Mark Box:		IT-540 (Page 1 of 4)								Ш	MPORT	ANT!		
Name	П	2023 LOUISIAN	A RE	S	ID	ENT	Γ		You mu orde		your SS wn on y			
Change		Your legal first name	Init. Last n	ame				Suffix]					
Decedent Filing	П								Your SSN					
0		If joint return, spouse's name	Init. Last name Suffix											
Spouse Decedent									Spouse' SSN	5				
Address	Present home address (number and street including rural route)					Unit Ty	pe	Number				T T		I II
Change	Ш	City, Town, or APO				State		ZIP	_	Area co	de and da	vtime tel	enhone i	umber
Amended						Oluic		211		/ II OU OO				
Return	ш	Foreign Nation, if not United States (do not a	abbreviate)											
NOL Carryback														
		M	MDD	Y	Y	YY		MMC	DY	ΥY	Y			
-			Your D	ate o	f Birth	_		Spou	e's Date	of Birth				
				0	EVEN	IPTIONS								
		STATUS: Enter the appropriate number in the tus box. It must agree with your federal return.		6	EXEIN	IPTIONS) :				0.1	alifying		
· · · · ·		Enter a " 1 " in box if single .		6A	X	ourself	Γ	65 or older	Blir	d	Su	rviving		—
	E	Enter a "2" in box if married filing jointly.									- Spo	ouse	Tota 6A &	
	E	Enter a " 3 " in box if married filing separate	ly.	6B	5	Spouse		65 or older	Blir	ld				
		Enter a "4" in box if head of household . f the qualifying person is not your dependent, enter na	me here											
		Enter a "5" in box if qualifying surviving sp f the qualifying person is not your dependent, enter na												

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 number of dependents claimed on Federal Form 1040 or 1040-SR in the boxes here.

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	EXEMPTIONS – Total of 6A, 6B, and 6C	6D	
6E	DEPENDENTS FOR CERTAIN ADOPTIONS DEDUCTION – Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions.	6E	
	Enter name here		
6F	TOTAL EXEMPTIONS - Subtract Line 6E from Line 6D	6F	



FOR OFFICE USE ONLY									
Field Flag									

6C

Refundable School Readiness Credit Worksheet.

amounts on Lines 13A and 13B.

5

TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS

OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS

NONREFUNDABLE PRIORITY 3 CREDITS - From Schedule J, Line 16

ADJUSTED LOUISIANA INCOME TAX - Subtract Line 20 from Line 18.

4

OTHER REFUNDABLE PRIORITY 2 CREDITS - From Schedule F, Line 9

EARNED INCOME CREDIT - See Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3.

TOTAL REFUNDABLE PRIORITY 2 CREDITS - Add Lines 13, and 14 through 16. Do not include

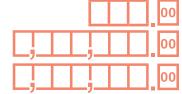
3

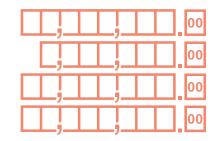
Enter your Social Security Number. (

you a	are not required to file a federal return, indicate wages here.	s box ai	nd enter zero "0" on Line 12. 🖝
7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."	7	
lf you	u did not itemize your deductions on your federal return, leave Lines 8A through 8D blank and go to Line 9.	_	
8A	FEDERAL ITEMIZED DEDUCTIONS	8A	
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES	8B	
8C	FEDERAL STANDARD DEDUCTION	8C	
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS - Subtract Line 8C from Line 8B.	8D	
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables.	9	
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.	10	
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6	11	
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0."	12	
13	2023 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 the instructions and the Refundable Child Care Credit Worksheet.	13	
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	13A	
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	13B	
	2023 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 the	-	

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П	Т		00
]		







14

15

16

17

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19

20

21

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



CONTINUE ON NEXT PAGE.

14

15

16

17

18

19

20

2023 Form IT-540 (Page 3 of 4)

Enter your Social Security Number. 📹

	22A	CONSUMER USE TAX - You must mark one of these boxes. No use tax due. Amount from the Consumer Use Tax Worksheet.	22A 00
	22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE No usage fee due. Amount from Form R-19000.	228,, 00
	23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE – Add Lines 21, 22A, AND 22B.	23 00
	24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19.	24
	25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	25 00
S	26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach Forms W-2 and 1099.	26
IENT	27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2022	27
ΡΑΥΜ	28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2023	28
	29	AMOUNT OF EXTENSION PAYMENT	29
	30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 24 through 29.	30 00
	31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38.	31 00
	32	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	32 00
	33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.	33 00
	34	TOTAL DONATIONS – From Schedule D, Line 22	34 00
	35	SUBTOTAL – Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund.	35
	36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 INCOME TAX	36 00
EFUND DUE	37	AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. 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.	37
Ĩ		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 Account	

COMPLETE AND SIGN RETURN ON NEXT PAGE.



