Mark Box:	IT-540 WEB (Page 1 of 4)					IMPORTANT!
Name		^				You must enter your SSN below in the same order as shown on your federal return.
Change	2017 LOUISIAN	r				
Decedent Filing	Your legal first name	Init.	Last name		Suffix	Your SSN
Spouse Decedent	If joint return, spouse's name	Init.	Last name		Suffix	Spouse's SSN
Address Change	Present home address (number and street inc	cluding	g apartment number or rura	al route)		
Amended Return	City, Town, or APO		Sta	ate ZIF	C	Area code and daytime telephone number
NOL Carryback			Your Date of Birth		Spous	e's Date of Birth
2015 Legislation	n Recovery					
						•
	G STATUS: Enter the appropriate number in the status box. It must agree with your federal return.		6 EXEMPTIC	ONS:		
5	Enter a "1" in box if single .		6A X Yours		65 or older	Blind Qualifying Widow(er) Tatal of
	Enter a "2" in box if married filing jointly.				65 or	Total of 6A & 6B
	Enter a "3" in box if married filing separate	ely.	6B Spous	20	older	Blind
	Enter a "4" in box if head of household . If the qualifying person is not your dependent, enter na	ame h	ere			
	Enter a "5" in box if qualifying widow(er).					

6CDEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the
required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c, in the boxes here.6C6C

		NUL		
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.**



FOR	OFFICE USE ONLY
Field Flag	



6D TOTAL EXEMPTIONS - Total of 6A, 6B, and 6C

6D

Enter your Social Security Number.

54 8	return, indicate wages here.	Mark this box and enter zero	"0" on Line 13. 🖝
7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."	From Louisiana Schedule E, 7 attached	
lf you	u did not itemize your deductions on your federal return, leave Lines 8A, 8B, an	d 8C blank and go to Line 9.	
8A	FEDERAL ITEMIZED DEDUCTIONS	8A	00
8B	FEDERAL STANDARD DEDUCTION	8B	
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line	8A. 8C	00
9	FEDERAL INCOME TAX – See instructions. If your federal income tax has been de by the foreign tax credit, see instructions for optional deduction. If your federal incom been decreased by a federal disaster credit allowed by the IRS, see Schedule H.		00
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from enter "0." Use this figure to find your tax in the tax tables.	ine 7. If less than zero, 10	00
11	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that o status.	orresponds with your filing 11	00
12	NONREFUNDABLE PRIORITY 1 CREDITS - From Schedule C, Line 9	12	
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subl from Line 11. If the result is less than zero, or you are not required to file a enter zero "0."		
14	2017 LOUISIANA REFUNDABLE CHILD CARE CREDIT - Your Federal A must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this	djusted Gross Income line. See instructions, page 14	
14A	14, and Refundable Child Care Credit Worksheet. Enter the qualified expense amount from the Refundable Child Care Credit		
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6	14B	
	2017 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your F Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit Refundable School Readiness Credit Worksheet.		
15	5 4 3	2	
16	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA El	C) Worksheet, Line 3. 16	
17	LOUISIANA CITIZENS INSURANCE CREDIT 17A See instructions, page 3.	00 17	
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 10	18	00
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14, and 15 thro amounts on Lines 14A, 14B and 17A.	ugh 18. Do not include 19	
		,	,
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS – See instru	ictions, page 3. 20	
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS - See ins	tructions, page 3. 21	
22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16	22	00



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



CONTINUE ON NEXT PAGE.



Enter your Social Security Number.

	23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20.	23	
	24	CONSUMER USE TAX – You must mark one of these boxes. Amount from the Consumer Use Tax Worksheet.	24	
	25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 and 24.	25	
	26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.	26	
	27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	27	
	28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2017 – Attach Forms W-2 and 1099.	28	
ENTS	29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2016	29	
PAYMENTS	30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2017	30	
₫.	31	AMOUNT PAID WITH EXTENSION REQUEST	31	
	32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 31.	32	
	33	OVERPAYMENT – If Line 32 is greater than Line 25, subtract Line 25 from Line 32. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 40.	33	
	34	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 13, and Form <i>R</i> -210 <i>R</i> . If you are a farmer, check the box.	34	
	35	ADJUSTED OVERPAYMENT – If Line 33 is greater than Line 34, subtract Line 34 from Line 33, and enter on Line 35. If Line 34 is greater than Line 33, subtract Line 33 from Line 34, and enter the balance on Line 40.	35	
	36	TOTAL DONATIONS – From Schedule D, Line 24	36	
	37	SUBTOTAL - Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.	37	
	38	AMOUNT OF LINE 37 TO BE CREDITED TO 2018 INCOME TAX	38	
ш	20	AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. If mailing to LDR, use Address 2 on the next page.		
REFUND DUE	39	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.	39	
REFL		DIRECT DEPOSIT INFORMATION		
		Will this refund be forwarded to a financial	2 Yes No	
		Type: Checking Savings institution located outside the United States Routing Account Number Number	? 163	
		Number Number		
		COMPLE	TE AND SIGN RETURN ON NEXT PAGE. 📹	
				_
		Enter the first 4 letters of your		
		last name in these boxes.	WEB 6181	.7

