Mark Box:		2017 LOUIS	SIANA NON	RESIDE	T		RTANT!
Name Change	(Page 1 of 4)	AND PART	-YEAR RE	SIDENT			SSN below in the same n your federal return.
Decedent Filing	Your legal first n	ame	Init. Last name		Suffix	Your SSN	
Spouse Decedent	If joint return, sp	ouse's name	Init. Last name		Suffix	Spouse's SSN	
Address Change	Present home ad	dress (number and street	including apartment n	umber or rural route;	)		daytime telephone number
Amended Return	City, Town, or Al	20		State	ZIP		daytime telephone number
NOL Carryback	MSRA		Your Date o	f Birth	Spous	se's Date of Birth	
2015 Legislatio	n Recovery						
		appropriate number in the e with your federal return	h	EXEMPTIONS:			
	Enter a " <b>1</b> " in box	f <b>single</b> .	6A	X Yourself	65 or older	Blind	<b>T</b> + + - (
	Enter a "2" in box	f married filing jointl	•		65 or		Total of 6A & 6B
	Enter a "3" in box	f married filing separ	ately. 6B	Spouse	older	Blind	
		f head of household. is not your dependent, ente					
	Enter a "5" in box	f qualifying widow(er	<i>`</i> ).				

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 total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c, in the boxes here. 6C

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

6D



FOR	FOR OFFICE USE ONLY										
Field Flag											



ou a	re not required to file a federal Mark this return, indicate wages here.	s box and enter zero "0" on Line 14.
7	FEDERAL ADJUSTED GROSS INCOME – Enter the amount of your Federal Adjusted Gross Income from the NPR worksheet, Federal column, Line 12.	7
8	LOUISIANA ADJUSTED GROSS INCOME – Enter the amount of your Louisiana Adjusted Gross Incom from the NPR worksheet, Louisiana column, Line 33.	le 8
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME – Divide Line 8 by Line 7. Carry out to two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%.	9
	u did not itemize your deductions on your federal return, leave Lines 10A, 10B, and 10C blank and b Line 10D.	1
10A	FEDERAL ITEMIZED DEDUCTIONS	10A
10B	FEDERAL STANDARD DEDUCTION	10B
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A.	10C
10D	FEDERAL INCOME TAX – See instructions. If your federal income tax has been decreased by the foreign tax credit, see instructions for optional deduction. If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H-NR.	10D
10E	TOTAL DEDUCTIONS – Add Lines 10C and 10D.	10E
10F	ALLOWABLE DEDUCTIONS – Multiply Line 10E by the percentage on Line 9. Round to the nearest dollar.	10F
11	LOUISIANA NET INCOME - Subtract Line 10F from Line 8. If less than zero, enter zero "0."	11 00
12	YOUR LOUISIANA INCOME TAX – See the Tax Computation Worksheet to calculate the amount of your Louisiana income tax.	12
13	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NR, Line 8	13
14	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 13 from Line 12. If the result is less than zero, or you are not required to file a federal return, enter zero "0."	14
15	2017 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 instructions, page 12 and Refundable Care Credit Worksheet, page 15.	9 15
15A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	15A
15B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	15B
16	2017 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 Refundable School Readiness Credit Worksheet, page 16.	16
	5 4 3 2	
17	LOUISIANA CITIZENS INSURANCE CREDIT 17A 000	17
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F-NR, Line 10	18
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15, and 16 through 18. Do not include amounts on Lines 15A, 15B and 17A.	19
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions, page 2.	20



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es.		



# IT-540B WEB (Page 3 of 4)

540B WEB (Page 3 of 4)		
Enter your Social Security Numb	er. 🖝	
NREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NR, Line 16	22	00
JUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20.	23	00
No use tax due. NSUMER USE TAX – You must mark one of these boxes. Amount from the Consumer Use Tax Worksheet.	24	
TAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 and 24.	25	00
ERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.	26	00
FUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6	27	00
OUNT OF LOUISIANA TAX WITHHELD FOR 2017 – Attach Forms W-2 and 1099.	28	00
OUNT OF CREDIT CARRIED FORWARD FROM 2016	29	
OUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING	30	00
OUNT OF ESTIMATED PAYMENTS FOR 2017	31	
OUNT PAID WITH EXTENSION REQUEST TAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 32. ERPAYMENT – If Line 33 is greater than Line 25, subtract Line 25 from Line 33. Your overpayment may be uced by Underpayment of Estimated Tax Penalty. Otherwise, go to Line 41.	32 33 34	
DERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 11, and Form 210NR. If you are a farmer, check the box.	35	
JUSTED OVERPAYMENT – If Line 34 is greater than Line 35, subtract Line 35 from Line 34, and enter on e 36. If Line 35 is greater than Line 34, subtract Line 34 from Line 35, and enter the balance on Line 41.	36	
TAL DONATIONS – From Schedule D-NR, Line 24	37	
BTOTAL – Subtract Line 37 from Line 36. This amount of overpayment is available for credit or refund.	38	00
NOUNT OF LINE 38 TO BE CREDITED TO 2018 INCOME TAX	39	
IOUNT TO BE REFUNDED - Subtract Line 39 from Line 38. If mailing to LDR, use Address 2 on the next page.		
ter a "2" in box if you want to receive your refund by paper check. ter a "3" in box if you want to receive your refund by direct deposit. Complete prmation below. If information is unreadable, you are filing for the first time, or if u do not make a refund selection, you will receive your refund by paper check.	40	00
DIRECT DEPOSIT INFORMATION		

