

4

IT-540B-2D (Page 1 of 4)

DEV ID

4

6

Name Change

2025 LOUISIANA NONRESIDENT AND PART-YEAR RESIDENT - 2D

6

8

Decedent Filing

ITIN

Your SSN

8

10

Spouse Decedent

ITIN

Spouse's SSN

10

12

Address Change

12

14

Amended Return

Telephone

14

16

NOL

16

18

MSRA

Nonresident Return

Part-Year Return

NRPA

18

20

20

22

Your Date of Birth

Spouse's Date of Birth

Decedent's Date of Death

Spouse's Date of Death

22

24

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

6A AGE DESIGNATION:

24

26

Enter a "1" in box if **single**.

Taxpayer 65 or older

Spouse 65 or older

26

28

Enter a "2" in box if **married filing jointly**.

28

30

Enter a "3" in box if **married filing separately**.

30

32

Enter a "4" in box if **head of household**.

If the qualifying person is not your dependent, enter name here.

32

34

Enter a "5" in box if **qualifying surviving spouse**.

If the qualifying person is not your dependent, enter name here.

6B

6B

34

36

6B DEPENDENTS – Enter dependent information below. If you have more than eight dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR in the boxes here.

36

38

First Name

Last Name

Social Security Number

Relationship to You

Birth Date (mm/dd/yyyy)

38

40

40

42

42

44

44

46

46

48

48

50

50

52

52

54

54

56

56

58

58

60

60

62

62

64

64

66

66

68

68

70

70

72

72

74

74

76

76

78

78

80

80

6

8

10

12

14

16

18

20

22

24

26

28

30

32

34

36

38

40

42

44

46

48

50

52

54

56

58

60

62

64

66

68

70

72

74

76

78

80

6

8

10

12

14

16

18

20

22

24

26

28

30

32

34

36

38

40

42

44

46

48

50

52

54

56

58

60

62

64

66

68

70

72

74

76

78

80

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.

FOR OFFICE USE ONLY

Field

Flag

62681

Social Security Number

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 15.

7 FEDERAL ADJUSTED GROSS INCOME – From the NPR worksheet, Federal column, Line 12.

8 LOUISIANA ADJUSTED GROSS INCOME – From the NPR worksheet, Line 21.

9 RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME

10 LOUISIANA STANDARD DEDUCTION – Enter the standard deduction amount that corresponds with your filing status. Enter \$12,500 if filing status is 1 or 3; \$25,000 if 2, 4, or 5.

11A FEDERAL ITEMIZED DEDUCTIONS

11B FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES

11C FEDERAL STANDARD DEDUCTION

11D EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 11C from Line 11B.

11E ALLOWABLE DEDUCTIONS – Multiply Line 11D by the percentage on Line 9. Round to the nearest dollar.

12 YOUR LOUISIANA TAXABLE INCOME – Subtract Line 10 and 11E from Line 8. If less than zero, enter zero "0".

13 YOUR LOUISIANA INCOME TAX – Multiply Line 12 by .03. Round to the nearest dollar.

14 NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NR, Line 5

15 TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 14 from Line 13. If less than zero, enter zero "0".

2025 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 Care Credit Worksheet.

16A Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.

16B Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.

2025 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 Star 4 Star 3 Star 2 Star

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

19 TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 16, 17, and 18. Do not include amounts on Lines 16A and 16B.

20 TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions.

21 OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions.

22 NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NR, Line 16



Social Security Number

23 ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20.

23

24A CONSUMER USE TAX

24A

No use tax due

Amount from the Consumer Use Tax Worksheet

No usage fee due

24B ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE

24B

Amount from Form R-19000A

25 TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE - Add Lines 23, 24A, and 24B.

25

26 OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.

26

27 REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6

27

28 AMOUNT OF LOUISIANA TAX WITHHELD FOR 2025 – Attach Forms W-2 and 1099.

28

29 AMOUNT OF CREDIT CARRIED FORWARD FROM 2024

29

30 AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING
Enter name of partnership.

30

31 AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2025

31

32 AMOUNT OF EXTENSION PAYMENT

32

33 TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 32.

33

34 OVERPAYMENT – If Line 33 is greater than Line 25, subtract Line 25 from Line 33. **Your overpayment may be reduced by Underpayment of Estimated Tax Penalty.** Otherwise, go to Line 41.

