



23. Tax amount from line 22.		23	00
<b>CREDITS. Limits apply. See instructions, page 7.</b>			
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	
<b>OTHER TAXES. See instructions, page 8.</b>			
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	
<b>DONATIONS. See instructions, page 8.</b>			
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	
<b>PAYMENTS and OTHER CREDITS. See instructions, page 8.</b>			
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. 2003 Form 51 payment(s) and amount applied from 2002 return .....	51	00	
52. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 46 through 51.	52	00	
<b>TAX DUE or REFUND. See instructions, page 9.</b>			
<b>If line 45 is more than line 52, GO TO LINE 53. If line 45 is less than line 52, GO TO LINE 56.</b>			
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 2004 estimated tax.	58	00	
<b>AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.</b>			
59. Total tax due (line 55) or overpayment (line 56) on this return .....	59	00	
60. Refund from original return plus additional refunds .....	60	00	
61. Tax paid with original return plus additional tax paid .....	61	00	
62. Amended tax due or refund. Add lines 59 and 60 and subtract line 61.	62	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.

<b>SIGN HERE</b>	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 _____	