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



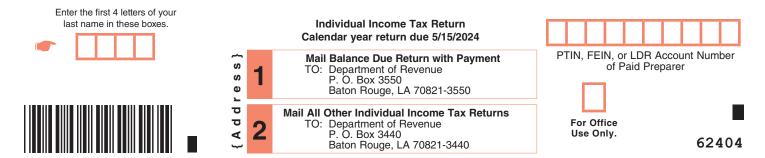
Enter your Social Security Number.

	38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	
	39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	
IANA	40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	
OUISIANA	41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	
UEL	42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	
ITS D	43	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	
AMOUNTS	44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	
AI	45	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	
	46	BALANCE DUE LOUISIANA – Add Lines 38 through 45. If mailing to LDR, use address 1 below. For electronic payment options, see instructions.	46	
				DO NOT SEND CASH.
		IMPORTANT!		DO NOT SEND CASH.

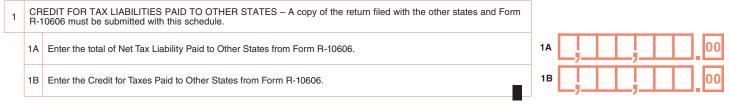
All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

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 a 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 37.

Your Signature				n/dd/yyyy)	Spouse's Signature (If filing join	tly, both must sign.)	Date (mm/dd/yyyy)	
PAID	Print/Type Preparer's	s Name		Preparer's S	Signature	Date (mm/dd/yyyy)	Chec	k □ if Self-employed
PREPARER	Firm's Name 🕨					Firm's FEIN >		
USE ONLY	Firm's Address ►					Telephone ►		



SCHEDULE C - 2023 NONREFUNDABLE PRIORITY 1 CREDITS



Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See the instructions. **Credit Description Credit Code** Amount of Credit Claimed TOTAL NONREFUNDABLE PRIORITY 1 CREDITS - Add Lines 1B, and 2 through 5. Also, enter this amount on Form IT-540, Line 11.

Description	Code	Description	Code	Description	Code
Premium Tax	100	Qualified Playgrounds	150	Other	199
Bone Marrow	120	Debt Issuance	155		





ATTACH TO RETURN IF COMPLETED.

SCHEDULE D - 2023 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 33 of Form IT-540 to the organizations or funds listed below. Enter on Lines 2 through 21, the portion of the overpayment you wish to donate. The total on Line 22 cannot exceed the amount of your overpayment on Line 33 of Form IT-540.

	1	Adjusted Overpayment – From IT-	540, Li	ne 33				1				00
l												
	2	The Military Family Assistance Fund	2		00		12	Louisiana National Guard Hond Guard for Military Funerals	r 12][00
	3	Coastal Protection and Restoration Fund	3	Ш <u>;</u> Ш	00		13	Louisiana State Troopers Charities, Inc.	13	ШĴ,		00
LINE 1	4	The START Program	4	<u> </u>	00	ш Т	14	Louisiana Coalition Against Domestic Violence	14	Ш,		00
OF L	5	Wildlife Habitat and Natural Heritage Trust Fund	5		00	F LINI	15	Dreams Come True, Inc.	15	ШĴ,		00
IONS	6	Louisiana Cancer Trust Fund	6		00	IO SN	16	Sexual Trauma Awareness and Response (STAR)	16	Ш,		00
DONATIONS	7	Louisiana Pet Overpopulation Advisory Council	7		00	TIO	17	Louisiana State University Agricultur Center Grant Walker Educational Center (4-H Camp Grant Walker)	al 17	Ш,		00
ă	8	Louisiana Food Bank Association	8		00	DONA	18	Maddie's Footprints	18	Ш,		00
	9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	9		00		19	University of New Orleans Foundation	19	Ш,		00
	10	Louisiana Association of United Ways/LA 2-1-1	10		00		20	Southeastern Louisiana University Foundation	20	Ш,		00
	11	American Red Cross	11		00		21	Holden's Hope	21	Ш,		00
	22	TOTAL DONATIONS – Add Lines 2 on Form IT-540, Line 34.	throug	h 21. This amount canno	ot be mo	re than	Line 1	1. Also, enter this amount 22].[00



ATTACH TO RETURN IF COMPLETED.

