Mark Box: **IT-540 WEB** (Page 1 of 4)

Name Change ☒

2017 LOUISIANA RESIDENT

IMPORTANT!
You must enter your SSN below in the same order as shown on your federal return.

	Your legal first name	Init.	Last name	Suffix
Decedent Filing ☐	BARRY	T	WESY	
Spouse Decedent ☐	If joint return, spouse's name	Init.	Last name	Suffix

Your SSN: 4 0 0 0 0 4 3 0 2

Spouse's SSN: 4 0 0 0 0 4 3 2 2

Present home address *(number and street including apartment number or rural route)*
2 SECOND STREET

Address Change ☐

City, Town, or APO	State	ZIP
BATON ROUGE	LA	70807

Area code and daytime telephone number

Amended Return ☐

NOL Carryback ☐

Your Date of Birth: 0 8 1 9 1 9 8 5

Spouse's Date of Birth:

2015 Legislation Recovery ☐

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

Enter a **"1"** in box if **single**.

Enter a **"2"** in box if **married filing jointly**.

Enter a **"3"** in box if **married filing separately**.

Enter a **"4"** in box if **head of household**.
If the qualifying person is not your dependent, enter name here.

Enter a **"5"** in box if **qualifying widow(er).**

3

6 **EXEMPTIONS:**

6A	X Yourself	☐ 65 or older	☐ Blind	☐ Qualifying Widow(er)	Total of 6A & 6B	1
6B	☐ Spouse	☐ 65 or older	☐ Blind			

6C **DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c, in the boxes here. **6C**

First Name	Last Name	Social Security Number	Relationship to you	Birth Date *(mm/dd/yyyy)*

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D **TOTAL EXEMPTIONS** – Total of 6A, 6B, and 6C **6D** 1

FOR OFFICE USE ONLY

☐ Field Flag

WEB

61815

Enter your Social Security Number. 400004302

If you are not required to file a federal return, indicate wages here. .00

Mark this box and enter zero "0" on Line 13. ☐

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."	☒ From Louisiana Schedule E, attached	7 21525.00

If you did not itemize your deductions on your federal return, leave Lines 8A, 8B, and 8C blank and go to Line 9.

8A	FEDERAL ITEMIZED DEDUCTIONS		8A .00
8B	FEDERAL STANDARD DEDUCTION		8B .00
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.		8C .00
9	FEDERAL INCOME TAX – See instructions. If your federal income tax has been decreased by the foreign tax credit, see instructions for optional deduction. If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H.	1 ☐ 2 ☐	9 1293.00
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables.		10 20232.00
11	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.		11 465.00
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 9		12 .00
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0."		13 465.00

14	2017 LOUISIANA REFUNDABLE CHILD CARE CREDIT – **Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line.** *See instructions, page 14, and Refundable Child Care Credit Worksheet.*		14 .00
14A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		14A .00
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		14B .00
15	2017 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – **Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line**. *See Refundable School Readiness Credit Worksheet.* **5** ☐ **4** ☐ **3** ☐ **2** ☐		15 .00
16	EARNED INCOME CREDIT – See *Louisiana Earned Income Credit (LA EIC) Worksheet*, Line 3.		16 .00
17	LOUISIANA CITIZENS INSURANCE CREDIT *See instructions, page 3.*	**17A** .00	17 .00
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 10		18 .00
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14, and 15 through 18. Do not include amounts on Lines 14A, 14B and 17A.		19 .00

20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS – *See instructions, page 3.*	20 465.00
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – *See instructions, page 3.*	21 0.00
22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16	22 .00

CONTINUE ON NEXT PAGE.

Enter the first 4 letters of your last name in these boxes.

