idaho medical savings accou						- 12	. 00
10.	•	Accou					<b>1</b> 3	00
1/	Idaho college savings progr						<b>1</b> 14	
	Maintaining a home for the a						15	
	Idaho lottery winnings, less t	-						
	Income earned on a reservat						<b>1</b> 6	
		-					<b>1</b> 7	
	Health insurance premiums						<b>1</b> 8	
	Long-term care insurance						<b>1</b> 9	
	Worker's compensation insu						20	+
21.	·	computations					<b>2</b> 1	
22		xplanation					<b>2</b> 2	2 00
23.	Total subtractions. Add lines	9					<b>2</b> 3	2
C Po	Enter on line 12, Form 40 etirement Benefits Deduction	on Socinstructions nago						3 00
				-			7//	
	If single enter \$25,392, or if	~			1	0	0 ///	//////////////////////////////////////
2.		benefits received			2	0	0 ///	
3.	<u>-</u>	ived			3	0	0 ///	//////////////////////////////////////
4.		If less than zero enter zero			4	0	0 ///	
5.		included in federal income			5		0 ///	
6.	Enter the smaller of line 4 or	5 here and on line 8, Part B					6	00



#### **IDAHO INDIVIDUAL INCOME TAX RETURN**

See in		N, check the box.  7 for the reasons of the number.	State Use Only		
For c	alendar year	2007, or fiscal year be	eginning, ending	Your Social Security Number (required)	$\neg$
	Your first name ar		Last name		
K.				Spouse's Social Security Number (required)	
RINT C E	Spouse's first nar	me and initial	Last name		
PLEASE PRINT OR TYPE	Mailing address			☐ ✓ Taxpayer deceased in 2007	
PLE,	City, State, and Zip	Code		Spouse deceased in 2007	
Do y	ou need Idal	no income tax forms r	nailed to you next year? • Yes •	No	
Filing	g status If filing return, Social	married joint or separate enter spouse's name and Security number above.	6. Exemptions Enter the same number claimed on federal return.  a. Yourself If parents, or some of the parents	Election campaign fund I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return).	
2.	_ ~	g joint return	a. Yourself If parents, or some else, can claim you your spouse) as dependents, enter	(or 7. Yourself 8. Spouse 7. Yourself 8. Sp	ouse
3.	Married filing	g separate return	C. Other dependents		_
4.	Head of hou		d. Total exemptions	Democratic • No Specific •	
5.	Qualifying w	vidow(er)	_	Libertarian None None	
	Must match	federal return		Republican -	
ATTACH PAYMENT HERE	<ol> <li>9. Enter your or federal</li> <li>10. Additions</li> <li>11. Total. Additions</li> <li>12. Subtractions</li> <li>13. TOTALAL</li> </ol>	Form 1040EZ, line 4. A from Form 39R, Part A, d lines 9 and 10on from Form 39R, Part E DJUSTED INCOME. Sub		9 10 11 12	00 00 00 00
ᅜ	If you have	e an NOL and are elect	ting to forego the carryback period, check h	ere 13	00
	Standard Deduction For Most People	14. CHECK— b. If b c. If y	age 65 or older Yo		
HERE	Single or	15. Itemized deductio	ns. Attach federal Schedule A. Federal lim	its apply • 15	OC
COPIES H	Married filing Separately: \$5,350	16. All state and local	income or general sales taxes included on A, line 5		00
<u></u>	Head of	47 Culpturent line 40 for	sans line 45 . If you do not use foderal Caba	dule A enter zero 17	00
W-2	Household: L \$7,850	_	rom line 15. If you do not use federal Sche		00
	Married filing	_	on. See instructions, page 7, if you checked	a driy box orr into 1 r	00
STATE	Jointly or		GER of line 17 or 18 from line 13. If less th		
	Qualifying Widow(er):	20. Multiply <b>\$3,400</b> by	the number of exemptions claimed on line	6d. Federal limits apply   20	00
АТТАСН	\$10,700	21. Taxable income.	Subtract line 20 from line 19. If less than z	ero, enter zero	00
₽		22 Tax from tables of	r rate schedule. See instructions, page 34	<b>.</b> 22	00