SCHEDULE E - 2023 ADJUSTMENTS TO INCOME Enter your Social Security Nu

1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040 or 1040-SR, Line 11. Check box if amount is less than zero.
2A	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS
2B	RECAPTURE OF START CONTRIBUTIONS
2C	RECAPTURE OF START K12 CONTRIBUTIONS
2D	ADD BACK OF PASS – THROUGH ENTITY LOSS
3	TOTAL – Add Lines 1, 2A, 2B, 2C, and 2D.

EXEMPT INCOME – Enter on Lines 4A through 4G the amount of exempted income included in Line 1 above. Enter the description and associated code, along with the dollar amount. See the instructions. Exempt Income Description Code

	Exempt income Description	Code
4A		E
4B		E
4C		E
4D		E
4E		E
4F		E
4G		E
4H	EXEMPT INCOME – Add Lines 4A through 4G.	
5	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 4H from Line 3. Als amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicatin was used	

ımber.		
1	\square .	00
2A	Ш.	00
2B	Ш.	00
2C	Ш.	00
2D	Ш.	00
3	\square .	00

	Amount
4 A	00
4B	00
4C	00
4D	00
4E	00
4F	00
4G	00
4H	00
5	

Description - See instructions.	Code
Interest and Dividends on U.S. Government Obligations	01E
Louisiana State Employees' Retirement Benefits Taxpayer date retired: M M Y Y Y Spouse date retired: M M Y Y Y	02E
Louisiana State Teachers' Retirement Benefits Taxpayer date retired: M M Y Y Y Y Spouse date retired: M M Y Y Y Y	03E
Federal Retirement Benefits Taxpayer date retired: M M Y Y Y Spouse date retired: M M Y Y Y	04E
Other Retirement Benefits - Provide name or statute: Taxpayer date retired: M M Y Y Y Spouse date retired: M M Y Y Y	05E
Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity:	06E

Description - See instructions.	Code
Taxable Amount of Social Security	07E
Native American Income	08E
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
Entity Level Taxes Paid to Other States	23E
Pass - Through Entity Exclusion	24E
IRC 280C Expense	25E
COVID-19 Relief Benefits	27E
START K12 Savings Program Contributions	28E
Digital Nomads	29E
Certain Adoptions	30E
Other, see instructions. Identify:	49E



ATTACH TO RETURN IF COMPLETED.

2023 Louisiana School Expense Deduction Worksheet

Yo	ur Name	Your Social Security Number
1	This worksheet should be used to calculate the three School Expense	Deductions listed below Refer to Revenue Information Bulletins 09-019 and

- This worksheet should be used to calculate the three School Expense Deductions listed below. Refer to Revenue Information Bulletins 09-019 and 12-008 on LDR's website for more information. Expenses paid with amounts deducted as START K12 Savings Program Contributions are not eligible for this deduction.
 - Elementary and Secondary School Tuition R.S. 47:297.10 provides a deduction for amounts paid during the tax year for tuition and fees required for your dependent child's enrollment in a nonpublic elementary or secondary school that complies with the criteria set forth in Brumfield v. Dodd and Section 501(c)(3) of the Internal Revenue Code or to any public elementary or secondary laboratory school that is operated by a public college or university. The school can verify that it complies with the criteria. The deduction is equal to the actual amount of tuition and fees paid per dependent, limited to \$5,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks and other supplies required by the school.
 - 2. Educational Expenses for Home-Schooled Children R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to \$5,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
 - 3. Educational Expenses for a Quality Public Education R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to \$5,000. The amounts that can be deducted include amounts paid for uniforms, textbooks and other supplies required by the school.
- II. On the chart below, list the name of each qualifying dependent and the name of the school the student attends. If the student is home-schooled, enter "home-schooled." Enter an "X" in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

Student	Name of Qualifying Dependent	Name of School	Deduction as described above in Section I		
			1	2	3
Α					
В					
С					
D					
E					
F					

III. Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item **required** by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses. If you checked column 1 in Section II, skip the 50% calculation below; however, the deduction is still limited to \$5,000.

