

# FORM 41S EFO00028 06-25-14 IDAHO S CORPORATION INCOME TAX RETURN 2014

AMENDED RETURN, check the box.

See instructions, page 11 for the reasons for amending and enter the number.

For calendar year 2014, or fiscal year beginning

Mo

Day

Year

14

ending

State use only

State use only

Business name

Business mailing address

City, State and Zip Code

Federal employer identification number

NAICS Code

1. Is this a composite return?.....

☐ Yes
 ☐ No

2. If a federal audit was finalized this year, enter the latest year audited.....

3. Is this an inactive corporation or nameholder corporation? .....

☐ Yes
 ☐ No

4. a. Were federal estimated tax payments required? .....

☐ Yes
 ☐ No

b. Were estimated tax payments based on annualized amounts? .....

☐ Yes
 ☐ No

5. Is this a final return?.....

☐ Yes
 ☐ No

If yes, check the proper box below and enter the date the event occurred .....

☐ Withdrawn from Idaho
 ☐ Dissolved
 ☐ Merged or reorganized
 

Enter new FEIN

6. Is this an electrical or telephone utility? .....

☐ Yes
 ☐ No

7. Did the ownership change during the year? .....

☐ Yes
 ☐ No

8. Enter the amount of investment tax credit earned this tax year.....

9. Enter the amount of broadband equipment investment credit earned this tax year.....

10. Enter the amount of credit for Idaho research activities earned this tax year.....

11. Reserved .....

12. Did you claim the property tax exemption for investment tax credit property acquired this tax year? .....

☐ Yes
 ☐ No

INCOME	
13. Ordinary income (loss). Form 1120S, page 1 .....	13
14. Net income (loss) from rental real estate activities. Form 1120S, Schedule K .....	14
15. Net income (loss) from other rental activities. Form 1120S, Schedule K.....	15
16. Portfolio income (loss). Form 1120S, Schedule K.....	16
17. Bonus depreciation. Include computations .....	17
18. Other items. See instructions .....	18
19. Net distributable income. Add lines 13 through 18.....	19

ADDITIONS	
20. Interest and dividends not taxable under Internal Revenue Code .....	20
21. State, municipal, and local taxes measured by net income. Include a schedule .....	21
22. Other additions.....	22
23. Add lines 19 through 22 .....	23

SUBTRACTIONS	
24. Interest from Idaho municipal securities .....	24
25. Interest on U.S. Government obligations. Include a schedule .....	25
26. Interest and other expenses related to lines 24 and 25 .....	26
27. Add lines 24 and 25, and subtract line 26.....	27
28. Technological equipment donation.....	28
29. Allocated income. Include a schedule.....	29
30. Interest and other expenses related to line 29. Include a schedule .....	30
31. Subtract line 30 from line 29 .....	31
32. Bonus depreciation. Include computations .....	32
33. Other subtractions.....	33
34. Total subtractions. Add lines 27, 28, 31, 32, and 33 .....	34
35. Net business income subject to apportionment. Subtract line 34 from line 23 .....	35

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

36. Net business income subject to apportionment. Enter the amount from line 35.....	36	
37. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and include Form 42; enter the apportionment factor from Form 42, Part I, line 21.....	37	%
38. Net business income apportioned to Idaho. Multiply line 36 by the percent on line 37 .....	38	
39. Income allocated to Idaho. See instructions .....	39	
40. S corporation income from Form PTE-12, Column b.....	40	
41. S corporation income from Form PTE-12, Column c.....	41	
42. Composite income from Form PTE-12, Column e.....	42	

43. Idaho income tax from Form PTE-12, Column f .....	43	
---	----	--

**CREDITS**

44. Credit for contributions to Idaho educational entities.....	44	
45. Credit for contributions to Idaho youth and rehabilitation facilities.....	45	
46. Total business income tax credits from Form 44, Part I, line 12. Include Form 44 .....	46	
47. Total credits. Add lines 44 through 46 .....	47	
48. Subtract line 47 from line 43. If line 47 is greater than line 43, enter zero .....	48	

**OTHER TAXES**

49. Minimum tax. See instructions if the S corporation owes federal tax.....	49	20
50. Permanent building fund tax. See instructions.....	50	
51. Total tax from recapture of income tax credits from Form 44, Part II, line 7. Include Form 44 .....	51	
52. Fuels tax due. Include Form 75 .....	52	
53. Sales/Use tax due on Internet, mail order, and other nontaxed purchases .....	53	
54. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER.....	54	
55. Total tax. Add lines 48 through 54 .....	55	
56. Underpayment interest. Include Form 41ESR .....	56	
57. Donation to Opportunity Scholarship Program .....	57	
58. Add lines 55 through 57 .....	58	

**PAYMENTS AND OTHER CREDITS**

59. Estimated tax payments. If made under other EIN(s), provide EIN(s) and amount(s) .....	59	
60. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75 ..	60	
61. Reimbursement Incentive Act credit. Include Certificate .....	61	
62. Total payments and other credits. Add lines 59 through 61 .....	62	

If line 58 is more than line 62, GO TO LINE 63. If line 58 is less than line 62, GO TO LINE 66.

**REFUND OR PAYMENT DUE**

63. Tax due. Subtract line 62 from line 58 .....	63	
64. Penalty • _____ Interest from due date • _____ Enter total.....	64	
65. TOTAL DUE. Add line 63 and line 64 .....		
66. Overpayment. Subtract line 58 from line 62 .....	66	
67. REFUND. Amount of line 66 you want refunded to you.....		
68. ESTIMATED TAX. Amount you want credited to your 2015 estimated tax. Subtract line 67 from line 66 .....	68	

**AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.**

69. Total due (line 65) or overpayment (line 66) on this return .....	69	
70. Refund from original return plus additional refunds .....	70	
71. Tax paid with original return plus additional tax paid .....	71	
72. Amended tax due or refund. Add lines 69 and 70, and subtract line 71 .....	72	

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	Signature of officer • _____ Title _____	Date _____ Phone number _____
	Paid preparer's signature • _____	Preparer's EIN, SSN or PTIN • _____
Address and phone number _____		