R				DIREC	CT DEPOS	SIT INF	ORMAT	ION				
	Туре:	Checking	Savings		Will this re- institution I				Yes	No		
	Routing Number				Account Number							



COMPLETE AND SIGN RETURN ON NEXT PAGE



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Enter the first 4

letters of your last name in these boxes.

PAYMENTS

# IT-540B WEB (Page 4 of 4)

Enter your Social Security Number.

	41	AMOUNT YOU OWE - If Line 25 is greater that	an Line 33, subtract Line	33 from Line 25.		41		00
	42	ADDITIONAL DONATION TO THE MILITARY		42				
NA	43	ADDITIONAL DONATION TO THE COASTAL	PROTECTION AND RE	STORATION FUND		43	T Í T	
<b>NISIA</b>	44	ADDITIONAL DONATION TO LOUISIANA FO	OD BANK ASSOCIATIO	N		44		
DUE LOUISIANA	45	INTEREST – From the Interest Calculation Wo	rksheet, page 11, Line 5.			45		
	46	DELINQUENT FILING PENALTY – From the D	elinquent Filing Penalty (	Calculation Workshee	t, page 11, Line 7.	46		
AMOUNTS	47	DELINQUENT PAYMENT PENALTY – From De	linquent Payment Penalty	Calculation Workshee	t, page 11, Line 7.	47		
A	48	UNDERPAYMENT PENALTY – See instruction Form R-210NR. If you are a farmer, check the		alty, page 11, and		48		
	49	BALANCE DUE LOUISIANA – Add Lines 41 th LDR, use address 1 below. For electronic payr		over. PAY T	HIS AMOUNT.	49	ļ	00
		IMPORTANT!		DO NOT SE	ND CASH.			
N	/IUS wit	four (4) pages of this return T be mailed in together along h your W-2s and completed hedules. Please paperclip.						

# Do not staple. NOT Val

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 40.

-	0				ě			
Your Signature		Da	ate (mm	n/dd/yyyy)	Spouse's Signature (If filing join	ntly, both must sign.)		Date (mm/dd/yyyy)
PAID	Print/Type Preparer	's Name		Preparer's S	Signature	Date (mm/dd/yyyy)	Check	< ☐ 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	
	{ssa}	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 61868

# Nonresident and Part-Year Resident (NPR) Worksheet

	See instructions for completing the NPR worksheet beginning on page 3.	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		
10	Total Income – Add the income amounts on Lines 1 – 9 for each column.		
11	Total Adjustments to Income		
12	Adjusted Gross Income – Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on IT-540B, Line 7. The amount shown in the Federal column should agree with Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37.		

# 2017 Adjustments to Income

su	13	Interest and dividend income from other states and their political subdivisions	
Additions	14	Recapture of START contributions	
Pq	15	Total – Add Lines 12, 13, and 14.	
	16	Interest and Dividends on U.S. Government Obligations	
	17	Louisiana State Employees' Retirement Benefits – Taxpayer date retired: Spouse date retired:	
	18	Louisiana State Teachers' Retirement Benefits – Taxpayer date retired: Spouse date retired:	
	19	Federal Retirement Benefits - Date retired: Taxpayer Spouse:	
	20	Other Retirement Benefits – Date retired: Taxpayer Spouse: Provide name or statute:	
Subtractions	21	Annual Retirement Income Exemption for Taxpayers 65 or over – Provide name of pension or annuity:	
	22	Native American Income	
	23	START Savings Program Contribution	
ubtr	24	Military Pay Exclusion	
ิง	25	Road Home	
	26	Recreation Volunteer or Volunteer Firefighter	
	27	Voluntary Retrofit Residential Structure	
	28	IRC 280C Expense Adjustment	
	29	Elementary and Secondary School Tuition, Educational Expenses for Home-Schooled Children, Educational Expenses for Quality Public Education	
	30	Capital Gain from Sale of Louisiana Business	
	31	Other Exempt Income Identify:	
	32	Total Exempt Income – Add Lines 16 through 31.	
	33	LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 32 from Line 15. Also, enter this amount on Form IT-540B, Line 8.	