Qualifying Expanse	List the amount paid for each student as listed in Section II.					
Qualifying Expense	А	В	С	D	E	F
Tuition and Fees						
School Uniforms						
Textbooks or Other Instructional Materials						
Supplies						
Total (add amounts in each column)						
If column 2 or 3 in Section II was checked, multiply by:	50%	50%	50%	50%	50%	50%
Deduction per Student – Enter the result or \$5,000, whichever is less.						

IV. Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

Enter the Elementary and Secondary School Tuition Deduction here and on IT-540, Schedule E, code 17E.	\$
Enter the Educational Expenses for Home-Schooled Children Deduction here and on IT-540, Schedule E, code 18E.	\$
Enter the Educational Expenses for a Quality Public Education Deduction here and on IT-540, Schedule E, code 19E.	\$



SCHEDULE F - 2023 REFUNDABLE PRIORITY 2 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See the instructions. **Credit Description Credit Code** Amount of Credit Claimed 1 00 F 1 F 2 00 2 F 00 3 3 F 00 4 4 F 00 5 5 5A School Readiness Child Care Directors and Staff Credit - Facility License Number

Transferable, Refundable Priority 2 Credits

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



Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Milk Producers	58F

Description	Code
Technology Commercialization	59F
School Readiness Child Care Provider	65F
School Readiness Child Care Directors and Staff	66F
School Readiness Business – Supported Child Care	67F

Description	Code
School Readiness Fees and Grants to Resource and Referral Agencies	68F
Retention and Modernization	70F
Digital Interactive Media & Software	73F
Stillborn Child	76F

Description	Code
Funeral and Burial Expense for a Pregnancy-related Death	77F
Adoption of Unrelated Infant	78F
Other Refundable Credit	80F



SCHEDULE I – 2023 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See the instructions.

	Credit Description	C
1		
2		
3		
4		
5		
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540, Line 25.	

See life	instructio	115.		
Credi	Credit Code		Amount of	F
	F	1	\Box, \Box	
	F	2	\Box, \Box	
	F	3	\Box, \Box	
	F	4	\Box, \Box	
	F	5	\Box, \Box	
		6		

	Amount of Credit Claimed			
$_,_$	00			
	00			
Ţ,	00			
	00			
Ţ,	00			
Ţ	00			

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



SCHEDULE J – 2023 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

1	FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040 or 1040-SR, Schedule 3, Line 2. This amount will be used to compute your 2023 Louisiana Nonrefundable Child Care Credit.	1	00
2	2023 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 the Nonrefundable Child Care Credit Worksheet.	2	00
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2018 THROUGH 2022 – See the Nonrefundable Child Care Credit Worksheet.	3	00
4	2023 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 the Nonrefundable School Readiness Credit Worksheet. 5 4 3 2	4	
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2018 THROUGH 2022 – See the 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 the instructions.



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

Description	Code
Organ Donation	202
Previously Unemployed	208
Owner of Accessible and Barrier-free Home	221
New Jobs Credit	224
Eligible Re-entrants	228
Apprenticeship (2007)	236
Tax Equalization	305
Manufacturing Establishments	310

Description	Code	
Other	399	LA ۱
Refunds by Utilities	412	You
Donation to School Tuition Organization	424	Арр
QMC Music Job Creation Credit	454	Don Cha
Neighborhood Assistance	457	Fire
Research and Development	458	Inve and
Ports of Louisiana Import Export Cargo	459	Ad ۱ Carr
LA Import	460	Atch

Description	Code
LA Work Opportunity	461
Youth Jobs	462
Apprenticeship (2022)	463
Donation to Qualified Foster Care Charitable Organization	464
Firearm Safety Devices	465
Inventory Tax Credit Carried Forward and ITEP	500
Ad Valorem Natural Gas Credit Carried Forward	502
Atchafalaya Trace	504

Description	Code
Cane River Heritage	506
Ports of Louisiana Investor	508
Enterprise Zone	510
Recycling Credit	550
Other	599

CONTINUE ON NEXT PAGE.



