

2006

IDAHO PART-YEAR RESIDENT & NONRESIDENT INCOME TAX RETURN

8734 FORM 43 TC4301 8-10-06

AMENDED RETURN, check the box. State Use Only. A R F W M

Your Social Security Number (required)

Spouse's Social Security Number (required)

For calendar year 2006, or fiscal year beginning, ending

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

Taxpayer deceased in 2006, Spouse deceased in 2006

If you or your spouse are nonresident aliens for federal purposes, check here. Do you need tax forms mailed to you next year?

Residency status Check one for yourself and one for your spouse if a joint return. 1. Yourself, 2. Spouse, Resident, Idaho Resident on Active Military Duty, Nonresident, Part-Year Resident, Military Nonresident

Full months in Idaho this year Yourself, Spouse Indicate current state of residence Yourself, Spouse

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

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, United, No Specific, None

Table with columns for IDAHO INCOME (lines 9-22), IDAHO ADJUSTMENTS (lines 23-29), and Idaho Amounts. Includes descriptions like 'Wages, salaries, tips, etc.' and 'Deductions for IRAs and health savings account'.

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, Spouse's signature (if a joint return, BOTH MUST SIGN), Daytime phone, Paid preparer's signature, Preparer's EIN, SSN, or PTIN, Address and phone number

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



		Column A - Total	Column B - Idaho
ADJUSTMENTS See page 14	30. Enter amount from federal Form 1040, line 37, 1040A, line 21, or 1040EZ, line 4 in Column A. Enter amount from line 29 in Column B.	30	00
	31. Additions from Form 39NR, Part A, line 5. Attach Form 39NR.	31	00
	32. Income after additions. Add lines 30 and 31.	32	00
	33. Subtractions from Form 39NR, Part B, line 26. Attach Form 39NR.	33	00
	34. TOTAL ADJUSTED INCOME. Subtract line 33 from line 32.	34	00

35. a. Check if age 65 or older Yourself Spouse b. Check if blind Yourself Spouse
 c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 40 and 62.

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

36. Itemized deductions. Attach federal Schedule A. Federal limits apply.	36	00
37. All state and local income or general sales taxes included on federal Schedule A, line 5.	37	00
38. Subtract line 37 from line 36.	38	00
39. Standard deduction. See instructions, page 14, if you checked any boxes on line 35.	39	00
40. Multiply \$3,300 by the number of exemptions claimed on line 6d. Federal limits apply.	40	00
41. Add line 40 and the LARGER of line 38 or line 39.	41	00
42. Idaho percentage. Divide line 34, Column B, by line 34, Column A.	42	%
43. Multiply amount on line 41 by the percentage on line 42 and enter the result here.	43	00
44. Idaho taxable income. Subtract line 43 from line 34, Column B.	44	00
45. TAX from tables or rate schedule. See instructions, page 34.	45	00
46. Income tax paid to other states. Attach Form 39NR and other state return.	46	00
47. Credit for contributions to Idaho educational entities.	47	00
48. Credit for contributions to Idaho youth and rehabilitation facilities.	48	00
49. Total business income tax credits from Form 44, Part I, line 14. Attach Form 44.	49	00
50. Line 45 minus lines 46 through 49. If less than zero, enter zero.	50	00

OTHER TAXES See page 17			
51. Fuels tax due. Attach Form 75.	51	00	
52. Sales/Use tax due on mail order, Internet, and other nontaxed purchases.	52	00	
53. Total tax from recapture of income tax credits from Form 44, Part II, line 10. Attach Form 44.	53	00	
54. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER.	54	00	
55. Permanent building fund. Check the box if you are receiving Idaho public assistance payments. <input type="checkbox"/>	55	10	00
56. TOTAL TAX. Add lines 50 through 55.	56	00	

DONATIONS See page 17			
57. I wish to donate to the Nongame Wildlife Conservation Fund.	57	00	
58. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.	58	00	
59. I wish to donate to the Idaho Guard and Reserve Family Support Fund.	59	00	
60. I wish to donate \$10 (\$20 if married filing jointly) to the American Red Cross of Greater Idaho fund.	60	00	
61. TOTAL TAX PLUS DONATIONS. Add lines 56 through 60.	61	00	

PAYMENTS See page 17			
62. Grocery credit. Nonresidents do not qualify. See instructions, page 17.	62	00	
63. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39NR.	63	00	
64. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75.	64	00	
65. Idaho income tax withheld. Attach Form(s) W-2.	65	00	
66. 2006 Form 51 payment(s) and amount applied from 2005 return.	66	00	
67. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 62 through 66.	67	00	

TAX DUE See page 18			
68. TAX DUE. Subtract line 67 from line 61. <input type="checkbox"/>			00
69. Penalty <input type="checkbox"/> Interest from the due date <input type="checkbox"/> Enter total.	69		00
Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account. <input type="checkbox"/>			
70. TOTAL DUE. Add lines 68 and 69.	70		00

REFUND See page 19			
71. OVERPAID. Line 67 minus lines 61 and 69.	71		00
72. REFUND. Amount of line 71 to be refunded to you. <input type="checkbox"/>			00
73. ESTIMATED TAX. Amount of line 71 to be applied to your 2007 estimated tax.	73		00

74. DIRECT DEPOSIT. See instructions, page 19.

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

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75. Total tax due (line 70) or overpayment (line 71)	75		00
76. Refund from original return plus additional refunds.	76		00
77. Tax paid with original return plus additional tax paid.	77		00
78. Amended tax due or refund. Add lines 75 and 76 and subtract line 77.	78		00

