FORM **40** TC4001 8-10-06

8734

2006

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN, check the box. ▪ ☐
See instructions, page 7 for the reasons for amending and enter the number. ▪ _____

State Use Only

· A R F W M

For calendar year 2006, or fiscal year beginning _____ , ending _____

PLEASE PRINT OR TYPE

Your first name and initial	Last name	Your Social Security Number (required)
Spouse's first name and initial	Last name	Spouse's Social Security Number (required)
Mailing address		☐ ✓ Taxpayer deceased in 2006
City	State / Zip Code	☐ ✓ Spouse deceased in 2006

Do you need Idaho income tax forms mailed to you next year? ▪ ☐ Yes ▪ ☐ No

Filing status If filing married joint or separate return, enter spouse's name and Social Security number above.

1. ☐ Single
2. ☐ Married filing joint return
3. ☐ Married filing separate return
4. ☐ Head of household
5. ☐ Qualifying widow(er)

6. **Exemptions** Enter the same number claimed on federal return.

a. ☐ Yourself
b. ☐ Spouse
c. ☐ Other dependents
d. ☐ Total exemptions

{ If parents, or someone else, can claim you (or your spouse) as dependents, enter "0."

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
Constitution	☐	☐
Democratic	☐	☐
Libertarian	☐	☐
Republican	☐	☐

	7. Yourself	8. Spouse
United	☐	☐
No Specific	☐	☐
None	☐	☐

ATTACH PAYMENT HERE

INCOME. See instructions, page 7.

9. Enter your federal adjusted gross income from federal Form 1040, line 37; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Attach a complete copy of your federal return.	9		00
10. Additions from Form 39R, Part A, line 7. Attach Form 39R.	10		00
11. Total. Add lines 9 and 10.	11		00
12. Subtraction from Form 39R, Part B, line 23. Attach Form 39R.	12		00
13. TOTAL ADJUSTED INCOME. Subtract line 12 from line 11. If you have an NOL and are electing to forego the carryback period, check here. ▪ ☐	13		00

TAX COMPUTATION. See instructions, page 7.

Standard Deduction For Most People

Single or Married filing Separately: $5,150

Head of Household: $7,550

Married filing Jointly or Qualifying Widow(er): $10,300

14. CHECK
a. If age 65 or older ▪ ☐ Yourself ▪ ☐ Spouse
b. If blind ▪ ☐ Yourself ▪ ☐ Spouse
c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 20 and 41. ▪ ☐

15. Itemized deductions. Attach federal Schedule A. Federal limits apply.	15		00
16. All state and local income or general sales taxes included on federal Schedule A, line 5	16		00
17. Subtract line 16 from line 15. If you do not use federal Schedule A, enter zero.	17		00
18. Standard deduction. See instructions, page 7, if you checked any box on line 14.	18		00
19. Subtract the LARGER of line 17 or 18 from line 13. If less than zero, enter zero.	19		00
20. Multiply **$3,300** by the number of exemptions claimed on line 6d. Federal limits apply.	20		00
21. Taxable income. Subtract line 20 from line 19. If less than zero, enter zero.	21		00
22. Tax from tables or rate schedule. See instructions, page 34.	22		00

ATTACH STATE W-2 COPIES HERE

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. Total business income tax credits from Form 44, Part I, line 14. Attach Form 44.	27	00		
28. TOTAL CREDITS. Add lines 24 through 27.			28	00
29. Subtract line 28 from line 23. If line 28 is more than line 23, enter zero.			29	00
OTHER TAXES. See instructions, page 9.				
30. Fuels tax due. Attach Form 75.			30	00
31. Sales/Use tax due on mail order, Internet, and other nontaxed purchases			31	00
32. Total Tax from recapture of income tax credits from Form 44, Part II, line 10. Attach Form 44.			32	00
33. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER.			33	00
34. Permanent building fund. Check the box if you are receiving Idaho public assistance payments. ☐			34	10 00
35. TOTAL TAX. Add lines 29 through 34.			35	00
DONATIONS. See instructions, page 10.				
36. I wish to donate to the Nongame Wildlife Conservation Fund.			36	00
37. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.			37	00
38. I wish to donate to the Idaho Guard and Reserve Family Support Fund.			38	00
39. I wish to donate $10 ($20 if married filing jointly) to the American Red Cross of Greater Idaho Fund.			39	00
40. TOTAL TAX PLUS DONATIONS. Add lines 35 through 39.			40	00
PAYMENTS and OTHER CREDITS. See instructions, page 10.				
41. Grocery credit. $20 per person claimed on line 6d			41	00
42. Additional grocery credit. $15 per person 65 or older claimed on line 14a			42	00
43. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39R.			43	00
44. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75.			44	00
45. Idaho income tax withheld. Attach Form(s) W-2.			45	00
46. 2006 Form 51 payment(s) and amount applied from 2005 return			46	00
47. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 41 through 46.			47	00

TAX DUE or REFUND. See instructions, page 11. If line 40 is more than line 47, GO TO LINE 48. If line 40 is less than line 47, GO TO LINE 51.

48. TAX DUE. Subtract line 47 from line 40.		00
49. Penalty _____ Interest from the due date _____ Enter total	49	00
Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account. ☐		
50. TOTAL DUE. Add lines 48 and 49. Make check or money order payable to the Idaho State Tax Commission.	50	00
51. OVERPAID. Line 47 minus lines 40 and 49. This is the amount you overpaid.	51	00
52. REFUND. Amount of line 51 to be refunded to you.		00
53. ESTIMATED TAX. Amount of line 51 to be applied to your 2007 estimated tax.	53	00

54. **DIRECT DEPOSIT. See instructions, page 12.**

Routing No. | Account No. | Type of Account: ☐ Checking ☐ Savings

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

55. Total tax due (line 50) or overpayment (line 51) on this return	55	00
56. Refund from original return plus additional refunds	56	00
57. Tax paid with original return plus additional tax paid	57	00
58. Amended tax due or refund. Add lines 55 and 56 and subtract line 57.	58	00

☐ 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	Your signature	Spouse's signature (if a joint return, BOTH MUST SIGN)	Date	Daytime phone

Paid preparer's signature	Preparer's EIN, SSN, or PTIN
Address and phone number	

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