Enter your Social Security Number. 400004302

23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20.		23 4,465.00
24	CONSUMER USE TAX – You must mark one of these boxes.	[X] No use tax due. [ ] Amount from the Consumer Use Tax Worksheet.	24 .00
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 and 24.		25 4,465.00

26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.		26 0.00
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6		27 .00

PAYMENTS

28	**AMOUNT OF LOUISIANA TAX WITHHELD FOR 2017 – Attach Forms W-2 and 1099.**		28 439.00
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2016		29 .00
30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2017		30 .00
31	AMOUNT PAID WITH EXTENSION REQUEST		31 .00

32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 31.		32 .00
33	OVERPAYMENT – If Line 32 is greater than Line 25, subtract Line 25 from Line 32. **Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty.** Otherwise, go to Line 40.		33 .00
34	UNDERPAYMENT PENALTY – *See instructions for Underpayment Penalty, page 13, and Form R-210R*. If you are a farmer, check the box.	[ ]	34 .00
35	**ADJUSTED OVERPAYMENT** – If Line 33 is greater than Line 34, subtract Line 34 from Line 33, and enter on Line 35. If Line 34 is greater than Line 33, subtract Line 33 from Line 34, and enter the balance on Line 40.		35 .00
36	TOTAL DONATIONS – From Schedule D, Line 24		36 .00

REFUND DUE

37	SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.		37 .00
38	AMOUNT OF LINE 37 TO BE CREDITED TO 2018 INCOME TAX	**CREDIT**	38 .00
39	AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. If mailing to LDR, use Address 2 on the next page. Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.	**REFUND** [ ]	39 .00

DIRECT DEPOSIT INFORMATION

Type: Checking [ ] Savings [ ]

Will this refund be forwarded to a financial institution located outside the United States? Yes [ ] No [ ]

Routing Number

Account Number

COMPLETE AND SIGN RETURN ON NEXT PAGE.

Enter the first 4 letters of your last name in these boxes.

Enter your Social Security Number. 400004302

AMOUNTS DUE LOUISIANA

40	AMOUNT YOU OWE – If Line 25 is greater than Line 32, subtract Line 32 from Line 25.	40	26.00
41	**ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND**	41	6.00
42	**ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND**	42	6.00
43	**ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION**	43	6.00
44	INTEREST – From the Interest Calculation Worksheet, page 13, Line 5.	44	.00
45	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 13, Line 7.	45	.00
46	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 13, Line 7.	46	.00
47	UNDERPAYMENT PENALTY – *See instructions for Underpayment Penalty, page 13, and Form R-210R.* If you are a farmer, check the box. ☐	47	.00
48	BALANCE DUE LOUISIANA – Add Lines 40 through 47. If mailing to LDR, use address 1 below. For electronic payment options, see page 1 of the instructions. **PAY THIS AMOUNT.**	48	44.00

DO NOT SEND CASH.

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 39.

Your Signature	Date *(mm/dd/yyyy)*	Spouse's Signature *(If filing jointly, both must sign.)*	Date *(mm/dd/yyyy)*

PAID PREPARER USE ONLY

Print/Type Preparer's Name		Preparer's Signature	Date *(mm/dd/yyyy)*	Check ☐ if Self-employed
Firm's Name ➤			Firm's EIN ➤	
Firm's Address ➤			Telephone ➤	

Enter the first 4 letters of your last name in these boxes.

Individual Income Tax Return
Calendar year return due 5/15/2018

Social Security Number, PTIN, or FEIN of paid preparer

{Address}

1 **Mail Balance Due Return with Payment**
TO: Department of Revenue
P. O. Box 3550
Baton Rouge, LA 70821-3550

2 **Mail All Other Individual Income Tax Returns**
TO: Department of Revenue
P. O. Box 3440
Baton Rouge, LA 70821-3440

WEB

ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. 400004302

SCHEDULE C – 2017 NONREFUNDABLE PRIORITY 1 CREDITS

1	CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states must be submitted with this schedule.		
1A	Enter the total of Net Tax Liability Paid to Other States from Form R-10606.	1A	.00
1B	Enter the Credit for Taxes Paid to Other States from Form R-10606.	1B	.00

2	CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. *See instructions on page 4 for definitions of these disabilities.*		

