

AMENDED IDAHO INDIVIDUAL INCOME TAX RETURN

9-11-98	11	F.O.											
	I	E.C. R.C.											
	, the coloredor vee 10		201110				10	o a dia o			10		
FOI	the calendar year 19_ Your first name and initial	, OF TISC	cai ye	ar beginning _	Lastname		19	, ending		Your Social Security Number			
Please					Last name					Your social security Number			
provide					Last name	Lastname					Spouse's Social Security Number		
current										I I			
name	l l										L	15	
and											eck here e moved		
address, City, State and Zip Code											r last inc		
										1	filing.	31110	
PART I. C	omplete even if an ite	m has not	t cha	nged.									
Filing status	g status Number of exemptions						erso	nal status					
Single	Single Yourself/spouse							Age 65 or old	ler •	 □ Yourself □ Spouse 			
	Married filing joint return Children			•									
☐ Married	arried filing separate return Other dependents							Blind		☐ Your	self · 🗌	Spouse	
Head of	household												
	ng widow(er)			exemptions •		•] Someone else	can claim ;	you as a d	epender	nt	
	Complete both page						A	. Originally	B. Cha	nge	C. Co		
	ny changes in column					_		Reported			An	nount	
	adjusted gross income					1			•				
	additions from ADDITIONS se ubtractions from SUBTRACT		_			-	-		•				
				-		3	_		<u> • </u>				
	Idaho adjusted income. Add lines 1 and 2, and subtract line 3. Standard deduction; or itemized deductions less state income taxes								· ·				
	l exemptions					5	_		 •				
	income. Subtract the tota						_						
	n tax tables or rate schedul					8	_		1.				
9. Credits	from CREDITS section on pa	 age 2											
	t line 9 from line 8	_											
11. Special	fuels tax due. Attach Form	า 75				11	1						
	12. Sales/Use tax due						2						
13. Tax from	3. Tax from recapture of Idaho investment tax credit. Attach Form 49R					13	3						
	4. Permanent building fund tax								•				
	5. Donations from DONATIONS section on page 2					15	5		•				
	x and donations. Add lines					16	_		•				
,	credit					17			•				
	nal grocery credit						_		•				
	or maintaining a home for the						+		•				
	Special fuels tax refund. Attach Form 75. Gasoline tax refund. Attach Form 75.						_		•				
	Idaho income tax withheld					-	+-		1.				
	Form 51 and 51ES payments and the amount applied from the prior year's retu						- 1		<u> • </u>				
	4. Tax paid with original return plus additional tax paid after it was filed								1	24			
-	edits and payments. Add li									25	+		
26. Refund from original return plus additional refunds after it was filed													
27. Subtract line 26 from line 25.										27		,	
28. AMOUNT YOU OWE. If line 16, column C is more than line 27, enter the difference.										120			
29. Penalty • Interest from the due date • Enter total													
Check the box if the penalty is due to an ineligible withdrawal from an Idaho medical savings account.										29			
30. Total du	ue. Add lines 28 and 29. Ma	ake check o	r mone	ey order payable	e to the Idaho S	State	e Ta	x Commission.		• 30			
04	. In the second second		. 7										
31. REFUND. If line 16, column C is less than line 27, enter the difference.32. Interest. (The Tax Commission will compute.)													
32. Interest. (The Tax Commission will compute.) 33. Total refund. (The Tax Commission will compute.)													
JJ. TOTALLE	iunu. (ine iax commission	vviii comput	ıC.)							• 33	1		

		Changes to additions, subtractions, crets > around any changes in column B t			A. Originally Reported	B. Change	C. Correct Amount
AD	DITIC	ONS					
1.	Fede	ral net operating loss carryforward included in fed					
		tal loss carryforward incurred outside the state b					
		est and dividends not taxable under federal	•				
		er additions. Attach explanation					
5.	TOTA	L ADDITIONS. Total lines 1 through 4. Enter on I	ine 2, page 1.				
SUE	BTRA	CTIONS					
1.	ldah	o net operating loss carryforward					
		income tax refund, if included in federal income					
		est from U.S. Government					
4.	Insula	ation of Idaho residence					
5.	Alter	native energy devices. Attach Form 39					
		l/dependent care. Attach federal Form 2441 or 1					
		ement benefits deduction. Attach Forms 39 and					
8.	Socia	al security and railroad benefits, if included in feder	al income				
		nological equipment donation					
		capital gains deduction. Attach Form CG					
		otion expenses					
		ributions to an Idaho medical savings account					
		r subtractions. Attach Form 39					
14.	TOTA	L SUBTRACTIONS. Total lines 1 through 13. Ente	er on line 3, pag	je 1.			
CR	EDIT:						
1.	Inco	me taxes paid to other states. Attach Form 39 an					
2.	Cred	lit for contributions to educational entities					
3.	Etha	nol alcohol production credit. Attach Form 25					
4.	Inve	stment tax credit. Attach Form 49					
5.	Cred	lit for contributions to youth and rehabilitation faci					
6.	New	jobs tax credit. Attach Form 55					
7.	Cred	it for production equipment using post-consumer v					
8.	8. Natural resource conservation credit						
_	TOT	L ODEDITO Tatal Base 4 through 0. Fotos an Base	- 0 1				
		L CREDITS. Total lines 1 through 8. Enter on line	e 9, page 1.				
_	NATIO						
		ation to Nongame Wildlife Conservation Fund				•	
		ation to Drug Enforcement Fund				•	
		ation to Children's Trust Fund/Child Abuse Preventi			•		
		ation to Agriculture in the Classroom Fund		•			
5.		ation to U.S. Olympic Fund		•			
6.		ation to Alzheimer's Disease Services Fund		•			
/.	DON	ation to Community Forestry Trust Account				•	
8.	TOTA	L DONATIONS. Total lines 1 through 7. Enter or	n line 15, page 1				
	Unde	r penalties of perjury, I declare that to the best of n	ny knowledge ar	nd belief this return	n is true, correct an	d complete.	
	Withi	n 120 days of receiving this return, the Idaho State	Tax Commission	may contact the	paid preparer to	discuss it.	
		Your signature	Date	Paid preparer's signatur	re		Preparer's EIN or SSN
SIC	3N	•		•			
HE		Spouse's signature (if a joint return BOTH MUST SIGN) •	Daytime phone	Address and phone nun	nber		

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1040X IF YOU AMENDED YOUR FEDERAL RETURN