

Louisiana Department of Revenue Fiduciary Income Tax Declaration for Electronic Filing

	not file paper copies. This form must be		-					
For	calendar year 2025, or tax year beginr	iing	, 20)25, endi	ng	, 2026	PLEASE PRINT OR TYPE	
Nar	ne of Estate or Trust						TELAGET TIME OIL THE	
LDR Account Number						Federal Employer Identification Number (FEIN)		
Address of Estate or Trust						Unit Type Unit Number		
City	,	State	ZIP	Foreign Nati		Foreign Nation, if no	ot United States (Do not abbreviate.)	
Pa	rt I - Tax Return Information (whole	dollars	only)			1		
1						1	.00	
2	Refund (Form IT-541, Line 25)					2	.00	
3	Total amount due (Form IT-541, Line 30)					3	.00	
4	Amount of payment remitted electronica	nount of payment remitted electronically				4	.00	
Pa	rt II - Declaration of Fiduciary (Sign	n only af	ter Part I is co	mpleted.)				
I consent to my ERO, transmitter, and/or ISP sending the estate's or trust's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate's or trust's return is accepted, and, if rejected, the reason(s) for the rejection. I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer. Signature of Officer Date (mm/dd/yyyy) Title								
Do	rt III - Declaration of Electronic Return	Outsin	otor (EDO) on	d Daid D				
I de kno retu to b and I ha are	cclare that I have reviewed the above estate wledge. If I am only a collector, I am not resurn. The fiduciary or trustee will have signed the filed with the Louisiana Department of Review 1. Pub. 4163, Modernized E-File Information for examined the above estate's or trust's returne, correct, and complete. This Paid Prepa O's Use Only	e's or trus ponsible nis form be enue, and r Authoriz urn and a	st's return and the for reviewing the fore I submit the I have followed a red IRS E-Provice companying so	hat the ene return are return. I vall other reders. If I and chedules a	tries on L nd only de vill give the quirement n also the nd statem	clare that this form e fiduciary or trustee is in Pub. 3112, IRS Paid Preparer, unde tents, and to the bes	accurately reflects the data on the e a copy of all forms and information E-file Application and Participation, er penalties of perjury I declare that st of my knowledge and belief, they	
ERG	D'S Signature	Date (mm/dd/yyyy)		1	k if also	☐ Check if	ERO's SSN or PTIN	
				paid p	reparer	self-employed		
Firm's Name (or yours if self-employed)							FEIN	
City					State	ZIP	Phone Number	
Pai	d Preparer's Use only							
Pre	Preparer's Signature Date (mm/dd/yyyy) Check self-e				k if mployed	Preparer's SSN or PTIN		
Firm's Name (or yours if self-employed)						1	FEIN	
City					State	ZIP	Phone Number	