### 2017 Louisiana School Expense Deduction Worksheet

Yo	ur Name	Your Social Security Number
Ι.	This worksheet should be used to calculate the three School Expense	e Deductions listed below. These deductions may only be taken for school

- This worksheet should be used to calculate the three School Expense Deductions listed below. These deductions may only be taken for school expense paid in Louisiana during the time a person was a Louisiana resident. 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 student 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		ion as des /e in Secti	
			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 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.

Qualifying Expense	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%				
<b>Deduction per Studen</b> t – 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 total Elementary and Secondary School Tuition Deduction.	\$
Enter the total Educational Expenses for Home-Schooled Children Deduction.	\$
Enter the total Educational Expenses for a Quality Public Education Deduction.	\$
Enter the total deduction here and on the Nonresident and Part-year Resident (NPR) Worksheet, Line 29.	\$





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# ATTACH TO RETURN IF COMPLETED.

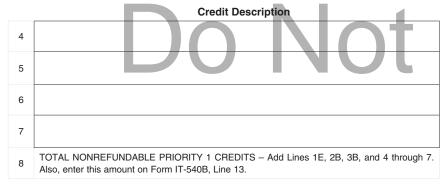
Enter your Social Security Number.

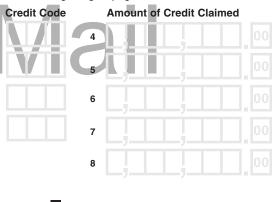
# SCHEDULE C-NR - 2017 NONREFUNDABLE PRIORITY 1 CREDITS

1		CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed these disabilities.							per person. Se	ee instructior	ns on page 5 for	definitio	ons of
		Deaf Loss of Mentally Limb Incapacitate				Blind	Enter the total number of qualifying 1D individuals. Only one credit is allowed per		g wed per	1D			
	1A	Yourself					1E	person. Multiply Line 1D by \$72.					
	1B	Spouse								1E	<u> </u>		
	1C	Dependent *											
	*	List dependen	t name	s here. 🕨									
2	CRE	DIT FOR CONT	RIBUT	IONS TO	EDUCATIONA	L INSTI	TUTION	S					
	2A	Enter the value of computer or other technological equipment donated. Attach Form R-3400.								2A			00
	2B	Multiply Line 2	A by 2	9 percent						2B			
3	CRE	REDIT FOR CERTAIN FEDERAL TAX CREDITS											
	ЗA	A Enter the amount of eligible federal credits.								3A			
	ЗB	Multiply Line 3A by 7 percent. Enter the result or \$18, whichever is less. This credit is limited to \$18.								3B			

# **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.





Description	Code	Description	Code	Description	Code	Description	Code
Education Credit Act 125 Recovery	099	Bone Marrow	120	Owner of Newly Constructed		Donations of Materials, Equipment,	175
Premium Tax	100	Law Enforcement Education	125	Accessible Home	145	Advisors, Instructors	1/5
Commercial Fishing	105	First Time Drug Offenders	130	Qualified Playgrounds	150	Other	199
Family Responsibility	110	Bulletproof Vest	135		100		
Small Town Doctor/Dentist	115	Nonviolent Offenders	140	Debt Issuance	155		





# ATTACH TO RETURN IF COMPLETED.

# SCHEDULE D-NR - 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 36 of Form IT-540B 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 36 of Form IT-540B.

	1	Adjusted Overpayment- From IT-5	40B, Line 36				1		
	2	The Military Family Assistance Fund	2	00		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	
	4	The START Program	4	00 1	15	The Louisiana Association for the Blind	15		
Е 1	5	Wildlife Habitat and Natural Heritage Trust Fund	5	00	1E 1	16	Louisiana Center for the Blind	16	
	6	Louisiana Cancer Trust Fund	6	00	OF LINE	17	Affiliated Blind of Louisiana, Inc.	17	
<b>VS OF</b>	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	
DON	9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	9	00	DON	20	The American Rose Society	20	
	10	Louisiana Association of United Ways/LA 2-1-1	10	60		21	The Extra Mile	21	
	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	

24 TOTAL DONATIONS – Add Lines 2 through 23. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540B, Line 37.





	、 、	ATTACH	то	RETURN	IF	COMPL	ETED
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Enter your Social Security Number.

# SCHEDULE F-NR - 2017 REFUNDABLE PRIORITY 2 CREDITS

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses.

1A	Yourself		Date of Birth (MM/DD/YYYY)	Driver's License number		State of issue		
1B	Spouse		Date of Birth (MM/DD/YYYY)			State of issue State of issue		
				or State Identification		State of issue		
1C	Dependen	ts: List de						
	Depe	ndent nan	ne		Date of Birth (MM/DD/YYYY)			
	Depe	ndent nan	ne		Date of Birth (MM/DD/YYYY)			
	Depe	ndent nan	ne	·····	Date of Birth (MM/DD/YYYY)			
	Depe	ndent nan	ne	·····	Date of Birth (MM/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 7.

