



Your first name and initial		Last name		Your Social Security Number		1									
Spouse's first name and initial		Last name		Spouse's Social Security Number		2									
Present home address (number and street including apartment number or rural route)						Daytime Telephone Number									
City, town, or post office				State		ZIP									

Tax Return Information

Refund Due

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Direct Deposit of Refund (Optional) ☐ or Direct Debit (Optional) ☐

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[illegible]

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Full Payment ☐ Partial Payment ☐
☐ Payment made/will be made by credit card.

Declaration of Taxpayer

- ☐ I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- ☐ I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
 Your signature Date Spouse's signature (if joint return) Date

Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here.		()	
Preparer's signature	Preparer's SSN or PTIN	Date	Telephone
<input type="checkbox"/> Mark box if also ERO.			()
Electronic Return Originator's signature	ERO's SSN or PTIN	Date	Telephone

This form is to be maintained by ERO. Do not submit to LDR.