

For calendar year 2002, or fiscal year beginning _____, ending _____

Name(s) as shown on return

Social Security Number

A. Additions. See instructions, page 17.

1. Federal net operating loss carryover included in line 9, Form 40	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. Other additions. Attach explanation.	5	00
6. Total additions. Add lines 1 through 5. Enter on line 10, Form 40.	6	00

B. Subtractions. See instructions, page 17.

1. Idaho net operating loss carryover	1	00
Idaho net operating loss carryback _____ . Enter total here.		
2. State income tax refund if included in federal income	2	00
3. Interest from U.S. Government obligations	3	00
4. Insulation of Idaho residence	4	00
5. Alternative energy devices deduction.		

Year Acquired	Type of Device	Total Cost	Percent			
a. 2002		\$	X 40% =	5a		00
b. 2001		\$	X 20% =	5b		00
c. 2000		\$	X 20% =	5c		00
d. 1999		\$	X 20% =	5d		00

e. Add lines 5a through 5d.	5e	00
6. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2.	6	00
7. Social security and railroad benefits, if included in federal income	7	00

8. Retirement benefits deduction.			See instructions, page 18 for qualified retirement benefits to be included on line 8e.
a. If single enter \$19,920, or if married filing jointly enter \$29,880.	8a	00	
b. Federal Railroad Retirement benefits received	8b	00	
c. Social Security benefits received	8c	00	
d. Balance. Line 8a minus lines 8b and 8c. If less than zero enter zero. .	8d	00	
e. Qualified 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. Attach Form CG.	10	00
11. Adoption expenses	11	00
12. Idaho medical savings account. Contributions _____ Interest _____ Financial institution _____ Account number _____	12	00
13. Idaho college savings program	13	00
14. Maintaining a home for the aged and/or developmentally disabled	14	00
15. Idaho lottery winnings, less than \$600 per prize	15	00
16. Income earned on a reservation by an American Indian	16	00
17. Health insurance premiums	17	00
18. Long-term care insurance	18	00
19. Worker's compensation insurance	19	00
20. Other subtractions. Attach explanation.	20	00

21. Total subtractions. Add lines 1 through 4, 5e through 7, and 8f through 20. Enter on line 12, Form 40.	21	00
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Name(s) as shown on return	Social Security Number
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C. Credit for Income Tax Paid to Other States. See instructions, page 20.

1. Idaho tax, line 22, Form 40	1		00	Attach a copy of the income tax return and a separate Form 39R for each state for which a credit is claimed.	
2. Other state's adjusted income	2		00		
3. Idaho adjusted income from line 13, Form 40	3		00		
4. Divide line 2 by line 3. Enter percentage here.	4	%			
5. Multiply line 1 by line 4. Enter amount here.				5	00
6. Other state's tax due less its income tax credits				6	00
7. Enter the smaller of lines 5 or 6 here and on line 24, Form 40.				7	00

D. Maintaining a Home for a Family Member Age 65 or Older, or a Family Member With a Developmental Disability. See instructions, page 21.

1. Did you maintain a home for an immediate family member age 65 or older and provide more than one-half of his/her support? You and your spouse do not qualify. Yes No
2. Did you maintain a home for an immediate family member with a developmental disability and provide more than one-half of his/her support? You and your spouse may qualify. Yes No
If you answered YES to either question, complete lines 3 and 4.

3. List each family member you are claiming:

Name of Family Member	Social Security Number of Family Member	Relationship to Person Filing Return	Date of Birth of Family Member	Check here if developmentally disabled

4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter on line 50, Form 40.	4	
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