with your W-2s and completed

schedules. Please paperclip. **Do not staple.**

	40	AMOUNT YOU OWE - If Line 25 is greater that	n Line 32, subtract Line 32 from Line 25.	40	
	41	ADDITIONAL DONATION TO THE MILITARY	41		
ANA	42	ADDITIONAL DONATION TO THE COASTAL	PROTECTION AND RESTORATION FUND	42	
LOUISIANA	43	ADDITIONAL DONATION TO LOUISIANA FO	OD BANK ASSOCIATION	43	
DUE LO	44	INTEREST – From the Interest Calculation Wor	rksheet, page 13, Line 5.	44	
	45	DELINQUENT FILING PENALTY – From the D	elinquent Filing Penalty Calculation Worksheet, page 13, Line 7.	45	
AMOUNTS	46	DELINQUENT PAYMENT PENALTY – From De	linquent Payment Penalty Calculation Worksheet, page 13, Line 7.	46	
AM	47	UNDERPAYMENT PENALTY – See instruction Form R-210R. If you are a farmer, check the bo		47	
	48	BALANCE DUE LOUISIANA – Add Lines 40 th If mailing to LDR, use address 1 below. For el options, see page 1 of the instructions.	rrough 47. ectronic payment PAY THIS AMOUNT.	48	
		IMPORTANT!			
N		four (4) pages of this return T be mailed in together along			

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 the 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 39.

Not Mail

	Your Signature		Date (m	m/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)	Check	k □ if Self-employed
	PREPARER	Firm's Name 🕨				Firm's EIN ➤		
	USE ONLY	Firm's Address 🕨				Telephone ►		

Enter the first 4 letters of your last name in these boxes.		Individual Income Tax Return Calendar year return due 5/15/2018		
	Less }	Mail Balance Due Return with Payment TO: Department of Revenue P. O. Box 3550 Baton Rouge, LA 70821-3550	Social Security Number, PTIN, or FEIN of paid preparer	
	PP 2	Mail All Other Individual Income Tax Returns TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3440	WEB	61818

	2017 NONREFUNDABLE		
SCHEDULE C -	2017 NONREFUNDABLE	PRIORITY	CREDITS

			-								
1		EDIT FOR TAX LIA		PAID TO (OTHER STATES	– А сору	of the re	eturn filed with the other states must be			
	1A	Enter the total of N	let Tax Lia	ability Paid	to Other States fr	om Form F	R-10606	. 📕	1A	;;	00
	1B	Enter the Credit fo	r Taxes P	aid to Othe	r States from For	m R-10606			1B	,,	00
2	CR See	EDIT FOR CERTAI	N DISAB ge 4 for (ILITIES - N definitions d	lark an "X" in the	appropriat	e boxes	s. Only one credit is allowed per person.			
			Deaf	Loss of Limb	Mentally Incapacitated	Blind		Enter the total number of qualifying			
	2A	Yourself					20	D individuals. Only one credit is allowed per person.	2D		
	2B	Spouse					26	Multiply Line 2D by \$72.			
	2C	Dependent *							2E	j	00
	*	List dependent na	mes here	e. >							
3	CR	EDIT FOR CONTRI	BUTION	S TO EDUC	CATIONAL INSTI	TUTIONS					_
	зА	Enter the value of	compute	r or other te	echnological equi	pment don	ated. A	ttach Form R-3400.	3A	<u> </u>	00
	ЗВ	Multiply Line 3A b	y 29 perc	ent. Round	to the nearest de	ollar.			3B		00
4	CR	EDIT FOR CERTAI		RAL TAX C	REDITS						
	4A	Enter the amount	of eligible	e federal cre	edits.			JUIVI	4A	<u>, , , , , , , , , , , , , , , , , , , </u>	00
	4B	Multiply Line 4A b	v 7 perce	nt. Enter th	e result or \$18. v	vhichever i	s less.	This credit is limited to \$18.	4B		

Enter your Social Security Number.