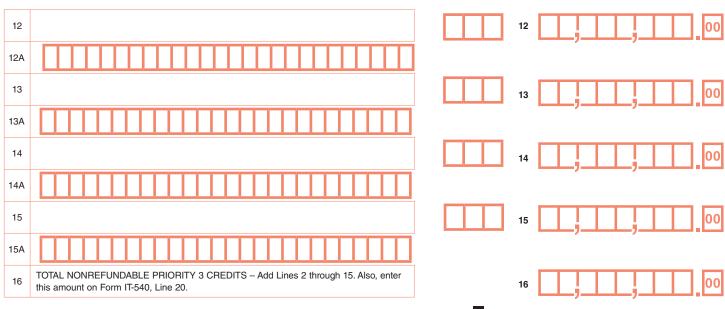




SCHEDULE J - 2023 NONREFUNDABLE PRIORITY 3 CREDITS ... CONTINUED

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 the instructions. Credit Description Credit Code Amount of Credit Claimed



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	Description	Code	Description	Code
Capital Company	257	New Markets	259	Angel Investor	262
LCDFI	258	Motion Picture Infrastructure	261	Other	299





2023 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540)

Your Name	Social Security Number

Your Federal Adjusted Gross Income must be \$25,000 or less in order to complete this form. See the Louisiana Child Care Credit instructions.

1. Care Provider Information Schedule – Complete columns A through E for each person or organization that provided care to your child. You may use Federal Form W-10, supplied by your provider, to obtain the information. If your care provider does not provide a Federal Form W-10, complete those parts of the Care Provider Information Schedule for which you have the information. If your child attended a child care facility that participated in the Quality Start program, you must enter the facility license number from Form R-10614 in column D. You must follow the same rules of "Due Diligence" as the IRS requires if you do not have all of the care provider information. See IRS 2023 Publication 503 for information on "Due Diligence." Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses or submit this documentation with the return for faster processing. If additional lines are required for Lines 1 or 2, attach a schedule. Falsification of any information provided on this form constitutes fraud and can result in criminal penalties.

Α	В	С	D	E
Care provider's name	Address (number, street, apartment number, city, state, and ZIP)	Identifying number (SSN or EIN)	Facility license number	Amount paid (See instructions.)
				.00
				.00
				.00
				.00
				.00

2. For each child under age 13, enter their name in column F, their Social Security Number in column G, and the amount of Qualified Expenses you incurred and paid in 2023 in column H. See the definitions in the instructions for information on Qualified Expenses.

		F	G		Н	
	Qualifying p First	person's name Last	Qualifying perso Social Security No		Qualified expenses incurred and paid in 20 the person listed in colu	023 for
						.00
						.00
						.00
						.00
						.00
3		ine 2. Do not enter more than \$3,000 fo Enter this amount here and on Form IT-5		3		.00
4	Enter your earned income. See t	he definitions in the instructions.		4		.00
5		spouse's earned income (if your spouse All other filing statuses, enter the amoun		5		.00
6	Enter the smallest of Lines 3, 4,	or 5. Enter this amount on Form IT-540, I	_ine 13B.	6		.00
7	Enter your Federal Adjusted Gros	ss Income from Form IT-540, Line 7, or S	chedule E, Line 1, if filed.	7		.00
	Enter on Line 8 the decimal amo If Line 7 is: over	unt shown below that applies to the amo but not over	unt on Line 7. decimal amount			
8	\$0 \$15,000 \$17,000 \$19,000 \$21,000 \$23,000	\$15,000 \$17,000 \$19,000 \$21,000 \$23,000 \$25,000	.35 .34 .33 .32 .31 .30	8	Χ	
9	Multiply Line 6 by the decimal am	ount on Line 8.		9		.00
10	Multiply Line 9 by 50 percent and	enter this amount on Line 11.		10	X .50	
11	Enter this amount on Form IT-540), Line 13.		11		.00



2023 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540)

Your Name	Social Security Number

R.S. 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under R.S. 47:297.4. To qualify for this credit, the taxpayer must have Federal Adjusted Gross Income of \$25,000 or less and must have incurred child care expenses for a **qualified dependent under age six** who attended a child care facility that is participating in the Quality Start Rating program administered by the Louisiana Department of Education. The qualifying child care facility must have provided the taxpayer with Form R-10614 which verifies the facility's name, the facility license number, the LA Revenue Account number, the Quality Start Rating, and the rating award date. A copy of Form R-10614 must be attached to your return. You must enter the facility license number in column D on Line 1 of the 2023 Louisiana Refundable Child Care Credit Worksheet to receive this credit. Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.

Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT-540, Line 13.

