



## Partnership Automatic Extension Composite Payment Voucher (2022)

Louisiana Department of Revenue P.O. Box 751 Baton Rouge, LA 70821-0751

Louisiana automatically grants all partnerships a 6-month extension of time to file their income tax return.

- For calendar year filers, the filing date is automatically extended to November 15th.
- You are NOT required to file a form in order to obtain this automatic extension.
- You must pay any tax due by May 15th for calendar year filers, or on or before the 15th day of the fifth month following the close of the accounting period for fiscal year filers.
- An extension of time to file does NOT extend the amount of time you have to make your payment.
- Penalties and interest will accrue on all late payments.

This voucher should be used by partnerships that are required to pay the composite partnership tax that cannot file the return by the due date and anticipates that they will owe additional tax on the return. Only use this voucher for a payment that was not submitted through electronic funds transfer. An Electronic Funds Transfer payment is required if the payment exceeds \$5,000.

Composite Partnership Extension Payment						
1	Estimated amount of composite tax due	1		.00		
2	Less all previously remitted estimated payments	2		.00		
3	Total estimated taxes due and remitted with this voucher – Subtract Line 2 from Line 1.	3		.00		

- · Complete and retain this portion as a record of payment
- Complete the voucher below. If you have a foreign address, enter the city name in the appropriate space. Follow the country's practice for entering the postal code and the name of the province, county, or state. Enter the foreign country name in the appropriate space. Don't abbreviate the country name.

Detach and submit the voucher below with your payment. You MUST enter your LA Revenue Account Number below.

R-6467V-SD (1/23)		2022 CP							
Partnership Automatic Extension Composite Payment Voucher									
Louisiana Revenue Account Number	Federal Employer Identification Number	Filing Period							
Partnership Legal Name									
Address	Unit Type		Unit Number						
City		State	ZIP						
Foreign Nation, if not United States (do not abbreviate)	DO NOT SEND CASH Am	ount _	. •						

enclosed



Mail this voucher with your payment to: Louisiana Department of Revenue

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