		Deaf	Loss of Limb	Mentally Incapacitated	Blind
2A	Yourself	☐	☐	☐	☐
2B	Spouse	☐	☐	☐	☐
2C	Dependent *	☐	☐	☐	☐

2D	Enter the total number of qualifying individuals. Only one credit is allowed per person.	2D	
2E	Multiply Line 2D by $72.	2E	.00

* List dependent names here. ➤

3	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS		
3A	Enter the value of computer or other technological equipment donated. Attach Form R-3400.	3A	.00
3B	Multiply Line 3A by 29 percent. Round to the nearest dollar.	3B	.00
4	CREDIT FOR CERTAIN FEDERAL TAX CREDITS		
4A	Enter the amount of eligible federal credits.	4A	.00
4B	Multiply Line 4A by 7 percent. Enter the result or $18, whichever is less. This credit is limited to $18.	4B	.00

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. *See instructions beginning on page 5.*

	Credit Description	Credit Code	Amount of Credit Claimed
5			.00
6			.00
7			.00
8			.00
9	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1B, 2E, 3B, 4B and 5 through 8. Also, enter this amount on Form IT-540, Line 12.		.00

Description	Code
Education Credit Act 125 Recovery	099
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115

Description	Code
Bone Marrow	120
Law Enforcement Education	125
First Time Drug Offenders	130
Bulletproof Vest	135

Description	Code
Nonviolent Offenders	140
Owner of Newly Constructed Accessible Home	145
Qualified Playgrounds	150

Description	Code
Debt Issuance	155
Donations of Materials, Equipment, Advisors, Instructors	175
Other	199

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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. 400004302

SCHEDULE D – 2017 DONATION SCHEDULE

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 35 of Form IT-540 to the organizations or funds listed below. Enter on Lines 2 through 23, the portion of the overpayment you wish to donate. The total on Line 24 cannot exceed the amount of your overpayment on Line 35 of Form IT-540.

1	**Adjusted Overpayment –** From IT-540, Line 35	**1** ,, .00

DONATIONS OF LINE 1

2	**The Military Family Assistance Fund**	**2** ,, .00
3	**Coastal Protection and Restoration Fund**	**3** ,, .00
4	The START Program	**4** ,, .00
5	Wildlife Habitat and Natural Heritage Trust Fund	**5** ,, .00
6	Louisiana Cancer Trust Fund	**6** ,, .00
7	Louisiana Pet Overpopulation Advisory Council	**7** ,, .00
8	Louisiana Food Bank Association	**8** ,, .00
9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	**9** ,, .00
10	Louisiana Association of United Ways/LA 2-1-1	**10** ,, .00
11	American Red Cross	**11** ,, .00
12	Louisiana National Guard Honor Guard for Military Funerals	**12** ,, .00

DONATIONS OF LINE 1

13	The Louisiana Youth Leadership Seminar Corporation	**13** ,, .00
14	Lighthouse for the Blind in New Orleans	**14** ,, .00
15	The Louisiana Association for the Blind	**15** ,, .00
16	Louisiana Center for the Blind	**16** ,, .00
17	Affiliated Blind of Louisiana, Inc.	**17** ,, .00
18	Louisiana State Troopers Charities, Inc.	**18** ,, .00
19	Friends of Palmetto State Park	**19** ,, .00
20	The American Rose Society	**20** ,, .00
21	The Extra Mile	**21** ,, .00
22	Louisiana Naval War Memorial Commission; U.S.S. KIDD	**22** ,, .00
23	Children's Therapeutic Services at the Emerge Center	**23** ,, .00

24	TOTAL DONATIONS – Add Lines 2 through 23. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540, Line 36.	**24** ,, .00

ATTACH TO RETURN IF COMPLETED.