34

35 UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.

35

36 ADJUSTED OVERPAYMENT – If Line 34 is greater than Line 35, subtract Line 35 from Line 34, and enter on Line 36. If Line 35 is greater than Line 34, subtract Line 34 from Line 35, and enter the balance on Line 41.

36

37 TOTAL DONATIONS – From Schedule D-NR, Line 14

37

38 SUBTOTAL – Subtract Line 37 from Line 36. This amount of overpayment is available for credit or refund.

38

39 AMOUNT OF LINE 38 TO BE CREDITED TO 2026 INCOME TAX

CREDIT

39

AMOUNT TO BE REFUNDED – Subtract Line 39 from Line 38. If mailing to LDR, use the address on the next page.

40 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.

REFUND

40

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 Number



Social Security Number

AMOUNTS DUE LOUISIANA

41	AMOUNT YOU OWE – If Line 25 is greater than Line 33, subtract Line 33 from Line 25.	41
42	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	42
43	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	43
44	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	44
45	INTEREST – From the Interest Calculation Worksheet, Line 5	45
46	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3	46
47	DELINQUENT PAYMENT PENALTY – From the Delinquent Payment Penalty Calculation Worksheet, Line 7	47
48	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.	48
49	BALANCE DUE LOUISIANA – Add Lines 41 through 48. See instructions.	49

PAY THIS AMOUNT.
DO NOT SEND CASH.

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.

2-D Barcode Area

Status

Contribution and Donation

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 40.

Your Signature Date (mm/dd/yyyy) Spouse's Signature (If filing jointly, both must sign.) Date (mm/dd/yyyy)

Email Address

PAID PREPARER USE ONLY	Print/Type Preparer's Name		Preparer's Signature		Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ➤				Firm's FEIN ➤	
	Firm's Address ➤				Telephone ➤	

Name

Individual Income Tax Return
Calendar Year Return Due 5/15/2026

Mail to: Department of Revenue

PTIN, FEIN, or
LDR Account Number
of Paid Preparer

For Office
Use Only.

62684

4

Social Security Number

SCHEDULE C-NR – 2025 NONREFUNDABLE PRIORITY 1 CREDITS

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

8

Credit Description

Credit Code

Amount of Credit Claimed

10

1

1

12

2

2

14

3

3

16

4

4

18

5

5

TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1 through 4. Also, enter this amount on Form IT-540B, Line 14.

20

22

24

26

28

30

32

34

36

38

40

42

44

46

48

50

52

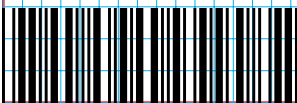
54

56

58

60

62



62685

Social Security Number

SCHEDULE D-NR – 2025 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 36 of Form IT-540B to the organizations or funds listed below. Enter on Lines 2 through 13, the portion of the overpayment you wish to donate. The total on Line 14 cannot exceed the amount of your overpayment on Line 36 of Form IT-540B.

1	Adjusted Overpayment - From Form IT-540B, Line 36		1	
2	The Military Family Assistance Fund	2	8	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana
3	Coastal Protection and Restoration Fund	3	9	American Red Cross
4	The START Program	4	10	Louisiana National Guard Honor Guard for Military Funerals
5	Wildlife Habitat and Natural Heritage Trust Fund	5	11	Dreams Come True, Inc.
6	Louisiana Cancer Advisory Board	6	12	Sexual Trauma Awareness and Response (STAR)
7	Louisiana Food Bank Association	7	13	Maddie's Footprints
14	TOTAL DONATIONS – Add Lines 2 through 13. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540B, Line 37.		14	



Social Security Number

SCHEDULE F-NR – 2025 REFUNDABLE PRIORITY 2 CREDITS

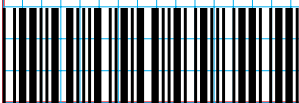
Enter credit description and associated code, along with the dollar amount of credit claimed. *See instructions*

Credit Description		Credit Code		Amount of Credit Claimed
1			1	
2			2	
3			3	
4			4	
5			5	
5A	Louisiana 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 instructions.*

Credit Description		Credit Code		Amount of Credit Claimed
6.	Musical and Theatrical Production	62F	6	
6A.				
7.	Musical and Theatrical Production	62F	7	
7A.				
8.	Musical and Theatrical Production	62F	8	
8A.				
9.	OTHER REFUNDABLE PRIORITY 2 CREDITS – Add Lines 1 through 8. Also, enter this amount on Form IT-540B, Line 18.		9	