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 5.

	Credit Description	Credit Code	Amount of Credit Claimed	
5			5	00
6			6	00
7			7	00
8			8	00
9	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1B, 2E, 3B, 4B and 5 through 8. Also, enter this amount on Form IT-540, Line 12.	-	9	00

Description	Code	Description	Code	Description	Code	Description	Code
Education Credit Act 125 Recovery	099	Bone Marrow	120	Nonviolent Offenders	140	Debt Issuance	155
Premium Tax	100	Law Enforcement Education	125	Owner of Newly Constructed	145	Donations of Materials, Equipment,	175
Commercial Fishing	105	First Time Drug Offenders	130	Accessible Home	145	Advisors, Instructors	
Family Responsibility	110	Bulletproof Vest	135	Qualified Playgrounds	150	Other	199
Small Town Doctor/Dentist	115						



File electronically! www.revenue.louisiana.gov/fileonline



WEB

61820

SCHEDULE D - 2017 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 35 of Form IT-540 to the organizations or funds listed below. Enter on Lines 2 through 23, the portion of the overpayment you wish to donate. The total on Line 24 cannot exceed the amount of your overpayment on Line 35 of Form IT-540.

	1	Adjusted Overpayment – From IT-	540, Line 35				1		00
	2	The Military Family Assistance Fund	2			13	The Louisiana Youth Leadership Seminar Corporation	13	
	3	Coastal Protection and Restoration Fund	3	00		14	Lighthouse for the Blind in New Orleans	14	00
	4	The START Program	4	00		15	The Louisiana Association for the Blind	15	
Е 1	5	Wildlife Habitat and Natural Heritage Trust Fund	5	00	Ē 1	16	Louisiana Center for the Blind	16	00
- LINE	6	Louisiana Cancer Trust Fund	6	00	OF LINE	17	Affiliated Blind of Louisiana, Inc.	17	
VS OF	7	Louisiana Pet Overpopulation Advisory Council	7	00		18	Louisiana State Troopers Charities, Inc.	18	
DONATIONS	8	Louisiana Food Bank Association	8	00	DONATIONS	19	Friends of Palmetto State Park	19	00
DON	9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	9	00	DON	20	The American Rose Society	20	00
	10	Louisiana Association of United Ways/LA 2-1-1	10	60		21	The Extra Mile	21	00
	11	American Red Cross	11	00		22	Louisiana Naval War Memorial Commission; U.S.S. KIDD	22	
	12	Louisiana National Guard Honor Guard for Military Funerals	12			23	Children's Therapeutic Services at the Emerge Center	23	
								P	

24 TOTAL DONATIONS – Add Lines 2 through 23. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540, Line 36.



SCHEDULE E – 2017 ADJUSTMENTS TO INCOME

Enter your Social Security Numbe

 1
 FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. Check box if amount is less than zero.

 2
 INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS

 2A
 RECAPTURE OF START CONTRIBUTIONS

 3
 TOTAL – Add Lines 1, 2, and 2A.

er.						
1].	
2].	
2 A		_7_].	
3						

EXEMPT INCOME – Enter on Lines 4A through 4H the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. See instructions beginning on page 6. **Exempt Income Description** Code Amount Е 4A 4A 4B Е 4B Е 4C 4C Е 4D 4D 4E Е 4E Е 4F 4F Е 4G 4G Е 4H 4H EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX - Add Lines 4A 41 through 4H. FEDERAL TAX APPLICABLE TO EXEMPT INCOME - Use Option 1 or Option 2, see 4J 4J instructions. 4K EXEMPT INCOME - Subtract Line 4J from Line 4I. 4K LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPENSE ADJUSTMENT -5A 5A Subtract Line 4K from Line 3. **IRC 280C EXPENSE ADJUSTMENT** 5B 5B LOUISIANA ADJUSTED GROSS INCOME - Subtract Line 5B from Line 5A. Also, enter this 5C 5C amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used

Description - See instructions beginning on page 6.	Code
Interest and Dividends on U.S. Government Obligations	01E
Louisiana State Employees' Retirement Benefits Taxpayer date retired: Spouse date retired	02E
Louisiana State Teachers' Retirement Benefits Taxpayer date retired: Spouse date retired:	03E
Federal Retirement Benefits Taxpayer date retired: Spouse date retired:	04E
Other Retirement Benefits Provide name or statute: Taxpayer date retired:Spouse date retired:	05E
Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity:	06E
Taxable Amount of Social Security	07E
Native American Income	08E

Description - See instructions beginning on page 6.	Code
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
Other, see instructions, page 8. Identify:	49E



File electronically!

www.revenue.louisiana.gov/fileonline



2017 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. Refer to Revenue Information Bulletin 12-008 and 09-019 on LDR's website for more information.
 - 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	
A						
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 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 \$5,000.