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



40 - 2007 Page 2

					$\neg \neg$		_
23. Tax amount from line 22					23		00
CREDITS. Limits apply. See instructions, page 9.		24		00			
24. Income tax paid to other states. Attach Form 39R and a copy of the contract of the contrac		25		00			
25. Credit for contributions to Idaho educational entities							
26. Credit for contributions to Idaho youth and rehabilitation facilities		26		00			
27. Credit for live organ donation expenses		27		00			
28. Total business income tax credits from Form 44, Part I, line 15. Att		28		00		<u> </u>	
29. TOTAL CREDITS. Add lines 24 through 28					29		00
30. Subtract line 29 from line 23. If line 29 is more than line 23, enter z	ero				30		00
OTHER TAXES. See instructions, page 9. 31. Fuels tax due. Attach Form 75					31		00
					32		00
32. Sales/Use tax due on mail order, Internet, and other nontaxed pu					33		00
33. Total tax from recapture of income tax credits from Form 44, Part				- 1	34		
34. Tax from recapture of qualified investment exemption (QIE). Attac			г			4.6	00
35. Permanent building fund. Check the box if you are receiving Idah		•	L		35	1	00
36. TOTAL TAX. Add lines 30 through 35				•	36		00
37. I wish to donate to the Nongame Wildlife Conservation Fund					37		00
38. I wish to donate to the Children's Trust Fund/Child Abuse Preven							00
39. I wish to donate to the Idaho Guard and Reserve Family Support							00
40. I wish to donate to the American Red Cross of Greater Idaho Fur				- 1			
41. TOTAL TAX PLUS DONATIONS. Add lines 36 through 40							00
PAYMENTS and OTHER CREDITS. See instructions, page 10.					41		00
42. Grocery credit. \$20 per person claimed on line 6d					42		00
43. Additional grocery credit. \$15 per person 65 or older claimed on				- 1	43		00
44. Maintaining a home for family member age 65 or older, or develop					44		00
45. Special fuels tax refund Gasoline tax ref					45		00
46. Idaho income tax withheld. Attach Form(s) W-2				- 1	46		00
47. 2007 Form 51 payment(s) and amount applied from 2006 return.					47		00
48. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 4					48		00
TAX DUE or REFUND. See instructions, page 11. If line 41 is more t					ine 4	7 GO TO LINE 52.	
49. TAX DUE. Subtract line 48 from line 41			······•				00
50. Penalty Interest from the due date		-1			$\equiv$		+
•			_		50		00
Check box if penalty is due to an ineligible withdrawal from an Id	ano medical savings a	ccount	•				
51. TOTAL DUE. Add lines 49 and 50. Make check or money order page 1	ayable to the Idaho Sta	te Tax Comi	mission		51		00
52. OVERPAID. Line 48 minus lines 41 and 50. This is the amount yo	u overpaid				52		00
	a 010.pa.a						1 00
53. REFUND. Amount of line 52 to be refunded to you							00
•					$\overline{}$		
54. ESTIMATED TAX. Amount of line 52 to be applied to your 2008 es	stimated tax			•	54		00
55. DIRECT DEPOSIT. See instructions, page 12.							
						Type of • C	hecking
Routing No. Account No.						Account: S	avings
AMENDED RETURN ONLY. Complete this section to determine you	ur tax due or refund.						
56. Total tax due (line 51) or overpayment (line 52) on this return					56		00
57. Refund from original return plus additional refunds					57		00
58. Tax paid with original return plus additional tax paid					58		00
59. Amended tax due or refund. Add lines 56 and 57 and subtract lin	e 58				59		00
Within 180 days of receiving this return, the Idaho State Tax Commis	sion may discuse this rote	ırn with the n	aid nrenarer i	dentific			100
Under penalties of perjury, I declare that to the best of my knowledge							
SIGN Your signature	Spouse's signature (if a joint re	turn, BOTH MU	ST SIGN)		Date	Daytime pho	ne
HERE .							
Paid preparer's signature	Preparer's EIN, SSN, or PTIN					·	
Address and phone number				$\ \  \ \ $		▎▊▍▍▍▊▍▊▋▋	
				$\ \  \ \ $		▎▊▍▍▍▊▍▊▋▋	I
				111 III 7	<b>1■ ■</b>   1	i <b>≡ii i ≡i ≡i≡i</b> 5 2 9 5	ļ
				,	, ,	, _ 0 0	