### **Additional Refundable Priority 2 Credits**

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 7.

### 

# 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 7.

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

SEE CREDIT CODES ON NEXT PAGE

1D





# SCHEDULE F-NR - 2017 REFUNDABLE PRIORITY 2 CREDITS ... CONTINUED

Description	Code	Description	Code	Description	Code	Description	Code
Ad Valorem Offshore Vessels	52F	Technology Commercialization 59F		School Readiness Child Care	66F	Retention and Modernization	70F
Telephone Company Property	54F		591	Directors and Staff	001	Conversion of Vehicle to	-
Prison Industry Enhancement	55F	Historic Residential	60F	School Readiness Business –	67F	Alternative Fuel	71F 73F
Urban Revitalization	56F			Supported Child Care		Digital Interactive Media &	
Mentor-Protégé	57F	School Readiness Child Care	055	School Readiness Fees and Grants to Resource and Referral	005	Software	
Milk Producers	58F	Provider	65F	Agencies	68F	Solar Energy Systems – Leased	74F
				ι	,	Other Refundable Credit	80F

# \*\*\* Schedule G – NR omitted on purpose \*\*\*

# SCHEDULE H-NR – 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 1.	1	_ <u>;_</u>	00
2	Enter the amount of federal disaster credits allowed by IRS. See instructions beginning on page 8.	2	<u> </u>	00
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540B, Line 10D, and mark box 2 on Line 10D to indicate that your income tax deduction has been increased.	3	_ <u>;_</u>	00

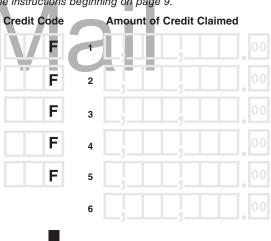
# SCHEDULE I-NR - 2017 REFUNDABLE PRIORITY 4 CREDITS

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

	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-540B, Line 27.

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





# SCHEDULE J-NR - 2017 NONREFUNDABLE PRIORITY 3 CREDITS

# Nonrefundable Child Care Credits

1	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		
2	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	Í I I	
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – See Nonrefundable Child Care Credit Worksheet.	3	Í	
4	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	4	., .,	00
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016 – See 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 instructions beginning on page 9.



# 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.

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# SCHEDULE J-NR - 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 9. Over dit O e de Α... .

		Ľ	credit Description			Credit Code		Amount of Credit Claimed	
12							12		
12A									
13							13		
13A									
14							14		
14A								, , , , , , , , , , , , , , , , , , ,	
15							15		00
15A									
16	TOTAL NONREFUNDABL amount on Form IT-540B,		ITY 3 CREDITS – Add Lines 2 throu	igh 15. Als	so, enter this		16		00
	' I		IMPORTANT! Only these co	odes ca	n be claimed	on Lines 12 thr	ough 15	lic	
	Description	Code	Description	Code		escription	Code	Description	Code
	Picture Investment	251	Digital Interactive Media	254	New Markets		259	Angel Investor	262
	rch and Development	252	Capital Company	257	Brownfields Inv		260	Other	299
Histori	c Structures	253	LCDFI	258	Motion Picture	Intrastructure	261		



### 2017 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 instructions on page 12.

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

А	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 2017 in column H. See the definitions on page 12 for information on Qualified Expenses.

		F	G		Н
	Qualifying pe First	erson's name Last	Qualifying perso Social Security Nu		Qualified expenses you incurred and paid in 2017 for the person listed in column (F)
					.00
					.00
					.00
					.00
					.00
3		ne 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 th	e definitions on page 12.		4	.00
5		r spouse's earned income (If your spou 3.) All other filing statuses, enter the amo		5	.00
6	Enter the smallest of Lines 3, 4, o	r 5. Also, enter this amount on Form IT-	540B, Line 15B.	6	.00
7	Enter your Federal Adjusted Gro Resident Worksheet, Federal colu	ss Income from Form IT-540B, Line 7, umn, Line 12 if filed.	or Nonresident Part-year	7	.00
	Enter on Line 8 the decimal amou	int shown below that applies to the amo	unt on Line 7.		
	If Line 7 is: over	but not over	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	Х
9	Multiply Line 6 by the decimal amo	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	B, Line 15.		11	.00



# ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

# 2017 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540B)

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.

### Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT 540B, Line 15.

Enter the amount of 2017 Louisiana Refundable Child Care Credit found on 1. 

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)

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

	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 ente	er the result. Be sure to include the decimal	·
4.		ne 3. If the number results in a decimal, round to the nearest dollar Form IT-540B, Line 16	.00

On Form IT-540B, Line 16 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.