4

6

8

10

12

14

16

18

20

22

24

26

28

30

32

34

36

38

40

42

44

46

48

50

52

54

56

58

60


62

Social Security Number

SCHEDULE I-NR – 2025 REFUNDABLE PRIORITY 4 CREDITS

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

Credit Description	Credit Code	Amount of Credit Claimed
1	1	
2	2	
3	3	
4	4	
5	5	
6 TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540B, Line 27.	6	



62688

4

6

8

10

12

14

16

18

20

22

24

26

28

30

32

34

36

38

40

42

44

46

48

50

52

54

56

58

60

62

Social Security Number

SCHEDULE J-NR – 2025 NONREFUNDABLE PRIORITY 3 CREDITS

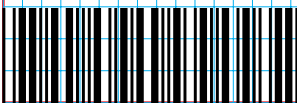
Nonrefundable Child Care Credits

1	FEDERAL CHILD CARE CREDIT	1	
2	2025 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT	2	
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2020 THROUGH 2024	3	
4	2025 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT	4	
	5 Star	4 Star	3 Star
		2 Star	
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2020 THROUGH 2024	5	

Additional Nonrefundable Priority 3 Credits

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

Credit Description	Credit Code	Amount of Credit Claimed
6		6
7		7
8		8
9		9
10		10
11		11



2025 CREDIT CODES
DO NOT MAIL THIS PAGE (INFORMATION ONLY)

Schedule C-NR – Nonrefundable Priority 1 Credits

Description	Code	Description	Code
Premium Tax	100	Donations to Eligible Maternal Wellness Center	Code 190
Qualified Playgrounds	150	(Reserved for future credits. Do not use unless specifically	
Debt Issuance	155	directed to do so by LDR.)	199

Schedule F-NR – Refundable Priority 2 Credits

Description	Code	Description	Code
Ad Valorem Offshore Vessels	52F	Retention and Modernization	70F
Telephone Company Property	54F	Digital Interactive Media and Software	73F
Milk Producers	58F	Stillborn Child	76F
Technology Commercialization	59F	Funeral and Burial Expense for a Pregnancy Related Death	77F
School Readiness Child Care Provider	65F	Adoption of Unrelated Infant	78F
School Readiness Child Care Directors and Staff	66F	Restaurant Recycling of Oyster Shells	79F
School Readiness Business-Supported Child Care	67F	(Reserved for future credits. Do not use unless specifically	
School Readiness Fees and Grants to Resource and		directed to do so by LDR.)	80F
Referral Agencies	68F		

Schedule F-NR – Transferable, Refundable Priority 2 Credits

Description	Code
Musical and Theatrical Productions	62F

Schedule I-NR – Refundable Priority 4 Credits

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

Schedule J-NR – Nonrefundable Priority 3 Credits

Description	Code	Description	Code
Organ Donation	202	Youth Jobs	462
Tax Equalization	305	Apprenticeship (2022)	463
Manufacturing Establishments	310	Donation to Qualified Foster Care Charitable Organization	464
(Reserved for future credits. Do not use unless specifically		Firearm Safety Devices	465
directed to do so by LDR.)	399	Inventory Tax Credit Carried Forward and ITEP	500
Refunds by Utilities	412	Ad Valorem Natural Gas Credit Carried Forward	502
Donation to School Tuition Organization	424	Atchafalaya Trace	504
QMC Music Job Creation Credit	454	Cane River Heritage	506
Neighborhood Assistance	457	Ports of Louisiana Investor	508
Research and Development	458	Enterprise Zone	510
Ports of Louisiana Import Export Cargo	459	Recycling Credit	550
LA Import	460	(Reserved for future credits. Do not use unless specifically	
LA Work Opportunity	461	directed to do so by LDR.)	599

Schedule J-NR – Transferable, Nonrefundable Priority 3 Credits

Description	Code	Description	Code
Motion Picture Investment	251	Motion Picture Infrastructure	261
Research and Development	252	Angel Investor	262
Historic Structures	253	(Reserved for future credits. Do not use unless specifically	
Capital Company	257	directed to do so by LDR.)	299
LA Community Development Financial Institution (LCDFI)	258		

2025 Nonresident and Part-Year Resident (NPR) Worksheet

See instructions for completing the NPR worksheet.