# IDAHO BUSINESS INCOME TAX CREDITS AND CREDIT RECAPTURE

2007

Name(s) as shown on return			Social Security	Numt	per or E	EIN
PART I — BUSINESS INCOME TAX CREDITS						
		Cı	edit Allowe	d		Carryover
Investment tax credit. Attach Form 49	•	1				
Credit for production equipment using postconsumer waste	•	2				
3. Promoter sponsored event credit	• [	3				
4. Credit for qualifying new employees. Attach Form 55	•	4				
5. Credit for Idaho research activities. Attach Form 67	•	5			•	
6. Broadband equipment investment credit. Attach Form 68	•	6				
7. Incentive investment tax credit. Attach Form 69	•	7				
8. Corporate headquarters investment tax credit. Attach Form 80	•	8			•	
9. Corporate headquarters real property improvement tax credit. Attach Form 81	•	9				
10. Corporate headquarters new jobs tax credit. Attach Form 82	•	10			•	
11. Small employer investment tax credit. Attach Form 83	•	11			•	
2. Small employer real property improvement tax credit. Attach Form 84	•	12				
13. Small employer new jobs tax credit. Attach Form 85	•	13				
14. Biofuel infrastructure investment tax credit. Attach Form 71	•	14			•	
5. Total business income tax credits allowed. Add lines 1 through 14	-	15				
PART II — TAX FROM RECAPTURE OF INCOME TAX CREDITS						
Tax from recapture of:						
Investment tax credit. Attach Form 49R				. •	1	
2. Broadband equipment investment credit. Attach Form 68R					2	
3. Incentive investment tax credit. Attach Form 69R					3	
4. Corporate headquarters investment tax credit. Attach Form 80R					4	
5. Corporate headquarters real property improvement tax credit. Attach Form 81R					5	
6. Corporate headquarters new jobs tax credit. Attach Form 82R				. •	6	
7. Small employer investment tax credit. Attach Form 83R				. •	7	
8. Small employer real property improvement tax credit. Attach Form 84R					8	
9. Small employer new jobs tax credit. Attach Form 85R					9	
Biofuel infrastructure investment tax credit. Attach Form 71R				. •	10	)
11. Total tax from recapture of income tax credit. Add lines 1 through 10					11	

