

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN, check the box.

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

For calendar year 2004, or fiscal year beginning _____, ending _____

• A R F W M

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			<input type="checkbox"/> Taxpayer deceased in 2004
	City	State	Zip Code	<input type="checkbox"/> Spouse deceased in 2004

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	7. Yourself	8. Spouse
Constitution	<input type="checkbox"/>	<input type="checkbox"/>	Republican	<input type="checkbox"/>
Democratic	<input type="checkbox"/>	<input type="checkbox"/>	No Specific	<input type="checkbox"/>
Libertarian	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>
Natural Law	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ATTACH PAYMENT HERE	INCOME. See instructions, page 6.			
	9. Enter your federal adjusted gross income from federal Form 1040, line 36; 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 22. 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

ATTACH STATE W-2 COPIES HERE	TAX COMPUTATION. See instructions, page 6.				
	Standard Deduction For Most People Single: \$4,850 Head of Household: \$7,150 Married filing Jointly: \$9,700 Married filing Separately: \$4,850 Qualifying Widow(er): \$9,700	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 46. <input type="checkbox"/>		
		15. Itemized deductions. Attach federal Schedule A. Federal limits apply.	15		00
		16. All state and local income 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 \$3,100 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 32.	22		00

Continue to page 2.

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. Investment tax credit. Attach Form 49. Earned * _____ Allowed *	26	00		
27. Credit for contributions to Idaho youth and rehabilitation facilities	27	00		
28. Credit for production equipment using post-consumer waste	28	00		
29. Promoter-sponsored event credit	29	00		
30. Credit for qualifying new employees. Attach Form 55. Earned * _____ Allowed *	30	00		
31. Credit for Idaho research activities. Attach Form 67. Earned * _____ Allowed *	31	00		
32. Broadband equipment investment credit. Attach Form 68. Earned * _____ Allowed *	32	00		
33. Incentive investment tax credit. Attach Form 69.	33	00		
34. TOTAL CREDITS. Add lines 24 through 33.	34	00		
35. Subtract line 34 from line 23. If line 34 is more than line 23, enter zero.	35	00		

OTHER TAXES. See instructions, page 9.

36. Fuels tax due. Attach Form 75.	36	00		
37. Sales/Use tax due on mail order, Internet, and other nontaxed purchases	37	00		
38. Tax from recapture of investment tax credit. Attach Form 49R.	38	00		
39. Tax from recapture of broadband equipment investment credit. Attach Form 68R.	39	00		
40. Tax from recapture of incentive investment tax credit. Attach Form 69R.	40	00		
41. Permanent building fund. Check the box if you are receiving Idaho public assistance payments. <input type="checkbox"/>	41	10 00		
42. TOTAL TAX. Add lines 35 through 41.	42	00		

DONATIONS. See instructions, page 10.

43. I wish to donate to the Nongame Wildlife Conservation Fund.	43	00		
44. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.	44	00		
45. TOTAL TAX PLUS DONATIONS. Add lines 42 through 44.	45	00		

PAYMENTS and OTHER CREDITS. See instructions, page 10.

46. Grocery credit. \$20 per person claimed on line 6d	46	00		
47. Additional grocery credit. \$15 per person 65 or older claimed on line 14a	47	00		
48. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39R.	48	00		
49. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75.	49	00		
50. Idaho income tax withheld. Attach Form(s) W-2.	50	00		
51. 2004 Form 51 payment(s) and amount applied from 2003 return	51	00		
52. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 46 through 51.	52	00		

TAX DUE or REFUND. See instructions, page 11.

If line 45 is more than line 52, GO TO LINE 53. If line 45 is less than line 52, GO TO LINE 56.

53. TAX DUE. Subtract line 52 from line 45.	53	00		
54. Penalty * _____ Interest from the due date * _____ Enter total	54	00		
Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account. <input type="checkbox"/>				
55. TOTAL DUE. Add lines 53 and 54. Make check or money order payable to the Idaho State Tax Commission.	55	00		
56. OVERPAID. Line 52 minus lines 45 and 54. This is the amount you overpaid.	56	00		
57. REFUND. Amount of line 56 to be refunded to you.	57	00		
58. ESTIMATED TAX. Amount of line 56 to be applied to your 2005 estimated tax.	58	00		

59. DIRECT DEPOSIT. See instructions, page 11.

* Routing No. * Account No. Type of Account: Checking Savings

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

60. Total tax due (line 55) or overpayment (line 56) on this return	60	00		
61. Refund from original return plus additional refunds	61	00		
62. Tax paid with original return plus additional tax paid	62	00		
63. Amended tax due or refund. Add lines 60 and 61 and subtract line 62.	63	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	Date	Paid preparer's signature	Preparer's EIN, SSN, or PTIN
	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phone	Address and phone number	