### Instructions for Preparing your 2017 Nonresident and Part-Year Resident Income Tax Return

**NOTE:** If you are not required to file a federal return, but had Louisiana income tax withheld in 2017, complete Lines 1 through 6D. In the appropriate boxes above Line 7, enter the total amount of wages and income even though you may not be required to file a federal return and mark the box to the right. Skip to Line 14, enter zero "0" and complete the remainder of the return. You must enter the total amount of wages and income in the boxes above Line 7. Failure to do so will result in processing delays.

Lines 1-5 – Filing status – You must use the same filing status on your Louisiana return as you did on your federal return. In the box on the left, enter the number corresponding to your filing status: "1" for Single, "2" for Married Filing Jointly, "3" for Married Filing Separately, "4" for Head of Household, and "5" for Qualifying Widow(er). Head of Household status is for unmarried people who paid over half the cost of keeping up a home for a qualifying person. If you file as Head of Household, you must show the name of the qualifying person in the space provided, if the person is not a dependent.

Lines 6A and 6B – Exemptions – Mark an "X" in the appropriate boxes. You must use the same number of exemptions on your Louisiana return as you did on your federal return, unless: you are listed as a dependent on someone else's return, you are age 65 or over, you are blind, or your filing status is Qualifying Widow(er). You must claim an exemption for yourself on Line 6A, even if someone else claimed you on their federal tax return. This box has already been marked with an "X" for you.

**Line 6C** – Enter the names of the dependents listed on your federal return. Complete the required information. If you have more than 6 dependents, attach a statement to your return with the required information. In the box on Line 6C, enter the total number of dependents claimed.

Line 6D - Add Lines 6A, 6B, and 6C.

Line 7 – Enter the amount of your Federal Adjusted Gross Income. This amount is taken from the Nonresident and Part-year Resident (NPR) Worksheet, Federal column, Line 12. If your Federal Adjusted Gross Income is less than zero, enter zero "0."

**Line 8** – Enter the amount of your Louisiana Adjusted Gross Income. This amount is taken from the Nonresident and Part-year Resident (NPR) Worksheet, Louisiana column, Line 33. If your Louisiana Adjusted Gross Income is less than zero, enter zero "0."

**Line 9** – Divide Line 8 by Line 7. Carry out to two decimal places in the percentage, for example 48.32 percent. **Do not round up.** The percentage cannot exceed 100 percent. When Federal Adjusted Gross Income is less than Louisiana income, the ratio shall be 100 percent (R.S. 47:293(10)).

Lines 10A, 10B and 10C – If you did not itemize your deductions on your federal return, skip Lines 10A, 10B, and 10C and go to Line 10D.

Line 10A – If you itemized your deductions on your federal return, enter on Line 10A the amount of your federal itemized deductions, shown on Form 1040, Schedule A, Line 29.

**Line 10B** – If you itemized your deductions on your federal return, and your filing status is 1 or 3, enter \$6,350; 2 or 5, enter \$12,700; 4, enter \$9,350.

Line 10C - Subtract Line 10B from Line 10A. If less than zero, enter zero "0."

Line 10D – If you claimed federal disaster relief credits on your federal return as a result of Hurricane Katrina or Hurricane Rita, you must complete Schedule H-NR to determine your modified federal income tax deduction for Louisiana. The federal disaster relief credits claimed for this year and allowed by the IRS could be credits that are carried forward from previous years. However, the credits must be utilized on your federal return. Attach a copy of your federal return that indicates the amount of the credit, a copy of Federal Form 3800, and a copy of the appropriate IRS form to substantiate the amount of the credit.

If you **have not** claimed federal disaster relief credits, enter your federal income tax liability on Line 10D. This amount is taken from your federal return. Below are the federal returns and line numbers that indicate your federal income tax liability.

- Federal Form 1040EZ, Line 10.
- Federal Form 1040A, Line 37, minus the amount from Line 29.
- Federal Form 1040, use the worksheet below.

**Optional deduction** – The federal tax deduction calculated on the worksheet may be increased by the amount of foreign tax credit associated with Louisiana income that was claimed on Federal Form 1040, Line 48. If taking the deduction, add the foreign tax credit amount from Federal Form 1040, Line 48 to the tax from Federal Form 1040, Line 56 and enter on Line 1 below. Mark an "X" in box 1 on Line 10D to indicate the additional deduction is claimed. However, no special allowable credit may be claimed on Louisiana Nonrefundable Priority 1 Credits, Schedule C-NR, Line 3.