## F 75 IDAHO FUELS USE REPORT

	<b>M</b> 12-06-06										
	Name					So	ocial Secu	rity Numbe	<u>'</u>		
PLEASI PRINT	ASSUMED BUSINESS NAME DBA)			•							
					Fode	oral Emi	ployer Ide	entification I	Jumbor		
OR TYPE	Address				1 000		T T	TILLICATION	Varriber		
ITPE	City, State, and Zip Code				.	-					
	ony, state, and zip code										
Section	I. FILING PERIOD Beginning,	, and ending	•	_,				State Use	Only		
If you ha	ve already claimed a refund of this tax from the Tax (	Commission on an	other Form 7	75,							
	mplete this form.										
Section	II. BUSINESS ACTIVITIES Mark each bo	ox below that de	escribes th	e busi	ness ac	ctivit	ies of	your co	mpa	ny.	
1. •	Farming 6. • L	andscaping & tr	ee service		11. •		Golf	course	-	•	
2. •		Well drilling			12. •		Outfi	tter			
3. •	_	Equipment renta	l/leasing		13. •	$\overline{\Box}$	Minin	ıa			
4. •		Concrete/asphalt	-		14. •	_		r (descri	be)		
5. •		Excavating .	Ü								
Section	III. NONTAXABLE USE Mark each box bel	ow that describ	es the non	taxabl	e use(s	) to (	claim	a refun	d of f	uels ta	axes.
IDAH	O TAX-PAID special fuels (diesel, propane, or		HO TAX-PA		•	•					
	al gas) used in	10.		nary en		u					
1. •		11.	=		equipm	nent (	list)				
2.											
		12. •	Refrig	eration	unit wit	h ser	parate	tank			
3. •	Refrigeration unit with separate tank	13. •			engine	-			Forr	n 75-I0	2)
4.	Intrastate motor vehicles off-highway miles	14. •		-	tor vehi			-			,
	(attach Form 75-IMV)				ttach F						
5. •		15. •		-	instructi			,			
	allowances (attach Form 75-IC)	16. •		•	motor b	,					
6. •	Intrastate motor vehicle power take-off and	17. •	Other	(descr	ibe)						
	auxiliary engine allowances (attach Form 75	5-IMV)		•	•						
7. •	Federal, state, and local government motor v	ehicles									
8. •	Aircraft (see instructions)										
9. •	Other (describe )		asoline used ately owned								
			atery owner	a) does	not qua	iliy ic	латег	uria oi ti	ie ga	Some	lax.
	IV. TOTAL REFUND OR TAX DUE							_			
=	te the sections on page 2 that apply to you (S		-		-		_		1.		
1. 0	Sasoline tax refund from page 2, Section V, line 5							. \$			
2. 5	Special fuels tax refund from page 2, Section V, lin	e 6									
	Gasoline tax due from page 2, Section VI, line 4										
	Special fuels tax due from page 2, Section VI, line										
5. C	Combined total of use tax due from page 2, Sectio							•	/////		
	I paid the use tax with my sales/use tax return	n. Permit number	r								
	Refund. If the total of lines 1 and 2 is greater than enter the difference.										
	Tax Due. If the total of lines 1 and 2 is less than the enter the difference.										
	Within 180 days of receiving this return, the Idaho State Tax C Under penalties of perjury, I declare that to the best of my kno										
	Authorized signature	Date	Call 334-7660								
SIGN		Daytima nk	or (800) 972	-7660 to	II free.						
HERE	Title	Daytime phone	MAIL TO:								
Paid prepare	'	s EIN, SSN, or PTIN	Idaho State 1 PO Box 76	Tax Com	mission						
A -1 -1			Boise, ID 83	707-007	6						
Address and	phone number										

