

Louisiana Department of Revenue Fiduciary Income Tax Declaration for Electronic Filing

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO). For calendar year 2023, or tax year beginning 2023, ending 2024

	calendar year 2023, or lax year beginnin	ig	, 2023	, enuing		, 202	24	F	PLEASE PRINT OR TYP	
Nar	ne of Estate or Trust									
Louisiana Revenue Account Number						Federal Employer Identification Number (FEIN)				
Address of Estate or Trust						Unit Type			Unit Number	
City			State Zip			Foreign Nation, if no		if not Unite	not United States (do not abbreviate)	
Pa	rt 1 - Tax Return Information (whol	e dollars	only)							
1	Income tax due after Priority 1 Credits (Form IT-541, Line 10)					1			.00	
2	Refund (Form IT-541, Line 25)	efund (Form IT-541, Line 25)						.00		
3	Fotal amount due (Form IT-541, Line 30)					3		.00		
4	Amount of payment remitted electronically					4		.00		
	rt II - Declaration of Fiduciary (Sig								.00	
Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending m of receipt of transmission and an indication of whether or not the estate's or trust's return is accepted. I authorize a representative of the Louisiana Department of Revenue to discuss my resignature of Officer Date (mm/dd/yyyy)						ny return				
Pa	rt III - Declaration of Electronic Return	n Origina	tor (ERO) and	Paid Pre	parer					
If I a ciar the Mod the con	clare that I have reviewed the above estate's am only a collector, I am not responsible for y or trustee will have signed this form before Louisiana Department of Revenue, and hav dernized E-File Information for Authorized IR above estate's or trust's return and accompa nplete. This Paid Preparer declaration is base O's Use Only D'S Signature	reviewing I submit the followed S E-Provid nying sche d on all in	the return and or ne return. I will gi all other require ders. If I am also edules and staten	nly declare ve the fidu ments in F the Paid F nents, and	that this f ciary or tru Pub. 3112, Preparer, u to the bes ny knowled	iorm accur ustee a co IRS E-file nder pena to of my kn dge.	ately reflec py of all for Application Ities of per owledge an whether any second	ets the dat rms and ir n and Part jury I decl nd belief, t	a on the return. The fidu- iformation to be filed with icipation, and Pub. 4163, are that I have examined	
				paid p	oreparer	self-e	employed	FEIN		
Firm's Name (or yours if self-employed)								FEIN		
City Stat					State	ZIP Phone Number		umber		
Pai	d Preparer's Use only									
	Preparer's Signature Date (mm/dd/yyyy) Check self-er									
Firm's Name (or yours if self-employed)						<u> </u>		FEIN		
City					State	ZIP	ZIP Phone Number		umber	