### Federal Income Tax Deduction Worksheet

1Enter the tax from Federal Form 1040, Line 56.\$\_\_\_\_\_\_2Net Investment Income Tax. Enter the<br/>amount from Federal Form 8960, Line 17.\$\_\_\_\_\_\_3Federal Tax. Add lines 1 and 2.\$\_\_\_\_\_\_4aEnter the amount from Form 4972, Line 30.\$\_\_\_\_\_\_\_4bEnter the amount from Form 8962, Line 29.\$\_\_\_\_\_\_\_5Add lines 4a and 4b.\$\_\_\_\_\_\_\_\_6Subtract line 5 from line 3 and enter on line 10D.

Line 10E - Add Lines 10C and 10D.

If amount is negative, enter zero.

**Line 10F** – Multiply Line 10E by the percentage on Line 9. This amount of deduction is the portion applicable to your Louisiana income.

Line 11 – Subtract Line 10F from Line 8. If less than zero, enter zero "0". Line 12 – Calculate your Louisiana income tax by using the Tax Computation Worksheet below. DO NOT USE RESIDENT TAX TABLES.

Line 13 – Enter the amount of the Nonrefundable Priority 1 Credits from Form IT-540B, Schedule C-NR, Line 8.

	Tax Computation Workshe	et (k	(eep this worksheet)	for	уог	ır records.)				
A	A Taxable Income: Enter the amount from Form IT-540B, Line 11.					Α		00		
в	First Bracket: If Line A is greater than \$12,500 (\$25,000 if filing status is 2 ing status is 2 or 5). If Line A is less than \$12,500 (\$25,000 if filing status is				в	0	0			
C1	<b>Combined Personal Exemption – Standard Deduction</b> : If your filing status is 2, 4, or 5, enter \$9,000; if 1 or 3, enter \$4,500.	C1		00						
C2	Credit for Dependents: Enter \$1,000 for taxpayers and/or spouses who are 65 or over, or blind, and for each dependent claimed on Form IT-540B, Line 6C.	C2		00						
Сз	Total: Add Lines C1 and C2.	Сз		00						
D	Ratio: Enter the ratio from Form IT-540B, Line 9.	D		%						
E Allowable Deduction: Multiply Line C3 by the ratio on Line D.				Е	0	0		ТАХ		
F Taxable First Bracket: Subtract Line E from Line B. Multiply balance by 2% and enter the result in the TAX column.				F	0	0	2% Rate		00	
G	<ul> <li>Second Bracket: Subtract Line B from Line A; and, if the balance is greater than zero, enter the balance or</li> <li>\$37,500 (\$75,000 if filing status is 2 or 5), whichever is less. Note: Reduce this amount by the amount that Line E exceeds Line B. Multiply balance by 4%, and enter the result in the TAX column.</li> </ul>			Ε	G	0	0	4% Rate		00
н	Third Bracket: Subtract \$50,000 (\$100,000 if filing status is 2 or 5), from Lin than zero, enter "0." Multiply the balance by 6%, and enter the result in the T			s	н	0	$() \vdash$	6% Rate		00
I	Total Tax: Add the amounts in the TAX column on Lines F, G, and H. En	ter he	ere and on Form IT-540B,	Line	9 12.			I		00