TC75	504-2 12-06-06							Page 2
Sec	ction V. FUELS TAX REFUND	A Gasoline	B Av Gas	C Jet Fuel	D Undyed Diesel*	E Propane	F Nat Gas	G Totals
	Total tax-paid gallons purchased from all sources (whole gallons) • Total nontaxable gallons					•		
3.	(whole gallons)	.25	.055	.045	.25	.181	.197	
	Fuels tax refund							<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
	Gasoline tax refund. Add line 4, co	lumns A. B &	C. Enter her	e and on page	a 1. Section IV. line	1		
	Special fuels tax refund. Add line 4			. •				
Sec	ction VI. FUELS TAX DUE	A Gasoline	B Av Gas	C Jet Fuel	D Undyed Diesel*	E Propane	F Nat Gas	G Totals
1.	Taxable gallons (whole gallons)							
2.	Tax rate	.25	.055	.045	.25	.181	.197	
3.	Fuels tax due							
4.	Gasoline tax due. Add line 3, colur	mns A, B & C.	Enter here a	and on page 1	, Section IV, line 3.			
5.	Special fuels tax due. Add line 3, c	olumns D, E 8	k F. Enter he	re and on pag	e 1, Section IV, line	4		
For	ction VII. USE TAX DUE fuel used on or after tober 1, 2006	A Gasoline	B Av Gas	C Jet Fuel	D Undyed Diesel*	E Propane	F Nat Gas	G Totals
1.	Number of gallons from Section V, line 2 used <b>on or after</b> October 1, 2006, on which use tax is due							
2.	Average price per gallon (carry 4 decimal places x.xxxx)							
3.	Less state fuels tax/gallon							
4.	Less federal fuels tax/gallon *							
5.	The base cost per gallon (line 2 less 3 & 4)							
6.	Total amount subject to use tax (multiply line 1 by line 5)							
7.	Use tax due (multiply line 6 by \$.06)							
8.	Use tax due. Add line 7, columns A	Athrough F. E	nter here and	d on page 1, S	Section IV, line 5			
Foi	ction VIII. USE TAX DUE r fuel used from July 1, 2005 ough September 30, 2006	A Gasoline	B Av Gas	C Jet Fuel	D Undyed Diesel*	E Propane	F Nat Gas	G Totals
1.	Number of gallons from Section V line 2 used from July 1, 2005 through September 30, 2006, on which use tax is due	,						
2.	Average price per gallon (carry 4 decimal places x.xxxx)							
3.	Less state fuels tax/gallon							
4.	Less federal fuels tax/gallon							
5.	The base cost per gallon (line 2 less 3 & 4).							
6.	Total amount subject to use tax (multiply line 1 by line 5)							
7.	Use tax due (multiply line 6 by \$.05)							
8.	Use tax due. Add line 7, columns A	A through F. E	nter here and	d on page 1, S	Section IV, line 5			

<sup>\*</sup>Includes Biodiesel and Biodiesel Blends EPB00067 (2007) 12 of 16



#### **IDAHO INDIVIDUAL INCOME TAX RETURN**

See in		N, check the box.  7 for the reasons of the number.	State Use Only		
For c	alendar year	2007, or fiscal year be	eginning, ending	Your Social Security Number (required)	$\neg$
	Your first name ar		Last name		
K.				Spouse's Social Security Number (required)	
RINT C E	Spouse's first nar	me and initial	Last name		
PLEASE PRINT OR TYPE	Mailing address			☐ ✓ Taxpayer deceased in 2007	
PLE,	City, State, and Zip	Code		Spouse deceased in 2007	
Do y	ou need Idal	no income tax forms r	nailed to you next year? • Yes •	No	
Filing	g status If filing return, Social	married joint or separate enter spouse's name and Security number above.	6. Exemptions Enter the same number claimed on federal return.  a. Yourself If parents, or some of the parents	Election campaign fund I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return).	
2.	_ ~	g joint return	a. Yourself If parents, or some else, can claim you your spouse) as dependents, enter	(or 7. Yourself 8. Spouse 7. Yourself 8. Sp	ouse
3.	Married filing	g separate return	C. Other dependents		_
4.	Head of hou		d. Total exemptions	Democratic • No Specific •	
5.	Qualifying w	vidow(er)	_	Libertarian None None	
	Must match	federal return		Republican -	
ATTACH PAYMENT HERE	<ol> <li>9. Enter your or federal</li> <li>10. Additions</li> <li>11. Total. Additions</li> <li>12. Subtractions</li> <li>13. TOTALAL</li> </ol>	Form 1040EZ, line 4. A from Form 39R, Part A, d lines 9 and 10on from Form 39R, Part E DJUSTED INCOME. Sub		9 10 11 12	00 00 00 00
ᅜ	If you have	e an NOL and are elect	ting to forego the carryback period, check h	ere 13	00
	Standard Deduction For Most People	14. CHECK— b. If b c. If y	age 65 or older Yo		
HERE	Single or	15. Itemized deductio	ns. Attach federal Schedule A. Federal lim	its apply • 15	OC
COPIES H	Married filing Separately: \$5,350	16. All state and local	income or general sales taxes included on A, line 5		00
<u></u>	Head of	47 Culpturent line 40 for	sans line 45 . If you do not use foderal Caba	dule A enter zero 17	00
W-2	Household: L \$7,850	_	rom line 15. If you do not use federal Sche		00
	Married filing	_	on. See instructions, page 7, if you checked	a driy box orr into 1 r	00
STATE	Jointly or		GER of line 17 or 18 from line 13. If less th		
	Qualifying Widow(er):	20. Multiply <b>\$3,400</b> by	the number of exemptions claimed on line	6d. Federal limits apply   20	00
АТТАСН	\$10,700	21. Taxable income.	Subtract line 20 from line 19. If less than z	ero, enter zero	00
₽		22 Tax from tables of	r rate schedule. See instructions, page 34	<b>.</b> 22	00

