

Name(s) as shown on return	Social Security Number
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A. Additions. See instructions, page 20.

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 20.

1. Idaho net operating loss carryover <input type="checkbox"/> _____ Idaho net operating loss carryback <input type="checkbox"/> _____ Enter total here	1	00
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	Type of Device	Total Cost	Percent		
a.	2009		\$	X 40% =	5a	00
b.	2008		\$	X 20% =	5b	00
c.	2007		\$	X 20% =	5c	00
d.	2006		\$	X 20% =	5d	00

e. Add lines 5a through 5d	5e	00
6. Child/dependent care. Attach federal Form 2441	6	00
7. Social security and railroad benefits, if included in federal income	7	00
8. Retirement benefits deduction. Complete Part C	8	00
9. Technological equipment donation	9	00
10. Idaho capital gains deduction. Attach Form CG	10	00
11. Active duty military pay earned outside of Idaho	11	00
12. Adoption expenses	12	00
13. Idaho medical savings account. Contributions _____ Interest _____ Financial institution _____ Account number _____	13	00
14. Idaho college savings program	14	00
15. Maintaining a home for the aged and/or developmentally disabled	15	00
16. Idaho lottery winnings, less than \$600 per prize	16	00
17. Income earned on a reservation by an American Indian	17	00
18. Health insurance premiums	18	00
19. Long-term care insurance	19	00
20. Worker's compensation insurance	20	00
21. Bonus depreciation. Attach computations	21	00
22. Other subtractions. Attach explanation	22	00
23. Total subtractions. Add lines 1 through 4 and 5e through 22. Enter on line 12, Form 40	23	00

C. Retirement Benefits Deduction. See instructions, page 24, for qualified retirement benefits.

1. If single enter \$27,876, or if married filing jointly enter \$41,814	1		00
2. Federal Railroad Retirement benefits received	2		00
3. Social Security benefits received	3		00
4. Line 1 minus lines 2 and 3. If less than zero enter zero	4		00
5. Qualified retirement benefits included in federal income	5		00
6. Enter the smaller of line 4 or 5 here and on line 8, Part B	6		00

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D. Credit for Income Tax Paid to Other States. See instructions, page 24.

This credit is being claimed for taxes paid to: (State name)

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

E. Maintaining a Home for a Family Member Age 65 or Older, or a Family Member With a Developmental Disability. See instructions, page 25.

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
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
First Name Last Name				

4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter on line 47, Form 40. (Credit cannot be claimed if you took \$1,000 deduction on Part B, line 15.)	4		00
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F. Dependents: (Continued from Form 40, page 1)

Name of Family Member	Social Security Number
First Name Last Name	

G. Standard Deduction. See page 25 of the instructions.

1. Real estate taxes from federal Schedule L, line 9	1		00
2. Disaster loss from federal Schedule L, line 6	2		00
3. Qualified motor vehicle tax from federal Schedule L, line 20	3		00
4. Total of lines 1 through 3	4		00