

To ensure proper credit, please DO NOT fold or staple.

IT-540ES-SD (2019)

LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR INDIVIDUALS - 2019

I

If year end differs from prior year, mark box For calendar year 2019 or fiscal year ending _____ month/year

Your Social Security Number	Spouse's Social Security Number	Payment Due Date	INDIVIDUAL Voucher
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Name
Spouse's Name
Address
City, State ZIP

Amount of payment. **DO NOT SEND CASH.**

\$.00



Mail this form with your payment to:
 LA DEPT OF REVENUE
 PO BOX 91007
 BATON ROUGE LA 70821-9007

Mail date

1905

For office use only