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



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23. Tax amount from line 22				23		00
CREDITS. Limits apply. See instructions, page 9.						
24. Income tax paid to other states. Attach Form 39R and a copy of the	other state return(s) •	24	00			
25. Credit for contributions to Idaho educational entities		25	00			
26. Credit for contributions to Idaho youth and rehabilitation facilities		26	00			
27. Credit for live organ donation expenses		27	00			
28. Total business income tax credits from Form 44, Part I, line 15. At	tach Form 44	28	00			
29. TOTAL CREDITS. Add lines 24 through 28				29		00
30. Subtract line 29 from line 23. If line 29 is more than line 23, enter	zero			30		00
OTHER TAXES. See instructions, page 9.						
31. Fuels tax due. Attach Form 75				31		00
32. Sales/Use tax due on mail order, Internet, and other nontaxed po				32		00
<ol> <li>Total tax from recapture of income tax credits from Form 44, Part</li> </ol>	II, line 11. Attach For	m 44		33		00
34. Tax from recapture of qualified investment exemption (QIE). Atta				34		00
35. Permanent building fund. Check the box if you are receiving Ida	ho public assistance p	ayments		35	10	00
36. TOTAL TAX. Add lines 30 through 35			•	36		00
DONATIONS. See instructions, page 10.				27		00
37. I wish to donate to the Nongame Wildlife Conservation Fund						00
38. I wish to donate to the Children's Trust Fund/Child Abuse Prever						00
39. I wish to donate to the Idaho Guard and Reserve Family Support				-		00
40. I wish to donate to the American Red Cross of Greater Idaho Fu				40		00
41. TOTAL TAX PLUS DONATIONS. Add lines 36 through 40				41		00
PAYMENTS and OTHER CREDITS. See instructions, page 10. 42. Grocery credit. \$20 per person claimed on line 6d			_	42		00
43. Additional grocery credit. \$15 per person 65 or older claimed on				40		00
44. Maintaining a home for family member age 65 or older, or develop						00
45. Special fuels tax refund Gasoline tax re				45		00
				46		00
46. Idaho income tax withheld. Attach Form(s) W-2						00
47. 2007 Form 51 payment(s) and amount applied from 2006 return 48. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through				48		00
TAX DUE or REFUND. See instructions, page 11. If line 41 is more					17 GO TO LINE 52	100
TAX BOL OF NET OND. Occ manuations, page 11. If the 41 is more	<u> </u>	114E 40: 11 1111C 4	13 1033 triair	mic -	77 00 10 ENTE 02:	
49. TAX DUE. Subtract line 48 from line 41						00
						-
50. Penalty Interest from the due date				50		00
Check box if penalty is due to an ineligible withdrawal from an lo	daho medical savings	account				
51. TOTAL DUE. Add lines 49 and 50. Make check or money order p	ayable to the Idaho St	ate Tax Commiss	sion	51		00
52. OVERPAID. Line 48 minus lines 41 and 50. This is the amount yo	vu ovornoid		_	52		00
32. OVERPAID. Line 46 minus lines 41 and 30. This is the amount yo	ou overpaid	•••••		52		00
53. REFUND. Amount of line 52 to be refunded to you			.			00
oc. NET ONE. Although of this of to be foldinged to you						00
54. ESTIMATED TAX. Amount of line 52 to be applied to your 2008 e	stimated tax			54		00
55. DIRECT DEPOSIT. See instructions, page 12.						1 00
				П	Type of • Ch	necking
Routing No. Account No.					Account: Sa	avings
AMENDED RETURN ONLY. Complete this section to determine yo	ur tax due or refund.					Ť
56. Total tax due (line 51) or overpayment (line 52) on this return				56		00
57. Refund from original return plus additional refunds				57		00
58. Tax paid with original return plus additional tax paid				58		00
59. Amended tax due or refund. Add lines 56 and 57 and subtract lin				59		00
Within 400 days of consider this setum the Idebs Chats Toy Consider					014	00
Under penalties of perjury, I declare that to the best of my knowledg						
SIGN Your signature	Spouse's signature (if a joint i	eturn, BOTH MUST S	IGN)	Date	Daytime phor	ne
HERE .	•					
Paid preparer's signature	Preparer's EIN, SSN, or PTIN	ı			·	
•	•	1	III III			
Address and phone number						
		]				- 1
			III III 7	■ <b>■</b> ■	ı∎ıı∎ı∎ <b>ı≡</b> 5 2 9 5	- 1