FED LA Federal Louisiana

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest
- 3 Dividends
- 4 Business income (or loss) and farm income (or loss)
- 5 Gains (or losses)
- 6 IRA distributions, pensions, and annuities
- 7 Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- 8 Social security benefits
- 9 Other income - Enter the amount of Louisiana NOL utilized.
- 10 Total Income - Add the income amounts on Lines 1 - 9 for each column.
- 11 Total Adjustments to Income

Adjusted Gross Income - Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on Form IT-540B, Line 7. The amount shown in the Federal column should agree with Federal Form 1040 or 1040-SR, Line 11.

Additions

- 13 Interest and dividend income from other states and their political subdivisions
- 14 Recapture of START contributions
- 15 Recapture of START K12 contributions
- 16 Add back of pass-through entity loss
- 17 Add back of federal depreciation previously accelerated via state bonus - See instructions.
- 18 Total - Add Lines 12 through 17.

Subtractions

EXEMPT INCOME - Enter on Lines 19A through 19F the amount of any exempt income included on Line 12 in the Louisiana column. Enter the description and associated code, along with the dollar amount. See the instructions.

Exempt Income Description

Code

Amount

- 19A
- 19B
- 19C
- 19D
- 19E
- 19F

E
E
E
E
E
E

Total Exempt Income - Add Lines 19A through 19F.

LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 20 from Line 18. Also, enter this amount on Form IT-540B, Line 8.

Description - See instructions.

Code

Description - See the instructions.

Code

Interest and Dividends on U.S. Government Obligations

01E

Native American Income

08E

Louisiana State Employees' Retirement Benefits

02E

START Savings Program Contribution

09E

Taxpayer date retired:

Spouse date retired:

Military Pay Exclusion

10E

Road Home

11E

Recreation Volunteer

13E

Volunteer Firefighter

14E

Louisiana State Teachers' Retirement Benefits

03E

Voluntary Retrofit Residential Structure

16E

Taxpayer date retired:

Spouse date retired:

Elementary and Secondary School Tuition

17E

Federal Retirement Benefits

04E

Educational Expenses for Home-Schooled Children

18E

Taxpayer date retired:

Spouse date retired:

Educational Expenses for Quality Public Education

19E

Other Retirement Benefits - Provide name or statute:

05E

Capital Gain from Sales of Louisiana Business

20E

Taxpayer date retired:

Spouse date retired:

Employment of Certain Qualified Disabled Individuals

21E

S Bank Shareholder Income Exclusion

22E

Annual Retirement Income Exemption for Taxpayers 65 or over

06E

Entity Level Taxes Paid to Other States

23E

Provide name of pension or annuity:

Pass - Through Entity Exclusion

24E

COVID-19 Relief Benefits

27E

START K12 Savings Program Contributions

28E

Digital Nomads

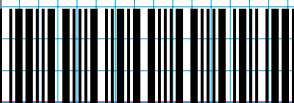
29E

Bonus Deprecation

32E

Other, see instructions. Identify:

49E



2025 Louisiana School Expense Deduction Worksheet

Your Name	Your Social Security Number
-----------	-----------------------------

- I.** This worksheet should be used to calculate the three School Expense Deductions listed below. These deductions may only be taken for school expenses paid in Louisiana during the time a person was a Louisiana resident. Refer to Revenue Information Bulletin 24-007 on LDR's website for more information. Expenses paid with amounts deducted as START K12 Savings Program Contributions are not eligible for this deduction.
1. **Elementary and Secondary School Tuition** – La. 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 \$6,000. 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** – La. 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 \$6,000. 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** – La. 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 \$6,000. 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
A					
B					
C					
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 cancelled 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 \$6,000.**

Qualifying Expense	List the amount paid for each student as listed in Section II.					
	A	B	C	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 \$6,000, 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 total Elementary and Secondary School Tuition Deduction here and on the NPR Worksheet, code 17E.	\$
Enter the total Educational Expenses for Home-Schooled Children Deduction here and on the NPR Worksheet, code 18E.	\$
Enter the total Educational Expenses for a Quality Public Education Deduction here and on the NPR Worksheet, code 19E.	\$



2025 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540B)

Your Name	Social Security Number
-----------	------------------------

Your Federal Adjusted Gross Income must be \$25,000 or less and your child care expenses must have been incurred in Louisiana in order to complete this form. See the instructions

- 1. Care Provider Information Schedule** – Complete columns A through E for each person or organization that provided the 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, *Louisiana School Readiness Tax Credit*, 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 2025 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. The Child Care Credit may only be taken for child care expenses incurred in Louisiana during the time a person was a Louisiana resident.**

A	B	C	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 2025 in column H. See the definitions in the instructions for information on qualified expenses.