2017 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, Line 49 or Federal Form 1040, Line 31.       1       0.0         Federal Adjusted Gross Income Percentage         1A       S25,001 - 535,000       30% (30)       1A       X       X						
1A       Federal Adjusted Gross Income       Percentage       1A       X	1	Enter Federal Child Care Credit from Federal Form 1040, Line 49 or Federal Form 1040A, Line 31.	1		.00	
1A       S25,001 - S35,000       30% (.30)       1A       X						
25:50:01       300, 10% (10)         Wort 560,000       10% (10)         Multiply your Federal Achieves theorem is up the parcentage shown on Line 1A and enter the       2         Incomposition of the parcent of the parcentage shown on Line 1A and enter the       2         Incomposition of the parcent of the parcentage shown on Line 1A and enter the       2         Incomposition of the parcent of the parcentage shown on Line 2 is limited       00         Incomposition of the parcent of the parcentage shown on Line 2 is limited       00         Incomposition of the decard credit In 2017. Checked Line 2 is greater than \$25,00, enter \$25 here.       2A         In the 3 is your available Norrefundable Child Care Credit for 2017. Line 2 or 2A above) will be carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carrify droward from 2013 through 2016 will be carried forward to 2018. If Line 3 available carried forward to 2018. If Line 3 available carrify droward transmark 2016 will be carried forward to 2018. If Line 3 available carriforward 10 a		Federal Adjusted Gross Income Percentage	1 4	v		
A constraint of the second	1A		IA	A		
Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A and enter the non-reflected Credit Carce Credit Carc						
2       result. If your Federal Adjusted Gross Income is less than or equal to \$60,000, this is your available       2       .00         Nomefundable Child Care Credit for 2017. Proceed to Line 3.       .00         24       to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here.       2A         3       Enter the amount of Louisiana income tax from Form IT-5408, Line 20.       3       .00         3       Into a size sthan or equal to zero, your entire Child Care Credit for 2017 (Line 2 or 2A above) will be carried forward to 2018. If the 3 is less than or equal to zero, neure zero '0 on Form IT-5408, Scheduk J-NR, Lines 2 and 3. Stop here; you are finished with the worksheet.       4         Use Lines 5 through 8 to determine the amount form 2013 through 2016 will be carried forward to 2018. If the 3 above is greater than zero, enter the amount form 2013 through 2016.       6       .00         5       .00         6       Enter the amount of Care Credit Carryforward from 2013 through 2016.       6       .00         5       .00         5       .00         5       .00         5       .00         5       .00         5       .00         5       .00 </th <th></th> <th></th> <th></th> <th></th> <th></th>						
Important! If your Federal Adjusted Gross Income is greater than \$60,000, the amount on Line 2 is limited       100         2A       to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here.       2A         3       Enter the amount of Louisiana income tax from Form IT-540B, 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. If Line 3 above is less than or equal to zero, enter zero 'To no 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 2013 through 2016 utilized for 2017.       5       6         5       If Line 3 above is greater than zero, enter zero 'To no Form IT-540B, Schedule J-NR, Lines 2 and 3. Stop here; you are finished with the worksheet.       6       .00         6       Enter the amount of any Child Care Credit Caryforward form 2013 through 2016.       6       6       .00         7       Subtract Line 6 from Line 5.       0       6       6       .00         8       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 6 from Line 5. Stop here; you are finished with the worksheet.       6       .00         0       usbtract Line 6 from Line 5. Stop here; you are finished with the worksheet.	2		2			
<ul> <li>in the LESSER of 225.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here.</li> <li>is your available Nomelundable Child Care Credit for 2017.</li> <li>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 utilized for 2017.</li> <li>if Line 3 above is less than or 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.</li> <li>Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward to 2013. If a sabove is less than or 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.</li> <li>if Line 3 above is greater than zero, enter the amount of Nonrefundable Child Care Credit Carryforward from 2013 through 2016.</li> <li>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. Finet the amount form Line 5.</li> <li>if Line 7 is less than or equatin to zero, the amount of Child Care Credit Carryforward used for 2017 is equal to Line 5 above. Finet the amount for Mail Care Credit Carryforward used for 2017 is equal to Line 5 above. There there subt here. This amount is your unused Child Care Credit Carryforward to 2018. Also, your entire Child Care Credit Carryforward to 2017 (Line 2 is ess than zero, a subtract Line 5 from Line 5 above on Form IT-540B, Schedule J-NR, Line 3. It line 7 is less than zero, anter the eamount of Child Care Credit Carryforward to 110 a subtract Line 5 and enter the result here. This amount is your unused Child Care Credit Carryforward to 2018. Also, your entire Child Care Credit Carryforward to 2017 (Line 2 or 2 A above) will be carried forward to 2018. Stop here; you are finished with the worksheet.</li> <li>Use Lines 9 through 13 to determine the amount of Child Care</li></ul>		Nonrefundable Child Care Credit for 2017. Proceed to Line 3.			.00	
This is your available Nonrefundable Child Care Credit for 2017.       .00         3       Enter the amount of Louisiana income tax from Form IT-540B, Line 20.       3       .00         4       Ithe 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. It as any available carryforward from 2013 through 2016 will be carried forward to 2018. It as a prove is less than or 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 2013 through 2016 utilized for 2017.       5         5       If Line 3 above is greater than zero, enter the amount from 2013 through 2016.       6       6         6       Enter the amount of any Child Care Credit Carryforward from 2013 through 2016.       6       7         7       Subtract Line 6 from Line 5.       7       .00         8       above. Enter the amount from Line 5.       Schedule J-NR, Line 3. If Line 7. Is less than zero, where result here. This amount is your unused Child Care Credit Carryforward form 2013 through 2016 utilized from 2017 is equal to Line 5 and enter the result here. This amount is your unused Child Care Credit Carryforward form 2013 through 2016 plus any amount of 2018. Schedule J-NR, Line 3. If Line 7. Is less than 200.       8         9       Schedule J-NR, Line 3. If Line 7. Is less than 200.       Schedule J-NR, Line 3.       9         0						
3       Enter the amount of Louisiana income tax from Form IT-540B, Line 20.       3	2A		2A		.00	
In the indicator of Explandation of Explandation of the form 10 mm 10 m	_		2			
4       forward to 2018. Also, any available carryforward from 2013 through 2016 will be carried forward to 2018. If the stope is less than or 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 2013 through 2016 utilized for 2017.         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         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-540B, Schedule J-NR, Line 3. If Line 7 is less than or equal to 2018. Up there; you are finished with the worksheet.       8         Use Lines 9 through 2016 that can be carried forward to 2018. Stop here; you are finished with the worksheet.         Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward tuilized from 2013 through 2016 plus any amount of your 2017 Child Care Credit.         9         It 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	3	Enter the amount of Louisiana income tax from Form 11-540B, Line 20.	3		.00	
4       Line 3 above is less than or equal to zero, enter zero 10° on Form IT-540B, Schedule J-NR, Lines 2 and 3. Stop       4         Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2013 through 2016 utilized for 2017.         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       6       .00         7       Subtract Line 6 from Line 5.       7       .00         8       Jubtract Line 5 from Line 5 above on Form IT-540B, Focdule J-NR, Line 3. If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2017 (sequal to Line 5 above. Enter the amount from Line 5 above on Form IT-540B, your entire Child Care Credit Carryforward utilized from 2013 through 2016 that can be carried forward to 2018. Stop here; you are finished with the worksheet.       8         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-540B, Schedule J-NR, Line 2. Stop here; you are finished with the worksheet.       9         10       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         11       In 10       .00       .00 <td></td> <td></td> <td></td> <td></td> <td></td>						
here; you are finished with the worksheet.         Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2013 through 2016 utilized for 2017.         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       babve. 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 6 and enter the result here. This amount is your unused Child Care Credit Carryforward utilized 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         9       If Line 7 above is greater than zero, enter the amount from Line 7.       10       .00         10       If Line 7 above is greater than zero, enter the amount from Line 7.       10       .00         11       .00       .00       .00       .00         12       Schedule J-NR, Line 3.       11       .00       .00         13       If Line 7 above is greater than zero, enter the amount from Line 7.       10       .00       .00         13       If Line 7 above is greater than zero, onter the amount from Line 7.       1	4		4			
through 2016 utilized for 2017.         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       Jubract Line 6 from Line 5.       7       .00         9       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 the 5 above on Form IT-5408, Schedule J-NR, Line 3. If Line 7 is less than zero, a subtract Line 6 and enter the result here. This amount so your unsued Child Care Credit Carryforward at 10 ac Credit Carryforward 10 ac Credit Care Credit 10 ac Credit Care Credit 10 a						
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       Jutract Line 5 from Line 5.       7       .00         9       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-540B, Schedule J-NR, Line 3. If Line 7 is less than zero, 8 subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit for 2017 (Line 2 or 2A above) will be carried forward to 2018. Also, your entire Child Care Credit for 2017 (Line 2 or 2A above) will be carried forward to 2018. Also, your entire Child Care Credit.       8         9       If Line 7 above is greater than zero, enter the amount of Carryforward shown on Line 6 above on Form IT-540B, 9       9         10       If Line 7 above is greater than zero, enter the amount form Line 7.       10       .00         11       Enter the amount of your 2017 Child Care Credit (Line 2 or Line 2A above).       11       .00         12       .00       .00       .00       .00       .00         12       .00       .00       .00       .00       .00       .00         11       Enter the amount of your 2017 Child Care Credit (Line 2 or Lin			yforv	vard from 2013		
Image of the second grade handow, and the analysis of the second second grade handow, and the second second grade handow, and the second se		through 2016 utilized for 2017.				
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**X** DO NOT ATTACH THIS WORKSHEET TO YOUR RETURN.

