IDAHO SUPPLEMENTAL SCHEDULE

2008

For Form 40, Resident Returns Only

| Name(s) as shown on return | | | | | | | Social Security Number | | |
|---|--|---------------------------|----------------------------|----------------------|-----------------------|----------------------------|------------------------|--|--|
| 1. 2. 3. 4. | dditions. See instructions, page 21. Federal net operating loss carryover included i Capital loss carryover incurred outside the stat Non-Idaho state and local bond interest and di Idaho college savings account withdrawal Other additions. Attach explanation | 1 2 3 4 5 | 00 00 00 00 00 | | | | | | |
| 6. | Total additions. Add lines 1 through 5. Enter of | | 6 | 00 | | | | | |
| B. St. 1. 2. 3. 4. | ubtractions. See instructions, page 21. Idaho net operating loss carryover Idaho net operating loss carryback State income tax refund if included in federal ir Interest from U.S. Government obligations Insulation of Idaho residence Alternative energy devices deduction | | 1 2 3 4 | 00 00 00 00 | | | | | |
| 0. | Year | | | | | | | //////// | |
| | Acquired Type of Device a. 2008 b. 2007 c. 2006 | Total Cost \$ \$ \$ \$ \$ | X X X | 20% = | 5a 5b 5c | 00 00 00 | | | |
| | e. Add lines 5a through 5d | <u> </u> | | | | | 5e | 00 | |
| 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. | 6. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2 7. Social security and railroad benefits, if included in federal income 8. Retirement benefits deduction. Complete Section C 9. Technological equipment donation 10. Idaho capital gains deduction. Attach Form CG 11. Active duty military pay earned outside of Idaho 12. Adoption expenses 13. Idaho medical savings account. Contributions Interest Financial institution Account number 14. Idaho college savings program 15. Maintaining a home for the aged and/or developmentally disabled 16. Idaho lottery winnings, less than \$600 per prize Income earned on a reservation by an American Indian 18. Health insurance premiums Long-term care insurance 20. Worker's compensation insurance | | | | | | | 00 00 00 00 00 00 00 00 00 00 00 | |
| | • | | | | | | 21 | 00 | |
| | Other subtractions. Attach explanation | Se through 22. | | | | _ | 22 | 00 | |
| C. Re | etirement Benefits Deduction. See instru | ictions, page | 22, | for qualif | ied retiren | nent benefi | ts. | | |
| 2. 3. 4. 5. | If single enter \$26,220, or if married filing jointly Federal Railroad Retirement benefits received Social Security benefits receivedLine 1 minus lines 2 and 3. If less than zero el Qualified retirement benefits included in federa Enter the smaller of line 4 or 5 here and on line | nter zero | | | 1 2 3 4 5 | 00 00 00 00 00 | | 00 | |

| Name(s) as shown on return | Social Security Number | | | | | | |
|--|---|--|---|-----------------------------------|---|---|----|
| | ax Paid to Other States | s. See instructions, pag | ge 25. | | | | |
| This credit is being cla | imed for taxes paid to: •_ | | (State i | name) | | | |
| Other state's adjuste Idaho adjusted inco Divide line 2 by line Multiply line 1 by line | orm 40 med income me from line 13, Form 40 3. Enter percentage here e 4. Enter amount here e less its income tax credits | | 2 3 3 4 | 00 00 % | income ta separate each stat credit is c | copy of the ex return and a Form 39R for e for which a claimed. | |
| 7. Enter the smaller of | lines 5 or 6 here and on lin | ne 24, Form 40 | | • 7 | | | 00 |
| 1. Did you maintain a hone-half of his/her s 2. Did you maintain a horovide more than contains. | ability. See instructions nome for an immediate fam upport? You and your spondome for an immediate fam one-half of his/her support? So to either question, complember you are claiming: | ily member age 65 or older use do not qualifyily member with a developr You and your spouse may | mental disability and | | Yes [| No No | |
| Name of F First Name | Name of Family Member First Name Last Name | | Relationship to Person Filing Return | Date of Birth of Family Member | | Check here if developmentally disabled | |
| Enter on line 46, Fo | ed (\$100 for each qualifying rm 40. (Credit cannot be c | laimed if you took \$1,000 d | eduction on | 4 | | | 00 |
| | inued from Form 40, pa | | | 1 - 1 | | | |
| First Name | | Last Name | | S | Social Sec | curity Numbe | er |
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