F	G	H
Qualifying person's name First Last	Qualifying person's social security number	Qualified expenses you incurred and paid in 2025 for the person listed in column (F)
		.00
		.00
		.00
		.00
		.00

3	Add the amounts in column H, Line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. Enter this amount here and on Form IT-540B, Line 16A.	3		.00																												
4	Enter your earned income. See the definitions in the instructions	4		.00																												
5	If married filing jointly, enter your spouse's earned income (If your spouse was a student or was disabled, see IRS Publication 503.) All other filing statuses, enter the amount from Line 4.	5		.00																												
6	Enter the smallest of Lines 3, 4, or 5. Also, enter this amount on Form IT-540B, Line 16B.	6		.00																												
7	Enter your Federal Adjusted Gross Income from Form IT-540B, Line 7.	7		.00																												
8	<div>Enter on Line 8 the decimal amount shown below that applies to the amount on Line 7.</div> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">If Line 7 is:</th> <th style="text-align: left;">over</th> <th style="text-align: left;">but not over</th> <th style="text-align: left;">decimal amount</th> </tr> <tr> <td></td> <td>\$0</td> <td>\$15,000</td> <td>.35</td> </tr> <tr> <td></td> <td>\$15,000</td> <td>\$17,000</td> <td>.34</td> </tr> <tr> <td></td> <td>\$17,000</td> <td>\$19,000</td> <td>.33</td> </tr> <tr> <td></td> <td>\$19,000</td> <td>\$21,000</td> <td>.32</td> </tr> <tr> <td></td> <td>\$21,000</td> <td>\$23,000</td> <td>.31</td> </tr> <tr> <td></td> <td>\$23,000</td> <td>\$25,000</td> <td>.30</td> </tr> </table>	If Line 7 is:	over	but not over	decimal amount		\$0	\$15,000	.35		\$15,000	\$17,000	.34		\$17,000	\$19,000	.33		\$19,000	\$21,000	.32		\$21,000	\$23,000	.31		\$23,000	\$25,000	.30	8	X	. _____
If Line 7 is:	over	but not over	decimal amount																													
	\$0	\$15,000	.35																													
	\$15,000	\$17,000	.34																													
	\$17,000	\$19,000	.33																													
	\$19,000	\$21,000	.32																													
	\$21,000	\$23,000	.31																													
	\$23,000	\$25,000	.30																													
9	Multiply Line 6 by the decimal amount 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-540B, Line 16.	11		.00																												



2025 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540B)

Your Name	Social Security Number
-----------	------------------------

Louisiana Revised Statute 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under La. 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, *Louisiana School Readiness Tax Credit*, which verifies the facility's name, the facility license number, the LA Revenue Account number, the Quality Star 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 2025 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 540B, Line 16.

1. Enter the amount of 2025 Louisiana Refundable Child Care Credit found on the Louisiana Refundable Child Care Credit Worksheet, Line 11. 1 _____ . **00**

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2025, 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) _____ . _____
3. Add lines (i) through (iv) and enter the result. Be sure to include the decimal. 3 _____ . _____
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 and on Form IT-540B, Line 17. 4 _____ . **00**

On Form IT-540B, Line 17, enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown on Line 2 above for the associated star rated facility.





ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

Your Name	Social Security Number
-----------	------------------------

2025 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540B)

The Child Care Credit may only be taken for child care expenses incurred in Louisiana during the time a person was a Louisiana resident.