School Uniforms Textbooks or Other Instructional Materials	List the amount paid for each student as listed in Section II.							
	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.	\$





Enter your Social Security Number.

SCHEDULE F - 2017 REFUNDABLE PRIORITY 2 CREDITS

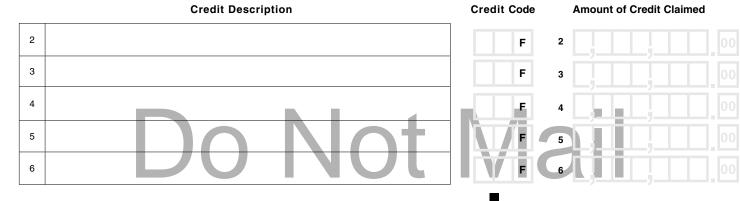
	1	Credit for amounts paid by certain	military servicemembers for o	btaining Louisiana Hunting and	d Fishing Licenses.
--	---	------------------------------------	-------------------------------	--------------------------------	---------------------

1A	Yourself		Date of Birth (MM/DD/YYYY)	Driver's License number or State Identification	
1B	Spouse		Date of Birth (MM/DD/YYYY)		
				or State Identification	State of issue
1C	Dependen	ts: List de	pendent names.		
	Depe	ndent nam	ne	Date of Birth (MM	I/DD/YYYY)
	Depe	ndent nar	ne	Date of Birth (MM	I/DD/YYYY)
	Depe	ndent nar	ne	Date of Birth (MM	I/DD/YYYY)
	Depe	ndent nam	ne	Date of Birth (MM	I/DD/YYYY)

1D Enter 72 percent of the amount of fees paid by certain military service members for obtaining Louisiana Hunting and Fishing Licenses. *See instructions, page 9.*

Additional Refundable Priority 2 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 9.



Transferable, Refundable Priority 2 Credits

Enter the State Certification Number from Form R-6135, along with the dollar amount of credit claimed. See instructions beginning on page 9.

Credit Description	Credit Code Amount of	of Credit Claimed
7. Musical and Theatrical Production	6 2 F 7	00
7A.		
8. Musical and Theatrical Production	62F8	00
8A.		
9. Musical and Theatrical Production	6 2 F 9	00
9A.		
 OTHER REFUNDABLE PRIORITY 2 CREDITS – Add Lines 1D and 2 through 9. Also enter this amount on Form IT-540, Line 18. 	10	

SEE CREDIT CODES ON NEXT PAGE (





1D



Description	Code	Description	Code	Description	Code	Description	Code
Ad Valorem Offshore Vessels	52F	Milk Producers	58F	School Readiness Child Care Directors and Staff	66F	Retention and Modernization	70F
Telephone Company Property	54F	Technology Commercialization				Conversion of Vehicle to	71F
Prison Industry Enhancement	55F	Historic Residential	60F School Readiness Business		67F	Alternative Fuel Digital Interactive Media &	
Urban Revitalization	56F		001	School Readiness Fees and		Software	73F
Mentor-Protégé	57F	School Readiness Child Care Provider	65F	Grants to Resource and Referral Agencies	68F	Solar Energy Systems – Leased	74F
						Other Refundable Credit	80F

*** Schedule G omitted on purpose ***

SCHEDULE H – 2017 MODIFIED FEDERAL INCOME TAX DEDUCTION

1	Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet, page 2.	1	,	0
2	Enter the amount of federal disaster credits allowed by IRS. See instructions beginning on page 10.	2		0
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540, Line 9, and mark box 2 on Line 9 to indicate that your income tax deduction has been increased.	3		0

SCHEDULE I - 2017 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 10.