SCHEDULE E – 2017 ADJUSTMENTS TO INCOME

Enter your Social Security Number. 400004302

1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040EZ, Line 4, **OR** Federal Form 1040A, Line 21, **OR** Federal Form 1040, Line 37. Check box if amount is less than zero.	1	22,123.00
2	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS	2	511.00
2A	RECAPTURE OF START CONTRIBUTIONS	2A	.00
3	TOTAL – Add Lines 1, 2, and 2A.	3	22,634.00

EXEMPT INCOME – Enter on Lines 4A through 4H the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. *See instructions beginning on page 6.*

	Exempt Income Description	Code	Amount
4A	INTEREST ON US GOVERNMENT OBILGATIONS	01E	1,109.00
4B		E	.00
4C		E	.00
4D		E	.00
4E		E	.00
4F		E	.00
4G		E	.00
4H		E	.00
4I	**EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX** – Add Lines 4A through 4H.		1,109.00
4J	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, *see instructions.*		.00
4K	EXEMPT INCOME – Subtract Line 4J from Line 4I.		1,109.00
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPENSE ADJUSTMENT – Subtract Line 4K from Line 3.		21,525.00
5B	IRC 280C EXPENSE ADJUSTMENT		.00
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.		21,525.00

Description - *See instructions beginning on page 6.*	**Code**
Interest and Dividends on U.S. Government Obligations	01E
Louisiana State Employees' Retirement Benefits *Taxpayer date retired:* _____ *Spouse date retired* _____	02E
Louisiana State Teachers' Retirement Benefits *Taxpayer date retired:* _____ *Spouse date retired:* _____	03E
Federal Retirement Benefits *Taxpayer date retired:* _____ *Spouse date retired:* _____	04E
Other Retirement Benefits *Provide name or statute:* _____ *Taxpayer date retired:* _____ *Spouse date retired:* _____	05E
Annual Retirement Income Exemption for Taxpayers 65 or over *Provide name of pension or annuity:* _____	06E
Taxable Amount of Social Security	07E
Native American Income	08E

Description - *See instructions beginning on page 6.*	**Code**
START Savings Program Contribution	09E
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sale of Louisiana Business	20E
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Other, *see instructions, page 8.* Identify: _____	49E

File electronically!

www.revenue.louisiana.gov/fileonline

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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. 4 0 0 0 0 4 3 0 2

SCHEDULE F – 2017 REFUNDABLE PRIORITY 2 CREDITS

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses.

1A Yourself ☐ Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
or State Identification _____ State of issue _____

1B Spouse ☐ Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
or State Identification _____ State of issue _____

1C Dependents: List dependent names.

Dependent name _____ Date of Birth (MM/DD/YYYY) _____
Dependent name _____ Date of Birth (MM/DD/YYYY) _____
Dependent name _____ Date of Birth (MM/DD/YYYY) _____
Dependent name _____ Date of Birth (MM/DD/YYYY) _____

1D Enter 72 percent of the amount of fees paid by certain military service members for obtaining Louisiana Hunting and Fishing Licenses. *See instructions, page 9.* 1D .00

Additional Refundable Priority 2 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. *See instructions beginning on page 9.*

	Credit Description	Credit Code		Amount of Credit Claimed	
2			F	2	.00
3			F	3	.00
4			F	4	.00
5			F	5	.00
6			F	6	.00

Transferable, Refundable Priority 2 Credits

Enter the State Certification Number from Form R-6135, along with the dollar amount of credit claimed. *See instructions beginning on page 9.*

	Credit Description	Credit Code		Amount of Credit Claimed	
7.	Musical and Theatrical Production	6 2	F	7	.00
7A.					
8.	Musical and Theatrical Production	6 2	F	8	.00
8A.					
9.	Musical and Theatrical Production	6 2	F	9	.00
9A.					
10.	OTHER REFUNDABLE PRIORITY 2 CREDITS – Add Lines 1D and 2 through 9. Also enter this amount on Form IT-540, Line 18.			10	.00

SEE CREDIT CODES ON NEXT PAGE

ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. 400004302

SCHEDULE F – 2017 REFUNDABLE PRIORITY 2 CREDITS ...*CONTINUED*

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Urban Revitalization	56F
Mentor-Protégé	57F