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								
1A	Enter the applicable percentage from the chart shown below. <table><thead><tr><th>Federal Adjusted Gross Income</th><th>Percentage</th></tr></thead><tbody><tr><td>\$25,001 – \$35,000</td><td>30% (.30)</td></tr><tr><td>\$35,001 – \$60,000</td><td>10% (.10)</td></tr><tr><td>over \$60,000</td><td>10% (.10)</td></tr></tbody></table>	Federal Adjusted Gross Income	Percentage	\$25,001 – \$35,000	30% (.30)	\$35,001 – \$60,000	10% (.10)	over \$60,000	10% (.10)	1A	X . _____	
Federal Adjusted Gross Income	Percentage											
\$25,001 – \$35,000	30% (.30)											
\$35,001 – \$60,000	10% (.10)											
over \$60,000	10% (.10)											
2	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A and enter the result. If your Federal Adjusted Gross Income is less than or equal to \$60,000, this is your available Nonrefundable Child Care Credit for 2025. 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 2025.	2A		.00								
3	Enter the amount of Louisiana income tax from Form IT-540B, Line 20.	3		.00								
4	If Line 3 is equal to zero, your entire Child Care Credit for 2025 (Line 2 or 2A above) will be carried forward to 2026. Also, any available carryforward from 2020 through 2024 will be carried forward to 2026. If Line 3 above is equal to zero, enter zero "0" on Form IT-540B, Schedule J-NR, 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 Care Credit Carryforward from 2020 through 2024 utilized for 2025.												
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 2020 through 2024.	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 2025 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540B, Schedule J-NR, 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 2020 through 2024 that can be carried forward to 2026. Also, your entire Child Care Credit for 2025 (Line 2 or 2A above) will be carried forward to 2026. Stop here; you are finished with the worksheet.	8		.00								
Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2020 through 2024 plus any amount of your 2025 Child Care Credit.												
9	If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540B, Schedule J-NR, 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 2025 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 2025 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540B, Schedule J-NR, Line 2. Stop here; you are finished with the worksheet.	13										
Use Line 14 to determine what amount of your 2025 Child Care Credit you can claim.												
14	If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2025 Child Care Credit. Enter the amount from Line 10 above on Form IT-540B, Schedule J-NR, Line 2.	14										
Use Line 15 to determine the amount of your 2025 Child Care Credit to be carried forward to 2026.												
15	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Credit Carryforward to 2026. Enter the result here and keep this amount for your records.	15		.00								





ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

Your Name	Social Security Number
-----------	------------------------

2025 Louisiana Nonrefundable School Readiness Credit Worksheet (For use with Form IT-540B)

See instructions.

1	Enter the amount of 2025 Louisiana Nonrefundable Child Care Credit found on the Louisiana Nonrefundable Child Care Credit Worksheet on either Line 2 or Line 2A.	1		.00
2	Using the star rating of the child care facility that your qualified dependent attended during 2025, shown on Form R-10614, 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) _____ On Form IT-540B, Schedule J-NR, Line 4, enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown above for the associated star rated facility.			
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 2025.	4		.00
5	Enter the amount from Form IT-540B, Line 20.	5		.00
6	Add the amounts of Nonrefundable credits from Form IT-540B, Schedule J-NR, 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 2025 (Line 4) will be carried forward to 2026. Also, any available carryforward from 2020 through 2024 will be carried forward to 2026. If Line 7 above is less than or equal to zero, enter zero "0" on Form IT-540B, Schedule J-NR, Lines 4 and 5. Stop here; you are finished with the worksheet.			
Use Lines 9 through 12 to determine the amount of Nonrefundable School Readiness Credit Carryforward from 2020 through 2024 utilized for 2025.				
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 2020 through 2024.	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 2025 is equal to Line 9. Enter the amount from Line 9 on Form IT-540B, Schedule J-NR, 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 2020 through 2024 that can be carried forward to 2026. Also, your entire School Readiness Credit for 2025 (Line 4) will be carried forward to 2026. Stop here; you are finished with the worksheet.	12		.00
Use Lines 13 through 17 to determine the amount of School Readiness Credit Carryforward utilized from 2020 through 2024 plus any amount of your 2025 School Readiness Credit.				
13	If Line 11 above is greater than zero, enter the amount of carryforward shown on Line 10 above on Form IT-540B, Schedule J-NR, Line 5.			
14	If Line 11 is greater than zero, enter the amount from Line 11.	14		.00
15	Enter the amount of your 2025 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 2025 (Line 4) has been utilized. Enter the amount from Line 16 on Form IT-540B, Schedule J-NR, Line 4. Stop here; you are finished with the worksheet.			
Use Line 18 to determine what amount of your 2025 School Readiness Credit you can claim.				
18	If Line 16 is less than zero, the amount on Line 14 is the amount of your 2025 School Readiness Credit. Enter the amount from Line 14 above on Form IT-540B, Schedule J-NR, Line 4.			
Use Line 19 to determine the amount of your 2025 School Readiness Credit to be carried forward to 2026.				
19	If Line 16 is less than zero, subtract Line 14 from Line 15 to compute your School Readiness Credit Carryforward to 2026. Enter the result here and keep this amount for your records.	19		.00

