# Louisiana Department of Revenue

# Criteria Based Test Scenarios

# Individual Income Return (IT-540 and IT-540B)

Instructions

Electronic Test Submissions

You can submit your test as soon as your test are available.

Please use these fields in two of your IT-540 test cases:

Lines 6E, 6F, 8B, 8C and 9

Schedule F- Use new code

Schedule J- Use code

Refundable Child Care Credit Worksheet

Line 22A and 22B

Please use these fields in two of your IT-540B test cases:

Lines 10B, 10C or 10B, 12

Schedule D- Use the New Donation

Schedule F- Use New Code

Schedule J- Use New Code

Must Use the Refundable Child Care Credit Worksheet

Lines 23A and 23B

IT-540

Test Scenario - 4302

Taxpayer SSN -400-00-4302 Taxpayer Date of Birth- 08/19/1985

**Spouse’s SSN- 400-00-4322 Spouse’s Date of Birth- 09/10/1988**

Address- 2 Second Street, Unit # 5

 Baton Rouge, LA 70807

Filing Status- **Married Filing Separately**

**Schedule E**

If it is an ‘Amount to be refunded’ return, please include two of new donations.

**Schedule D**- New Donations

* Please include the new donation.

Please include the worksheets that support requested Schedules.

**Please make your test a mixture of ‘refund’ and ‘balance due’ returns.**

IT-540

Test Scenario - 4303

Taxpayer SSN -400-00-4303 Taxpayer’s Date of Birth- 05/10/1959

Spouse’s SSN- 400-00-4323 Spouse’s Date of Birth- 04/29/1968 BLIND

Address- 74 Builder Drive

 Baton Rouge, LA 70807

Filing Status- **Married Filing Jointly**

6 Dependents- Include all required dependent information

400-00-3005

400-00-4005

400-00-5005

400-00-6005

400-00-7005

400-00-8005

**Federal Child Care Credit must be utilized**

**Schedule C** must be utilized.

**Schedule E** must be used on this return.

* Retirement dates must be used on codes 2E, 3E, 4E and 5E.

**Line 9** on the Main Return, page 3 must be used.

**Schedule D**- Donations

* Please include the new donation

**Schedule F**- Please include the worksheets that apply and use new code(78F).

**Schedule J** Nonrefundable Child Care Credits must be utilized.

Please include the worksheets that apply.

If it is an ‘Amount to be refunded’ return, please include two of new donations.

* Provide Direct Deposit Information

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

IT-540

Test Scenario - 4309

Taxpayer SSN -400-00-4309 Taxpayer’s Date of Birth- 07/24/1950

Address- 456 Walnut Grove

 Baton Rouge, LA 70807

Filing Status- Qualifying Widower

1 Dependents- Include all required dependent information

400-55-2007

Schedule E must be used on this return.

Schedule F must be utilized.

Please include the worksheets that apply and use new code(78F).

**Schedule I** must be utilized.

If it is an ‘Amount to be refunded’ return, please include two donations and the new donation.

* Provide Direct Deposit Information

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

Please include the NEW fields of the Child Care Credit Worksheet.

IT-540

Test Scenario - 4307

Taxpayer SSN -400-00-4307 Taxpayer’s Date of Birth- 06/12/1966

Address- 74 Builder Drive

 Baton Rouge, LA 70807

Filing Status- Head of Household

2 Dependents- Include all required dependent information

400-55-4008 Deaf Loss of Limb

400-55-5008

Federal Child Care Credit must be utilized

Schedule C must be utilized.

Schedule E must be used on this return- Please use the new code and one additional code.

Line 6E, 6F, 8C and Line 9 on the Main Return, page 3 must be used.

Schedule J Nonrefundable Child Care Credits must be utilized.

Please use new code.

Please include the worksheets that apply.

**Please use two of the new credits.**

If it is an ‘Amount to be refunded’ return, please include two of new donations.

* Provide Direct Deposit Information

If the return is a ‘Balance Due’ return, please provide direct debit information.

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

# Non-Resident Scenarios

IT-540B

Part Year Return

Taxpayer SSN -400-00-4304 Taxpayer’s Date of Birth- 02/12/1958

Address- 223 French Market Street

 Marshall, TX 70807

Filing Status- Single

**Must check Nonresident Athlete Box**

Schedule C must be utilized- New code must be used.

**Schedule D- new codes must be used**

Schedule I must be used on this return.

Lines 10B, 10C or 10D, 12 on the Main Return must be used.

Schedule J must be utilized. Please use new code(465).

Please include the worksheets that apply.

If it is an ‘Amount to be refunded’ return, please include two of new donations.

* Provide Direct Deposit Information

If the return is a ‘Balance Due’ return, please provide direct debit information.

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

IT-540B

Non-Resident Return

Taxpayer SSN -400-00-4305 Taxpayer’s Date of Birth- 02/12/1958

Address- 1420 Aztec Ave

 Waskom, TX 75692

Filing Status- Head of Household

**Must check Nonresident Athlete Box**

1 Dependents- Include all required dependent information

400-55-3005 Mentally Incapacitated

Line 47, Main Return-page 4, must be utilized.

Schedule C must be utilized.

Schedule I must be used on this return- The new credit must be used.

Line 10B, 10C or 10D, Line 12 on the Main Return, page 3 must be used.

Schedule J Nonrefundable Child Care Credits must be utilized.- Use New Credit

Schedule D must be utilized. The new donations must be used.

**Please use two of the new credits.**

If it is an ‘Amount to be refunded’ return, please include two of new donations.

* **Provide Direct Deposit Information**

If the return is a ‘Balance Due’ return, please provide direct debit information.

Must supply a PTIN for Paid Preparer.

Please include the worksheets that support requested Schedules.

Please include the NEW fields of the Child Care Credit Worksheet.