



419
EFO00028

IDAHO S CORPORATION INCOME TAX RETURN

2006

State use only

AMENDED RETURN. check the box.

See instructions, page 10 for the reasons for amending and enter the number.

For calendar year
2006, or fiscal
year beginning

Mo	Day	Year
		06

ending

Mo Day Year

Federal employer identification number

Business name

State use only

Business mailing address

City, State and Zip Code

- F M

Do you need Idaho
income tax forms
mailed to you next

☐ Yes ■ ☐ No

☐ Yes ☐ No

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. _____ ☐ Yes ☐ No
3. Is this an inactive corporation or nameholder corporation? ☐ Yes ☐ No
4. 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☐ Withdrawn from Idaho ☐ Dissolved ☐ Merged or reorganized Enter new FEIN _____

6. Is this an electrical or telephone utility? ☐ Yes ☐ No
7. Did the ownership change during the year? ☐ Yes ☐ No
8. Enter the amount of credit for qualifying new employees earned this tax year. ☐ Yes ☐ No
9. Enter the amount of investment tax credit earned this tax year. ☐ Yes ☐ No
10. Enter the amount of broadband equipment investment credit earned this tax year. ☐ Yes ☐ No
11. Enter the amount of credit for Idaho research activities earned this tax year. ☐ Yes ☐ No
12. Did you claim the property tax exemption for investment tax credit property acquired this tax year? ☐ Yes ☐ No

INCOME

13. Ordinary income (loss). Form 1120S, page 1	13
14. Net income (loss) from rental real estate activities. Form 1120S, Schedule K	14
15. Net income (loss) from other rental activities. Form 1120S, Schedule K	15
16. Portfolio income (loss). Form 1120S, Schedule K	16
17. Other income (loss). Form 1120S, Schedule K	17
18. Net distributable income. Add lines 13 through 17.	18

ADDITIONS

19. Interest and dividends not taxable under Internal Revenue Code	19	
20. State, municipal and local taxes measured by net income. Attach a schedule.	20	
21. Bonus depreciation. Attach computations.	21	
22. Other additions	22	
23. Add lines 18 through 22.	23	

SUBTRACTIONS

24. Interest from Idaho municipal securities		24		
25. Interest on U.S. Government obligations. Attach a schedule.		25		
26. Interest and other expenses related to lines 24 and 25		26		
27. Add lines 24 and 25, and subtract line 26.			27	
28. Technological equipment donation			28	
29. Allocated income. Attach a schedule.		29		
30. Interest and other expenses related to line 29. Attach a schedule.		30		
31. Subtract line 30 from line 29.			31	
32. Bonus depreciation. Attach computations.			32	
33. Other subtractions			33	
34. Total subtractions. Add lines 27, 28, 31, 32 and 33.			34	
35. Net business income subject to apportionment. Subtract line 34 from line 23.			35	

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056

ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1120S.



6 2 3 0 9 5

36. Net business income subject to apportionment. Enter the amount from line 35.	36	
37. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and attach Form 42. Enter the apportionment factor from Form 42, Part I, line 21. ...	37	%
38. Net business income apportioned to Idaho. Multiply line 36 by the percent on line 37.	38	
39. Income allocated to Idaho. See instructions.	39	
40. Idaho compensation of individual officers, directors, and shareholders not reported to Idaho.	40	
41. S corporation income reported to Idaho on shareholders' income tax returns.	41	
42. Idaho taxable income. Add lines 38 through 40, and subtract line 41.	42	
43. Idaho income tax. Multiply line 42 by 7.6%.	43	

CREDITS

44. Credit for contributions to Idaho educational entities	44	
45. Credit for contributions to Idaho youth and rehabilitation facilities	45	
46. Total business income tax credits from Form 44, Part I, line 14. Attach Form 44.	46	
47. Total credits. Add lines 44 through 46.	47	
48. Subtract line 47 from line 43. If line 47 is greater than line 43, enter zero.	48	

OTHER TAXES

49. Minimum tax. See instructions if the S corporation owes federal tax.	49	20
50. Permanent building fund tax. See instructions.	50	
51. Total tax from recapture of income tax credits from Form 44, Part II, line 10. Attach Form 44.	51	
52. Fuels tax due. Attach Form 75.	52	
53. Sales/Use tax due on mail order, Internet, and other nontaxed purchases	53	
54. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER.	54	
55. Total tax. Add lines 48 through 54.	55	
56. Underpayment interest. Attach Form 41ESR.	56	
57. Add line 55 and line 56.	57	

PAYMENTS and OTHER CREDITS

58. Estimated tax payments	58	
59. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75.	59	
60. Total payments and other credits. Add line 58 and line 59.	60	

If line 57 is more than line 60, GO TO LINE 61. If line 57 is less than line 60, GO TO LINE 64.

REFUND or PAYMENT DUE

61. Tax Due. Subtract line 60 from line 57.	61	
62. Penalty <input type="checkbox"/> _____ Interest from due date <input type="checkbox"/> _____ Enter total.	62	
63. TOTAL DUE. Add line 61 and line 62.		<input type="text"/>
64. Overpayment. Subtract line 57 from line 60.	64	

65. REFUND. Amount of line 64 you want refunded to you.		<input type="text"/>
66. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 65 from line 64.	66	

AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.

67. Total tax due (line 63) or overpayment (line 64) on this return	67	
68. Refund from original return plus additional refunds	68	
69. Tax paid with original return plus additional tax paid	69	
70. Amended tax due or refund. Add lines 67 and 68, and subtract line 69.	70	

☐ 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.

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



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