the and Stai	2017 Louisiana Nonrefundable School Readiness Credit Worksheet (For u . 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under taxpayer must have Federal Adjusted Gross Income GREATER THAN \$25,000, must have claimed a Lou must have incurred child care expenses for a qualified dependent under age six who attended a child care t Rating program administered by the Louisiana Department of Education. The qualifying child care facility mu 0614 which verifies the facility's name, the facility license number, the LA Revenue Account number, the Qua	er R.S isiana facilit ıst ha	6. 47:297.4. To qualify for the Nonrefundable Child Ca y that is participating in the ve provided the taxpayer version of the taxpayer version.	re Credit, ne Quality with Form
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
2	Using the star rating of the child care facility that your qualified dependent attended during 2017, shown on qualified dependents under age six who attended a:         Five Star Facility		· · · ified dependents as show	·
4	Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and	4	X	_•
5	enter the result here. This is your available Nonrefundable School Readiness Credit for 2017. 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 2017 (Line 4) will be carr carryforward from 2013 through 2016 will be carried forward to 2018. If Line 7 above is less than or equal Schedule J-NR, Lines 4 and 5. Stop here; you are finished with the worksheet.	ied fo		
	Use Lines 9 through 12 to determine the amount of Nonrefundable School Readiness	Crec	lit Carryforward	
	from 2013 through 2016 utilized for 2017.			
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.	11		.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-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 2013 through 2016 that can be carried forward to 2018. Also, your entire	12		
	School Readiness Credit for 2017 (Line 4) will be carried forward to 2018. Stop here; you are finished with the worksheet.			.00
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