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2023, shown on Form R-10614, determine the applicable percentage for the School Readiness Credit from the chart shown below:

(A) Quality Rating	(B) Percentages for Star Rating
Five Star	200% (2.0)
Four Star	150% (1.5)
Three Star	100% (1.0)
Two Star	50% (.50)
One Star	0% (.00)

2. Enter the number of your qualified dependents under age six who attended a:

Five Star Facility		and multiply the number by 2.0 (i)	
Four Star Facility		and multiply the number by 1.5 (ii)	
Three Star Facility		and multiply the number by 1.0 (iii)	
Two Star Facility		and multiply the number by .50 (iv)	
Add lines (i) through (iv) and	l enter the resu	It. Be sure to include the decimal	
		number results in a decimal, round to the nearest dollar 40, Line 14	. 00
On Form IT-540, Line 14 ent as shown on Line 2 above for		designated for 5, 4, 3, or 2 the number of your qualified dependents	

2023 Louisiana Earned Income Credit Worksheet

R.S. 47:297.8 allows a refundable credit for resident individuals who claimed and received a Federal Earned Income Credit (EIC). The Federal EIC is available for certain individuals who work, have a valid Social Security Number, and have a qualifying child, or are between ages 25 and 64. These individuals cannot be a qualifying child or dependent of another person.

Complete only if you claimed a Federal Earned Income Credit (EIC)

1.	Federal Earned Income Credit – Enter the amount from Federal Form 1040 or 1040-SR, Line 27	00
2.	Multiply Line 1 above by 5 percent, round to the nearest dollar, and enter the result on Line 3	
3.	Enter this amount on Form IT-540, Line 15	00



3. 4

ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

Your Name

Social Security Number

	2023 Louisiana Nonrefundable Child Care Credit Worksheet (For use with	For	rm IT-540)	
1	Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. NOTE : Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.	1		.00
	Enter the applicable percentage from the chart shown below.			
	Federal Adjusted Gross Income Percentage			
1A	\$25,001 - \$35,000 30% (.30) \$35,001 - \$60,000 10% (.10) over \$60,000 10% (.10)	1 A	X	
2	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. If your Federal Adjusted Gross Income is less than or equal to \$60,000, this is your available Nonrefundable Child Care Credit for 2023. Proceed to Line 3.	2		.00
2A	Important! If your Federal Adjusted Gross Income is greater than \$60,000 , the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here. This is your available Nonrefundable Child Care Credit for 2023.	2A		.00
3	Enter the amount of Louisiana income tax from Form IT-540, Line 18.	3		.00
4	If Line 3 is equal to zero, your entire Child Care Credit for 2023 (Line 2 or 2A above) will be carried forward to 2024. Also, any available carryforward from 2018 through 2022 will be carried forward to 2024. If Line 3 is equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished with the worksheet.	4		
	Use Lines 5 through 8 to determine the amount of Nonrefundable Child Car Carryforward from 2018 through 2022 utilized for 2023.	re Cı	redit	
5	If Line 3 above is greater than zero, enter the amount from Line 3.	5		.00
6	Enter the amount of any Child Care Credit Carryforward from 2018 through 2022.	6		.00
7	Subtract Line 6 from Line 5.	7		.00
8	If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2023 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2018 through 2022 that can be carried forward to 2024. Also, your entire Child Care Credit for 2023 (Line 2 or 2A above) will be carried forward to 2024. Stop here; you are finished with the worksheet.	8		.00
	Use Lines 9 through 13 to determine the amount of Child Care Credit Carry utilized from 2018 through 2022 plus any amount of your 2023 Child Care			
9	If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540, Schedule J, Line 3.	9		
10	If Line 7 above is greater than zero, enter the amount from Line 7.	10		.00
11	Enter the amount of your 2023 Child Care Credit (Line 2 or Line 2A above).	11		.00
12	Subtract Line 11 from Line 10.	12		.00
13	If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2023 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540, Schedule J, Line 2. Stop here; you are finished with the worksheet.	13		
	Use Line 14 to determine what amount of your 2023 Child Care Credit you c	an c	laim.	1
14	If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2023 Child Care Credit. Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.	14		
	Use Line 15 to determine the amount of your 2023 Child Care Credit to be carried t	forwa	ard to 2024.	1
15	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Credit Carryforward to 2024. Enter the result here and keep this amount for your records.	15		.00



ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

Your	Name

	2023 Louisiana Nonrefundable School Readiness Credit Worksheet (For	use	with Form IT-540)	
See	instructions on page 14.			
1	Enter the amount of 2023 Louisiana Nonrefundable Child Care Credit found on the Louisiana Nonrefundable Child Care Credit Worksheet on either Line 2 or Line 2A.	1		.00
	Using the star rating of the child care facility that your qualified dependent attended during 2023, shown on qualified dependents under age six who attended a:	Form	R-10614, enter the numb	er of your
	Five Star Facility and multiply the number by 2.0		·	
2	Four Star Facility and multiply the number by 1.5			
-	Three Star Facility and multiply the number by 1.0			
	Two Star Facility and multiply the number by .50		·	
	On Form IT-540, Schedule J, Line 4 enter in the boxes designated for 5, 4, 3, or 2 the number of your quali the associated star rated facility.	fied o	lependents as shown abo	ove for
3	Add lines (i) through (iv) and enter the result. Be sure to include the decimal.	3	X	·
4	Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and enter the result here. This is your available Nonrefundable School Readiness Credit for 2023.	4		.00
5	Enter the amount from Form IT-540, Line 18.	5		.00
6	Add the amounts of Nonrefundable credits from Form IT-540, Schedule J, Lines 2 and 3.	6		.00
7	Subtract Line 6 from Line 5.	7		.00
8	If Line 7 is less than or equal to zero, your entire School Readiness Credit for 2023 (Line 4) will be carr carryforward from 2018 through 2022 will be carried forward to 2024. If Line 7 above is less than or equal Schedule J, Lines 4 and 5. Stop here; you are finished with the worksheet.			
	Use Lines 9 through 12 to determine the amount of Nonrefundable Readiness Credit Carryforward from 2018 through 2022 utilized for			
9	If Line 7 above is greater than zero, enter the amount from Line 7.	9		.00
10	Enter the amount of any School Readiness Credit Carryforward from 2018 through 2022.	10		.00
11	Subtract Line 10 from Line 9.	11		.00
12	If Line 11 is less than or equal to zero, the amount of School Readiness Credit Carryforward used for 2023 is equal to Line 9. Enter the amount from Line 9 on Form IT-540, Schedule J, Line 5. If Line 11 is less than zero, subtract Line 9 from Line 10 and enter the result here. This amount is your unused School Readiness Credit Carryforward from 2018 through 2022 that can be carried forward to 2024. Also, your entire School Readiness Credit for 2023 (Line 4) will be carried forward to 2024. Stop here; you are finished with the worksheet.	12		.00
	Use Lines 13 through 17 to determine the amount of School Readiness Cred utilized from 2018 through 2022 plus any amount of your 2023 School Rea			
13	If Line 11 above is greater than zero, enter the amount of carryforward shown on Line 10 above on Form IT	-540,	Schedule J, Line 5.	
14	If Line 11 is greater than zero, enter the amount from Line 11.	14		.00
15	Enter the amount of your 2023 School Readiness Credit (Line 4).	15		.00
16	Subtract Line 15 from Line 14.	16		.00
17	If Line 16 is greater than or equal to zero, your entire School Readiness Credit for 2023 (Line 4) has been u on Form IT-540, Schedule J, Line 4. Stop here; you are finished with the worksheet.	utilize	ed. Enter the amount from	Line 15
	Use Line 18 to determine what amount of your 2023 School Readiness Credi	t yo	u can claim.	
18	If Line 16 is less than zero, the amount on Line 14 is the amount of your 2023 School Readiness Credit. Er Form IT-540, Schedule J, Line 4.	nter tl	ne amount from Line 14 al	bove on
	Use Line 19 to determine the amount of your 2023 School Readiness Credit to be c	arrie	d forward to 2024.	
19	If Line 16 is less than zero, subtract Line 14 from Line 15 to compute your School Readiness Credit Carryforward to 2024. Enter the result here and keep this amount for your records.	19		.00

