

AMENDED RETURN, check the box. See instructions, page 12 for the reasons for amending and enter the number.

State Use Only

For calendar year 2009, 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, and Zip Code

Your Social Security Number (required)

Spouse's Social Security Number (required)

Taxpayer deceased in 2009, Spouse deceased in 2009, Do you need Idaho income tax forms mailed to you next year?

If you or your spouse are nonresident aliens for federal purposes, check here.

Residency status: 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. If someone can claim you as a dependent, leave box 6a blank. Enter "1" in boxes 6a, and 6b, if they apply. List your dependents. Total exemptions. Add lines 6a through 6c. Must match federal return

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, No Specific, None

Table with 3 columns: Description, Line Number, Idaho Amounts. Rows include IDAHO INCOME (lines 9-22) and IDAHO ADJUSTMENTS (lines 23-29).

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, Date, Spouse's signature, 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
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	00
31. Additions from Form 39NR, Part A, line 4. Attach Form 39NR	31	00	00
32. Subtractions from Form 39NR, Part B, line 26. Attach Form 39NR	32	00	00
33. TOTAL ADJUSTED INCOME. Add lines 30 and 31, less line 32	33	00	00

34. 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 39 and 64

Standard Deduction For Most People
 Single or Married filing Separately: \$5,700
 Head of Household: \$8,350
 Married filing Jointly or Qualifying Widow(er): \$11,400

35. Itemized deductions. Attach federal Schedule A. Federal limits apply	35	00
36. All state and local income or general sales taxes included on federal Schedule A, line 5	36	00
37. Subtract line 36 from line 35	37	00
38. Standard deduction. See instructions page 15 to determine standard deduction amount if different than the Standard Deduction For Most People	38	00
39. Multiply \$3,650 by the number of exemptions claimed on line 6d. Federal limits apply	39	00
40. Add line 39 and the LARGER of line 37 or line 38	40	00
41. Idaho percentage. Divide line 33, Column B, by line 33, Column A	41	%
42. Multiply amount on line 40 by the percentage on line 41 and enter the result here	42	00
43. Idaho taxable income. Subtract line 42 from line 33, Column B	43	00
44. TAX from tables or rate schedule. See instructions, page 35	44	00
45. Income tax paid to other states. Attach Form 39NR and other state returns	45	00
46. Credit for contributions to Idaho educational entities	46	00
47. Credit for contributions to Idaho youth and rehabilitation facilities	47	00
48. Credit for live organ donation expenses	48	00
49. Total business income tax credits from Form 44, Part I, line 12. Attach Form 44	49	00
50. Line 44 minus lines 45 through 49. If less than zero, enter zero	50	00

OTHER TAXES	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 7. 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	I wish to donate to:		
	57. Idaho Guard and Reserve Family	58. Idaho Children's Trust Fund	
	59. Special Olympics Idaho	60. Nongame Wildlife Conservation	
	61. American Red Cross of Greater Idaho	62. Idaho Foodbank	
	63. TOTAL TAX PLUS DONATIONS. Add lines 56 through 62	63	00

PAYMENTS	64. Grocery credit. See instructions, page 17. Computed Amount (from worksheet)		
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 64 <input type="checkbox"/>		
	To receive your grocery credit, enter the computed amount on line 64	64	00
	65. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39NR	65	00
	66. Special fuels tax refund Gasoline tax refund Attach Form 75	66	00
	67. Idaho income tax withheld. Attach Form(s) W-2	67	00
68. 2009 Form 51 payment(s) and amount applied from 2008 return	68	00	
69. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 64 through 68	69	00	

TAX DUE	70. TAX DUE. Subtract line 69 from line 63		00
	71. Penalty Interest from the due date Enter total. Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account <input type="checkbox"/>	71	00
	72. TOTAL DUE. Add lines 70 and 71	72	00

REFUND	73. OVERPAID. Line 69 minus lines 63 and 71	73	00
	74. REFUND. Amount of line 73 to be refunded to you		00
	75. ESTIMATED TAX. Amount of line 73 to be applied to your 2010 estimated tax	75	00

76. DIRECT DEPOSIT. See instructions, page 19. Check if final deposit destination is outside of the U.S.
 Routing No. Account No. Type of Account: Checking Savings

AMENDED	77. Total due (line 72) or overpaid (line 73)	77	00
	78. Refund from original return plus additional refunds	78	00
	79. Tax paid with original return plus additional tax paid	79	00
	80. Amended tax due or refund. Add lines 77 and 78, less line 79	80	00