	Credit Description						
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 27.						

e instructions beginning on page 10.						
Credit Code Amount of Credit Claimed						
N /F			_,	00		
F	2	_,	_,	00		
F	3			00		
F	4			00		
F	5	_,		00		
	6			00		

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





SCHEDULE J – 2017 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040A, Line 31, or Federal Form 1040, Line 49. This amount will be used to compute your 2017 Louisiana Nonrefundable Child Care Credit.	1		
2017 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 Nonrefundable Child Care Credit Worksheet.	2		
AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – See Nonrefundable Child Care Credit Worksheet.	3		
2017 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 Nonrefundable School Readiness Credit Worksheet.	4		00
AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – See Nonrefundable School Readiness Credit Worksheet.	5		00
	This amount will be used to compute your 2017 Louisiana Nonrefundable Child Care Credit. 2017 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 Nonrefundable Child Care Credit Worksheet. AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – See Nonrefundable Child Care Credit Worksheet. 2017 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 Nonrefundable School Readiness Credit Worksheet. 2017 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 Nonrefundable School Readiness Credit Worksheet. 5 4 3 2 AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2013 THROUGH	This amount will be used to compute your 2017 Louisiana Nonrefundable Child Care Credit. 1 2017 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be GREATER 2 AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be GREATER 3 2017 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – See Nonrefundable Child Care Credit Worksheet. 3 2017 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 Nonrefundable School Readiness Credit Worksheet. 3 2017 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 Nonrefundable School Readiness Credit Worksheet. 4 5 4 3 2 AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2013 THROUGH 5	This amount will be used to compute your 2017 Louisiana Nonrefundable Child Care Credit. 1 2017 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be GREATER 2 AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – 3 2017 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 Nonrefundable School Readiness Credit Worksheet. 3 2017 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 Nonrefundable School Readiness Credit Worksheet. 4 5 4 3 2 AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2013 THROUGH 5

Additional Nonrefundable Priority 3 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 11.



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

Description	Code
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
Inventory Tax Credit Carried Forward and ITEP	218

Description	Code
Ad Valorem Natural Gas Credit Carried Forward	219
New Jobs Credit	224
Refunds by Utilities	226
Eligible Re-entrants	228
Neighborhood Assistance	230

Description	Code
Research and Development	231
Cane River Heritage	232
LA Community Economic Dev.	234
Apprenticeship	236
Ports of Louisiana Investor	238
Ports of Louisiana Import Export Cargo	240

Description	Code
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

CONTINUE ON NEXT PAGE.





Enter your Social Security Number.

SCHEDULE J – 2017 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 instructions beginning on page 11.

		C	redit Description			Credit Code		Amount of Credit Claimed	
12							12		
12A								, ,	
13							13		
13A									
14							14		
14A								, ,	
15							15		00
15A									
16	TOTAL NONREFUNDA this amount on Form IT-		RITY 3 CREDITS – Add Lines 2 th 22.	nrough 15. A	Also, enter		16		
	• I		IMPORTANT! Only these of	codes car	be claimed	on Lines 12 thro	ough 1		
	Description	Code	Description	Code		scription	Code	Description	Code
	Picture Investment	251	Digital Interactive Media	254	New Markets		259	Angel Investor	262
	rch and Development	252	Capital Company	257	Brownfields Inve		260	Other	299
Historio	c Structures	253	LCDFI	258	Motion Picture I	Infrastructure	261		





2017 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 instructions on page 14.

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 2017 Publication 503 for information on "Due Diligence." 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	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 2017 in column H. See the definitions on page 14 for information on Qualified Expenses.

		F	G				Н	
Qualifying person's name First Last		Qualifying person's Social Security Number		Qualified expenses you incurred and paid in 2017 for the person listed in column (F)		017 for		
			4 N /					.00
		\mathbf{O} in \mathbf{O}						.00
							-	.00
								.00
3		ine 2. Do not enter more than \$3,000 fo Enter this amount here and on Form IT-		3				.00
4	Enter your earned income. See t	the definitions on page 14.		4				.00
5		ur spouse's earned income (if your spo 3). All other filing statuses, enter the am		5				.00
6	Enter the smallest of Lines 3, 4,	or 5. Enter this amount on Form IT-540,	Line 14B.	6				.00
7	Enter your Federal Adjusted Gro	ss Income from Form IT-540, Line 7, or	Schedule E, Line 1 if filed.	7				.00
	Enter on Line 8 the decimal amo	r on Line 8 the decimal amount shown below that applies to the amount on Line 7.						
	If Line 7 is: over	but not over	decimal amount					
8	\$0 \$15,000 \$17,000 \$19,000	\$15,000 \$17,000 \$19,000 \$21,000	.35 .34 .33 .32	8		Х	·	
	\$21,000 \$23,000	\$23,000 \$25,000	.31 .30					
9	Multiply Line 6 by the decimal an	nount 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-54	0, Line 14.		11				.00



2017 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 Star Rating, and the rating award date. You must enter the facility license number in column D on Line 1 of the 2017 Louisiana Refundable Child Care Credit Worksheet to receive this credit.

Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT 540, Line 14.

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2017, 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 enter the result	t. Be sure to include the decimal					
	number results in a decimal, round to the nearest dollar 0, Line 15	. 00				
On Form IT-540, Line 15 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.

2017 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 1040EZ, Line 8a, OR Federal Form 1040A, Line 42a , OR Federal Form 1040, Line 66a.	00
2.	Multiply Line 1 above by 3.5 percent, round to the nearest dollar, and enter the result on Line 3	
3.	Enter this amount on Form IT-540, Line 16	. 00



3. 4



X DO NOT ATTACH THIS WORKSHEET TO YOUR RETURN.

	2017 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540)						
1	Enter Federal Child Care Credit from Federal Form 1040, Line 49 or Federal Form 1040A, Line 31.	1		.00			
	Enter the applicable percentage from the chart shown below.						
1A	Federal Adjusted Gross Income Percentage						
	\$25,001 - \$35,000 30% (.30) \$35,001 - \$60,000 10% (.10) over \$60,000 10% (.10)	1A	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 2017. Proceed to Line 3.			.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 2017.	2A		.00			
3	Enter the amount of Louisiana income tax from Form IT-540, Line 20.	3		.00			
4	If Line 3 is less than or equal to zero, your entire Child Care Credit for 2017 (Line 2 or 2A above) will be carried forward to 2018. Also, any available carryforward from 2013 through 2016 will be carried forward to 2018. If Line 3 above is less than or 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 Ca Carryforward from 2013 through 2016 utilized for 2017.	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 2013 through 2016.	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 2017 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 2013 through 2016 that can be carried forward to 2018. Also, your entire Child Care Credit for 2017 (Line 2 or 2A above) will be carried forward to 2018. 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 2013 through 2016 plus any amount of your 2017 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-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 2017 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 2017 (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					
14	Use Line 14 to determine what amount of your 2017 Child Care Credit you c If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2017 Child Care Credit.	an c 14					
1.4	Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.						
	Use Line 15 to determine the amount of your 2017 Child Care Credit to be carried forward to 2018.						
15	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Carryforward to 2018. Enter the result here and keep this amount for your records.	15		.00			

X DO NOT ATTACH THIS WORKSHEET TO YOUR RETURN.

2017 Louisiana Nonrefundable School Readiness Credit Worksheet (For use with Form IT-540)						
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 GREATER THAN \$25,000, must have claimed a Louisiana Nonrefundable Child Care Credit, 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 Rating, and the rating award date.						
1	Enter the amount of 2017 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 2017, 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		•			
	Four Star Facility and multiply the number by 1.5					
2						
	Three Star Facility and multiply the number by 1.0					
	On Form IT-540, Schedule J, 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 2017.	4		.00		
5	Enter the amount from Form IT-540, Line 20.	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 2017 (Line 4) will be carried forward to 2018. Also, any available carryforward from 2013 through 2016 will be carried forward to 2018. If Line 7 above is less than or equal to zero, enter zero "0" on Form IT-540, 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 School Readine from 2013 through 2016 utilized for 2017.	ss C	redit Carryforward			
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 2013 through 2016.	10		.00		
11	Subtract Line 10 from Line 9.			.00		
12	If Line 11 is less than or equal to zero, the amount of School Readiness Credit Carryforward used for 2017 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 2013 through 2016 that can be carried forward to 2018. Also, your entire School Readiness Credit for 2017 (Line 4) will be carried forward to 2018. 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 2013 through 2016 plus any amount of your 2017 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 2017 School Readiness Credit (Line 4).	15		.00		
16	Subtract Line 15 from Line 14.	16		.00		
17	17 If Line 16 is greater than or equal to zero, your entire School Readiness Credit for 2017 (Line 4) has been utilized. Enter the amount from Line 15 on Form IT-540, Schedule J, Line 4. Stop here; you are finished with the worksheet.					
	Use Line 18 to determine what amount of your 2017 School Readiness Credi					
18	Form II-540, Schedule J, Line 4.					
	Use Line 19 to determine the amount of your 2017 School Readiness Credit to be c	arrie	ed forward to 2018.			
19	If Line 16 is less than zero, subtract Line 14 from Line 15 to compute your School Readiness Carryforward to 2018. Enter the result here and keep this amount for your records.	19		.00		