Description	Code
Milk Producers	58F
Technology Commercialization	59F
Historic Residential	60F
School Readiness Child Care Provider	65F

Description	Code
School Readiness Child Care Directors and Staff	66F
School Readiness Business – Supported Child Care	67F
School Readiness Fees and Grants to Resource and Referral Agencies	68F

Description	Code
Retention and Modernization	70F
Conversion of Vehicle to Alternative Fuel	71F
Digital Interactive Media & Software	73F
Solar Energy Systems – Leased	74F
Other Refundable Credit	80F

***** Schedule G omitted on purpose *****

SCHEDULE H – 2017 MODIFIED FEDERAL INCOME TAX DEDUCTION

1	Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet, page 2.	1	.00
2	Enter the amount of federal disaster credits allowed by IRS. *See instructions beginning on page 10.*	2	.00
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540, Line 9, and mark box 2 on Line 9 to indicate that your income tax deduction has been increased.	3	.00

SCHEDULE I – 2017 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. *See instructions beginning on page 10.*

	Credit Description	Credit Code	Amount of Credit Claimed
1		F	.00
2		F	.00
3		F	.00
4		F	.00
5		F	.00
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540, Line 27.		.00

Description	Code
Inventory Tax	50F
Ad Valorem Natural Gas	51F

ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. **4 0 0 0 0 4 3 0 2**

SCHEDULE J – 2017 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

1	FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040A, Line 31, or Federal Form 1040, Line 49. This amount will be used to compute your 2017 Louisiana Nonrefundable Child Care Credit.	1	.00
2	2017 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – **Your Federal Adjusted Gross Income must be GREATER THAN $25,000 in order to claim a credit on this line.** *See Nonrefundable Child Care Credit Worksheet.*	2	.00
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – *See Nonrefundable Child Care Credit Worksheet.*	3	.00
4	2017 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT – **Your Federal Adjusted Gross Income must be GREATER THAN $25,000 in order to claim a credit on this line.** *See Nonrefundable School Readiness Credit Worksheet.* **5** ☐ **4** ☐ **3** ☐ **2** ☐	4	.00
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – *See Nonrefundable School Readiness Credit Worksheet.*	5	.00

Additional Nonrefundable Priority 3 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. *See instructions beginning on page 11.*

	Credit Description	Credit Code	Amount of Credit Claimed
6			.00
7			.00
8			.00
9			.00
10			.00
11			.00

IMPORTANT! Only these codes can be claimed on Lines 6 through 11.

Description	Code
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
Inventory Tax Credit Carried Forward and ITEP	218

Description	Code
Ad Valorem Natural Gas Credit Carried Forward	219
New Jobs Credit	224
Refunds by Utilities	226
Eligible Re-entrants	228
Neighborhood Assistance	230

Description	Code
Research and Development	231
Cane River Heritage	232
LA Community Economic Dev.	234
Apprenticeship	236
Ports of Louisiana Investor	238
Ports of Louisiana Import Export Cargo	240

Description	Code
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

CONTINUE ON NEXT PAGE.

ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. 4 0 0 0 0 4 3 0 2

SCHEDULE J – 2017 NONREFUNDABLE PRIORITY 3 CREDITS ...*CONTINUED*

Transferable, Nonrefundable Priority 3 Credits

Enter credit description, associated code, along with the dollar amount of credit claimed and the State Certification Number from Form R-6135. *See instructions beginning on page 11.*

	Credit Description	Credit Code	Amount of Credit Claimed
12		12	.00
12A			
13		13	.00
13A			
14		14	.00
14A			
15		15	.00
15A			
16	TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on Form IT-540, Line 22.	16	.00

IMPORTANT! Only these codes can be claimed on Lines 12 through 15.

Description	Code
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
Digital Interactive Media	254
Capital Company	257
LCDFI	258

Description	Code
New Markets	259
Brownfields Investor	260
Motion Picture Infrastructure	261

Description	Code
Angel Investor	262
Other	299