41 IDAHO CORPORATION INCOME TAX RETURN 2012

	07-12-12	Leccologic								State	e use or	nly	
• [AMENDED RETURN, check the box. See instructions, page 6 for the reasons	For calendar year Mo 2012, or fiscal	Day	Year		Мо	Day	Year					
Descrip	for amending and enter the number.	year beginning	04-4-	12	endir	ng	Fadan						
Busir	ess name		State t	use only			Federa	ii empioye	er identific	ation numb	er		
Busir	less mailing address												
City,	State and Zip Code												
	If a federal audit was finalized this year, enter	•								_			
	Is this an inactive corporation or nameholder	•								_ Yes	•	4	No
3.	a. Were federal estimated tax payments req									_ Yes	• [_	No
	b. Were estimated tax payments based on a									Yes	• [=	No
4.	Is this a final return?								L	Yes	• [No
	If yes, check the proper box below and enter								_				
_	Withdrawn from Idaho Dissolv	•	_	_			Enter n	ew Ell	<u> </u>				—
	Enter the extended federal due date if this is	•								7 Voc	_ [_	Nic
	Is this an electrical or telephone utility? Did you use the combined reporting method									_ Yes	-	\dashv	No No
1.	a. Does this corporation own more than 50%								_	Yes	- 1	=	No
	b. Does another corporation own more than									Yes	- L	\exists	No
	c. Are more than 50% of this corporation and	·							_	Yes	. أ	Ħ	No
	d. Are two or more corporations in this repor	· ·		-					_	Yes	. [No
8.	If you are a multinational unitary group, answ						50 III 144			00	L		
٥.	a. Check the box for your filing method:			-			See F	orm 14	1.				
	b. If a water's edge return is filed, do you ele				_				_	Yes	. [No
	c. If a worldwide return is filed, is foreign inc								_	Yes	• [No
9.	Did you claim the property tax exemption for	•	-			-				Yes	• [No
	Is one or more corporations in this report par			-			-			Yes	• [No
	DITIONS												
11.	Federal taxable income							11					
	Interest and dividends not taxable under Interest												
13.	State, municipal and local taxes measured b	y net income						13	-				
14.	Net operating loss deducted on federal retur	Net operating loss deducted on federal return				·	14						
15.	Dividends received deduction on federal retu	ırn						15					
16.	Bonus depreciation. Include computations				16								
17.	Other additions, including additions from Form 42, Part II					17							
18.	Add lines 11 through 17							18					
SUI	BTRACTIONS												
19.	Foreign dividend gross-up (Sec. 78, Internal	Revenue Code)						19					
20.	Interest from Idaho municipal securities		•	20									
	Interest on U.S. Government obligations. In												
22.	Interest and other expenses related to lines	20 and 21	•	22									
	Add lines 20 and 21, and subtract line 22							23					
	Fechnological equipment donation							24					
	Allocated income. Include a schedule							-					
	Interest and other expenses related to line 2												
	Subtract line 26 from line 25						27						
	Bonus depreciation. Include computations							28					
	ther subtractions, including subtractions from Form 42, Part II												
30.	otal subtractions. Add lines 19, 23, 24, 27, 28, and 29						30						

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056 INCLUDE A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120A.



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ı	32. Net business income subject to apportionment. Enter the amount from line 31 32	
	33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations	0/
	complete and attach Form 42. Enter the apportionment factor from Form 42, Part I, line 21	
	34. Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33	
	35. Income allocated to Idaho. See instructions	35 36
	36. Idaho net operating loss carryover • carryback • Enter total 37. Idaho taxable income. Add lines 34 and 35, and subtract line 36. If the corporation has an	30
	NOL and is electing to forgo the carryback period, check here •	37
38.	Idaho income tax. Multiply line 37 by 7.4%. Minimum \$20 for each corporation (see instructions)	38
	EDITS	
	Credit for contributions to Idaho educational entities 39	
	Credit for contributions to Idaho youth and rehabilitation facilities 40	_
	Total business income tax credits from Form 44, Part I, line 12.	
	Include Form 44	40
	Total credits. Add lines 39 through 41	42 43
	Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero	43
_	IER TAXES	
	Permanent building fund tax. Enter \$10. Combined reports include \$10 for	44
	each corporation operating or authorized to do business in Idaho	44 45
	Fuels tax due. Include Form 75	46
	Sales/Use tax due on Internet, mail order, and other nontaxed purchases	-
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	
	Total tax. Add lines 43 through 48	
	Underpayment interest. Include Form 41ESR	
	Donation to Opportunity Scholarship Program	
	Add lines 49 through 51	52
PAY	MENTS AND OTHER CREDITS	
53.	Estimated tax payments	53
54.	Special fuels tax refund Gasoline tax refund Include Form 75	54
55.	Hire One Act credit. Include Form 72	55
56.	Total payments and other credits. Add lines 53 through 55	56
	If line 52 is more than line 56, GO TO LINE 57. If line 52 is less than line 56, GO TO LINE 60.	
REF	UND OR PAYMENT DUE	
	Tax due. Subtract line 56 from line 52	57
	Penalty • Interest from due date • Enter total	58
00.	morest nem dae date zner tetammini	
59.	TOTAL DUE. Add line 57 and line 58	
60	Overpayment. Subtract line 52 from line 56	60
00.	Overpayment. Subtract line 32 monthine 30	. 00
61.	REFUND. Amount of line 60 you want refunded to you	
	ESTIMATED TAX. Amount you want credited to your 2013 estimated tax.	
	Subtract line 61 from line 60	62
AME	ENDED RETURN ONLY. Complete this section to determine your tax due or refund.	
	Total due (line 59) or overpayment (line 60) on this return	63
	Refund from original return plus additional refunds	64
	Tax paid with original return plus additional tax paid	65
66.	Amended tax due or refund. Add lines 63 and 64, and subtract line 65	66
•[Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid punder penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and contact the contact of the contact	
SIGN	Signature of officer Date	
HERE		
Paid p ■	oreparer's signature Preparer's EIN, SSN or PTIN	
Addre	ss and phone number	
		2 0 2 9 5
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