Social Security Number



Mark Box:		IT-540 (Page 1 of 4)								Ш	MPORT	ANT!		
Name	П	2023 LOUISIAN	A RE	S	ID	ENT	Γ		You mu orde		your SS wn on y			
Change		Your legal first name	Init. Last n	ame				Suffix]					
Decedent Filing	П								Your SSN					
0		If joint return, spouse's name	Init. Last n	ame				Suffix						
Spouse Decedent									Spouse' SSN	5				
Address	_	Present home address (number and street incl	uding rural ro	oute)		Unit Ty	pe	Number				T T		I II
Change	Ш	City, Town, or APO				State		ZIP	_	Area co	de and da	vtime tel	enhone i	umber
Amended						Oluic		211		/ II OU OO				
Return	ш	Foreign Nation, if not United States (do not a	abbreviate)											
NOL Carryback														
		M	MDD	Y	Y	YY		MMC	DY	ΥY	Y			
-			Your D	ate o	f Birth	_		Spou	e's Date	of Birth				
				0	EVEN	IPTIONS								
		STATUS: Enter the appropriate number in the tus box. It must agree with your federal return.		6	EXEIN	IPTIONS) :				0.1	alifying		
· · · · ·		Enter a " 1 " in box if single .		6A	X	ourself	Γ	65 or older	Blir	d	Su	rviving		—
	E	Enter a "2" in box if married filing jointly.									- Spo	ouse	Tota 6A &	
	E	Enter a " 3 " in box if married filing separate	ly.	6B	5	Spouse		65 or older	Blir	ld				
		Enter a "4" in box if head of household . f the qualifying person is not your dependent, enter na	me here											
		Enter a "5" in box if qualifying surviving sp f the qualifying person is not your dependent, enter na												

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 number of dependents claimed on Federal Form 1040 or 1040-SR in the boxes here.

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	EXEMPTIONS – Total of 6A, 6B, and 6C	6D	
6E	DEPENDENTS FOR CERTAIN ADOPTIONS DEDUCTION – Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions.	6E	
	Enter name here.		
6F	TOTAL EXEMPTIONS – Subtract Line 6E from Line 6D.	6F	



FOR OFFICE USE ONLY								
Field Flag								

6C

Enter your Social Security Number. 📹

you a	are not required to file a federal return, indicate wages here.	box a	nd enter zero "0" on Line 12. 🖝
7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."	7	00
If you	a did not itemize your deductions on your federal return, leave Lines 8A through 8D blank and go to Line 9.	_	
8A	FEDERAL ITEMIZED DEDUCTIONS	8A	
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES	8B	
8C	FEDERAL STANDARD DEDUCTION	8C	
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.	8D	
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables.	9	
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.	10	
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6	11	
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0."	12	
L			
13	2023 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 the instructions and the Refundable Child Care Credit Worksheet.	13	
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	13A	
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	13B	
	2023 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 the	-	

2023 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 the Refundable School Readiness Credit Worksheet. 5 4 3 2	14	
EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3.	15	
OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9	16	$\Box, \Box \Box$
TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.	17	
		· · · · · · · · ·

18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS	18
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS	19
20	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16	20
21	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 20 from Line 18.	21



14

15

16

17

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



CONTINUE ON NEXT PAGE.

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2023 Form IT-540 (Page 3 of 4)

Enter your Social Security Number. 📹

	22A	CONSUMER USE TAX - You must mark one of these boxes. No use tax due. Amount from the Consumer Use Tax Worksheet.	22A 00
	22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE No usage fee due. Amount from Form R-19000.	228,, 00
	23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE – Add Lines 21, 22A, AND 22B.	23 00
	24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19.	24 00
	25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	25 00
'n	26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach Forms W-2 and 1099.	26 00
IENT	27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2022	27
ΡΑΥΜ	28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2023	28
	29	AMOUNT OF EXTENSION PAYMENT	29
	30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 24 through 29.	30
	31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38.	31 00
	32	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	32 00
	33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.	33 00
	34	TOTAL DONATIONS – From Schedule D, Line 22	34 00
	35	SUBTOTAL – Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund.	35
	36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 INCOME TAX	36 00
EFUND DUE	37	AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. 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.	37
ž		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 Account	

COMPLETE AND SIGN RETURN ON NEXT PAGE.



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



Enter your Social Security Number.

	38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	
	39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	
IANA	40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	
OUISIANA	41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	
UEL	42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	
ITS D	43	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	
AMOUNTS	44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	
AI	45	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	
	46	BALANCE DUE LOUISIANA – Add Lines 38 through 45. If mailing to LDR, use address 1 below. For electronic payment options, see instructions.	46	
				DO NOT SEND CASH.
		IMPORTANT!		DO NOT SEND CASH.

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 a 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 37.

Your Signature				Date (mm/dd/yyyy) Spouse's Signature (If filing joint)			tly, both must sign.)	
PAID	Print/Type Preparer's	s Name		Preparer's S	Signature	Date (mm/dd/yyyy)	Check	k □ if Self-employed
PREPARER	Firm's Name 🕨					Firm's FEIN ►		
USE ONLY	Firm's Address ►					Telephone 🕨		