#### **IDAHO INDIVIDUAL INCOME TAX RETURN**

See in		N, check the box.  7 for the reasons or the number.	State Use Only				
For c	alendar year	2007, or fiscal year be	eginning, ending	Your Social Security Number (required)	$\neg$		
	Your first name ar		Last name				
PLEASE PRINT OR TYPE			Spouse's Social Security Number (required)				
	Spouse's first name and initial		Last name				
	Mailing address			☐ ✓ Taxpayer deceased in 2007			
	City, State, and Zip Code			Spouse deceased in 2007	Spouse deceased		
Do y	ou need Idal	ho income tax forms r	mailed to you next year? •  Yes •				
Filing	g status If filing return, Social	married joint or separate enter spouse's name and Security number above.	6. Exemptions Enter the same number claimed on federal return.  a. Yourself If parents, or some	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 7. Yourself 8. Sp			
2.	Married filin	g joint return	a. Yourself If parents, or some else, can claim you your spouse) as dependents, enter	7. Yourself 8. Spouse 9. Yourself 8. Yours	ouse		
3.		g separate return	C. Other dependents	Democratic No Specific -	-		
4. 5.	Head of hou Qualifying w		d. Total exemptions	Libertarian None	_		
J		, ,		Republican -			
		federal return					
E ATTACH PAYMENT HERE	<ol> <li>9. Enter your or federal</li> <li>10. Additions</li> <li>11. Total. Additions</li> <li>12. Subtractions</li> <li>13. TOTALAL</li> </ol>	Form 1040EZ, line 4. As from Form 39R, Part A, d lines 9 and 10on from Form 39R, Part EDJUSTED INCOME. Sub	Attach a complete copy of your federal retu- line 6. Attach Form 39R	9 10 11 12	00 00 00 00		
		here 13	00				
	Standard Deduction For Most People	14. CHECK—b. If b c. If y	age 65 or older				
HERE	Single or Married filing	15. Itemized deductio	ns. Attach federal Schedule A. Federal lin	nits apply • 15	00		
COPIES H	Separately: \$5,350	<ol> <li>All state and local federal Schedule</li> </ol>	n • 16	00			
	Head of	17 Subtract line 16 fr	rom line 15. If you do not use federal Sch	edule A enter zero 17	00		
CH STATE W-2	\$7.850		on. See instructions, page 7, if you checke	Jacob Million 2010 IIIIIIIIIIIIIIII	00		
	Married filing	_	as any sex on mile 11	00			
	Jointly or Qualifying		2010, 01101 2010	00			
	Widow(er):		the number of exemptions claimed on line		00		
АТТАСН	\$10,700	21. Taxable income.	Subtract line 20 from line 19. If less than a				
ď		22 Tax from tables of	r rate schedule. See instructions, page 34	<b>.</b> 22	00		

