

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN, check the box. ☐

See instructions, page 6 for the reasons for amending and enter the number. ☐

State Use Only

For calendar year 2007, or fiscal year beginning _____, ending _____

Your Social Security Number (required)

Spouse's Social Security Number (required)

PLEASE PRINT OR TYPE

Your first name and initial	Last name
Spouse's first name and initial	Last name
Mailing address	
City, State, and Zip Code	

☐ ☒ Taxpayer deceased in 2007

☐ ☒ Spouse deceased in 2007

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)

Must match federal return

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	<input type="checkbox"/>	<input type="checkbox"/>
Democratic	<input type="checkbox"/>	<input type="checkbox"/>
Libertarian	<input type="checkbox"/>	<input type="checkbox"/>
Republican	<input type="checkbox"/>	<input type="checkbox"/>

	7. Yourself	8. Spouse
United	<input type="checkbox"/>	<input type="checkbox"/>
No Specific	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

ATTACH PAYMENT HERE

ATTACH STATE W-2 COPIES HERE

INCOME. See instructions, page 6.

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 6. 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 <input type="checkbox"/>	13	00

TAX COMPUTATION. See instructions, page 7.

Standard Deduction For Most People Single or Married filing Separately: \$5,350 Head of Household: \$7,850 Married filing Jointly or Qualifying Widow(er): \$10,700	14. CHECK	a. If age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 20 and 42. <input type="checkbox"/>		
	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 \$3,400 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

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.



23. Tax amount from line 22		23		00
CREDITS. Limits apply. See instructions, page 8.				
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. 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		31		00
32. Sales/Use tax due on mail order, Internet, and other nontaxed purchases		32		00
33. Total tax from recapture of income tax credits from Form 44, Part II, line 11. Attach Form 44		33		00
34. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER		34		00
35. Permanent building fund. Check the box if you are receiving Idaho public assistance payments <input type="checkbox"/>		35		10 00
36. TOTAL TAX. Add lines 30 through 35		36		00
DONATIONS. See instructions, page 9.				
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 Prevention		38		00
39. I wish to donate to the Idaho Guard and Reserve Family Support Fund		39		00
40. I wish to donate to the American Red Cross of Greater Idaho Fund		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 line 14a		43		00
44. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39R		44		00
45. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75		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. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 42 through 47		48		00
TAX DUE or REFUND. See instructions, page 11. If line 41 is more than line 48, GO TO LINE 49. If line 41 is less than line 48 GO TO LINE 52.				
49. TAX DUE. Subtract line 48 from line 41				00
50. Penalty "_____ Interest from the due date "_____ Enter total		50		00
Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account <input type="checkbox"/>				
51. TOTAL DUE. Add lines 49 and 50. Make check or money order payable to the Idaho State Tax Commission		51		00
52. OVERPAID. Line 48 minus lines 41 and 50. This is the amount you overpaid		52		00
53. REFUND. Amount of line 52 to be refunded to you				00
54. ESTIMATED TAX. Amount of line 52 to be applied to your 2008 estimated tax		54		00
55. DIRECT DEPOSIT. See instructions, page 11.				
Routing No. <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>		Account No. <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"></table>		Type of <input type="checkbox"/> Checking Account: <input type="checkbox"/> Savings
AMENDED RETURN ONLY. Complete this section to determine your 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 line 58		59		00
<input type="checkbox"/> 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. See instructions.				
SIGN HERE Your signature _____		Spouse's signature (if a joint return, BOTH MUST SIGN) _____		Date _____
Paid preparer's signature _____		Preparer's EIN, SSN, or PTIN _____		
Address and phone number _____				



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