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



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23. Tax amount from line 22				23		00						
CREDITS. Limits apply. See instructions, page 9.		24	00									
24. Income tax paid to other states. Attach Form 39R and a copy of the		24										
25. Credit for contributions to Idaho educational entities		25	00									
26. Credit for contributions to Idaho youth and rehabilitation facilities .		26	00									
27. Credit for live organ donation expenses	dit for live organ donation expenses = 27											
28. Total business income tax credits from Form 44, Part I, line 15. A	00											
29. TOTAL CREDITS. Add lines 24 through 28	29		00									
30. Subtract line 29 from line 23. If line 29 is more than line 23, enter	30		00									
OTHER TAXES. See instructions, page 9.	21		00									
31. Fuels tax due. Attach Form 75	31		00									
32. Sales/Use tax due on mail order, Internet, and other nontaxed p		32		00								
33. Total tax from recapture of income tax credits from Form 44, Par	33		00									
34. Tax from recapture of qualified investment exemption (QIE). Atta		34	4.6	00								
35. Permanent building fund. Check the box if you are receiving Ida		35	10	00								
36. TOTAL TAX. Add lines 30 through 35			······································	36		00						
DONATIONS. See instructions, page 10. 37. I wish to donate to the Nongame Wildlife Conservation Fund				37		00						
38. I wish to donate to the Children's Trust Fund/Child Abuse Preve				00								
			_									
<ol> <li>I wish to donate to the Idaho Guard and Reserve Family Suppor</li> <li>I wish to donate to the American Red Cross of Greater Idaho Fu</li> </ol>						00						
				00								
41. TOTAL TAX PLUS DONATIONS. Add lines 36 through 40		•••••		41		00						
PAYMENTS and OTHER CREDITS. See instructions, page 10. 42. Grocery credit. \$20 per person claimed on line 6d				42		00						
43. Additional grocery credit. \$15 per person 65 or older claimed or		43		00								
44. Maintaining a home for family member age 65 or older, or develop		44		00								
45. Special fuels tax refund Gasoline tax re		45		00								
46. Idaho income tax withheld. Attach Form(s) W-2		46		00								
47. 2007 Form 51 payment(s) and amount applied from 2006 return	47		00									
				48		00						
48. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 47												
			10 1000 1111111									
49. TAX DUE. Subtract line 48 from line 41						00						
						+						
50. Penalty Interest from the due date		50		00								
Check box if penalty is due to an ineligible withdrawal from an le												
51. TOTAL DUE. Add lines 49 and 50. Make check or money order	payable to the Idaho Sta	ate Tax Commiss	sion •	51		00						
52 OVERDAID Line 48 minus lines 41 and 50. This is the amount w	au averneid		_	52		00						
52. OVERPAID. Line 48 minus lines 41 and 50. This is the amount ye	ou overpaid	•••••	······································	JZ		00						
53. REFUND. Amount of line 52 to be refunded to you						00						
oc. The otto. Amount of mile of to be foldrided to you						00						
54. ESTIMATED TAX. Amount of line 52 to be applied to your 2008 $\epsilon$	stimated tax			54		00						
55. DIRECT DEPOSIT. See instructions, page 12.						1 00						
					Type of • Cl	hecking						
Routing No Account No.					Account: Sa	avings						
AMENDED RETURN ONLY. Complete this section to determine yo	our tax due or refund.					Ť						
56. Total tax due (line 51) or overpayment (line 52) on this return				56		00						
57. Refund from original return plus additional refunds	57		00									
58. Tax paid with original return plus additional tax paid	58		00									
59. Amended tax due or refund. Add lines 56 and 57 and subtract li	59		00									
Within 400 days of annihing this actions the Ideba Clata Tay Commi	!					00						
Within 180 days of receiving this return, the Idaho State Tax Commi Under penalties of perjury, I declare that to the best of my knowledge.												
SIGN Your signature	Spouse's signature (if a joint re			Date	Daytime pho	ne						
HERE .												
Paid preparer's signature	Preparer's EIN, SSN, or PTIN			1								
·	•		III II									
Address and phone number												
			III II	<b>■■ ■I</b> 1 5								
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