

2017 LOUISIANA NONRESIDENT PROFESSIONAL ATHLETE

IMPORTANT!
You must enter your SSN below in the same order as shown on your federal return.

Mark Box:

- Name Change
- Decedent Filing
- Spouse Decedent
- Address Change
- Amended Return
- NOL Carryback
- 2015 Legislation Recovery

| | | | |
|--|-------|-----------|--------|
| Your legal first name | Init. | Last name | Suffix |
| If joint return, spouse's name | Init. | Last name | Suffix |
| Present home address (number and street including apartment number or rural route) | | | |
| City, Town, or APO | | State | ZIP |

Your SSN

Spouse's SSN

Area code and daytime telephone number

Your Date of Birth

Spouse's Date of Birth

Mark the box to indicate your professional sports association or league:

- Professional Golfers Association of America or PGA Tour, Inc.
- National Football League
- National Basketball Association
- National Hockey League
- East Coast Hockey League
- Pacific Coast League (Minor Baseball League)

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

- Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.
If the qualifying person is not your dependent, enter name here. _____
- Enter a "5" in box if **qualifying widow(er)**.

6 EXEMPTIONS:

- 6A Yourself
- 65 or older
- Blind
- 6B Spouse
- 65 or older
- Blind

Total of 6A & 6B

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) |
|------------|-----------|------------------------|---------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

6D

| | | | | |
|---|---|-----|----|-----|
| 7 | FEDERAL ADJUSTED GROSS INCOME – If your federal adjusted gross income is less than zero, enter “0.” | 7 | \$ | .00 |
| 8A | LOUISIANA INCOME – Enter the amount of earned compensation from Schedule NRA-1, Line 5. | 8A | \$ | .00 |
| 8B | OTHER LOUISIANA-SOURCED INCOME – Enter the amount of other income that was earned in Louisiana. | 8B | \$ | .00 |
| 8C | TOTAL AMOUNT OF LOUISIANA INCOME – Add Lines 8A and 8B. | 8C | \$ | .00 |
| 9 | RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME – Divide Line 8C by Line 7. Carry out two decimal places in the percentage. DO NOT ROUND UP . The percentage cannot exceed 100%. | 9 | . | % |
| If you did not itemize your deductions on your federal return, leave Lines 10A, 10B, and 10C blank and go to Line 10D. | | | | |
| 10A | FEDERAL ITEMIZED DEDUCTIONS | 10A | | .00 |
| 10B | FEDERAL STANDARD DEDUCTION | 10B | | .00 |
| 10C | EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A. | 10C | | .00 |
| 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-NRA. | 10D | \$ | .00 |
| | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | | |
| 10E | TOTAL DEDUCTIONS – Add Lines 10C and 10D. | 10E | \$ | .00 |
| 10F | ALLOWABLE DEDUCTIONS – Multiply Line 10E by the ratio on Line 9. | 10F | \$ | .00 |
| 11 | LOUISIANA NET INCOME – Subtract Line 10F from Line 8C. If less than zero, enter zero “0”. | 11 | \$ | .00 |
| 12 | YOUR LOUISIANA INCOME TAX – Use the tax computation worksheet to calculate the amount of your Louisiana income tax. | 12 | \$ | .00 |
| 13 | NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NRA, Line 8 | 13 | \$ | .00 |
| 14 | TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 13 from Line 12. If less than zero, enter zero “0”. | 14 | \$ | .00 |
| 15 | LOUISIANA CITIZENS INSURANCE ASSESSMENT PAID | 15 | \$ | .00 |
| 15A | LOUISIANA CITIZENS INSURANCE CREDIT – See instructions. | 15A | \$ | .00 |
| 16 | OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F-NRA, Line 10 | 16 | \$ | .00 |
| 17 | TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15A and 16. | 17 | \$ | .00 |
| 18 | TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions, page 3. | 18 | \$ | .00 |
| 19 | OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions, page 3. | 19 | \$ | .00 |
| 20 | NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NRA, Line 11 | 20 | \$ | .00 |
| 21 | ADJUSTED LOUISIANA INCOME TAX – Subtract Line 20 from Line 18. | 21 | \$ | .00 |
| 22 | OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19. | 22 | \$ | .00 |
| 23 | REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NRA, Line 6 | 23 | \$ | .00 |
| 24 | AMOUNT OF LOUISIANA INCOME TAX WITHHELD FOR 2017 – Attach Forms W-2 and 1099. | 24 | \$ | .00 |
| 25 | AMOUNT OF CREDIT CARRIED FORWARD FROM 2016 | 25 | \$ | .00 |
| 26 | AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2017 | 26 | \$ | .00 |
| 27 | AMOUNT PAID WITH EXTENSION REQUEST | 27 | \$ | .00 |
| 28 | TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 22 through 27. | 28 | \$ | .00 |
| 29 | OVERPAYMENT – If Line 28 is greater than Line 21, subtract Line 21 from Line 28. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 36. | 29 | \$ | .00 |

Enter your Social Security Number.

SCHEDULE C-NRA – 2017 NONREFUNDABLE PRIORITY 1 CREDITS

| | | | | | | | | | | | | | | |
|-----------|--|--|--------------------------|--------------------------|--------------------------|--|-----------|--|--|-----------|---------------------------|-----------|--|--|
| 1 | CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 4 for definitions of these disabilities. | | | | | | | | | | | | | |
| | | Deaf | Loss of Limb | Mentally Incapacitated | Blind | | | | | | | | | |
| | 1A Yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| | 1B Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| | 1C Dependent * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| | * List dependent names here. ➤ | | | | | | | | | | | | | |
| | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">1D</td> <td style="width:85%;">Enter the total number of qualifying individuals. Only one credit is allowed per person.</td> <td style="width:10%; text-align:right;">1D</td> <td style="width:10%; border: 1px solid black; text-align:center;"> </td> <td style="width:10%; border: 1px solid black; text-align:center;"> </td> </tr> <tr> <td style="width:5%; text-align:center;">1E</td> <td style="width:85%;">Multiply Line 1D by \$72.</td> <td style="width:10%; text-align:right;">1E</td> <td style="width:10%; border: 1px solid black; text-align:center;"> </td> <td style="width:10%; border: 1px solid black; text-align:center;"> </td> </tr> </table> | | | 1D | Enter the total number of qualifying individuals. Only one credit is allowed per person. | 1D | | | 1E | Multiply Line 1D by \$72. | 1E | | |
| 1D | Enter the total number of qualifying individuals. Only one credit is allowed per person. | 1D | | | | | | | | | | | | |
| 1E | Multiply Line 1D by \$72. | 1E | | | | | | | | | | | | |

| | | | | | |
|----------|--|---|-----------|--|--|
| 2 | CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS | | | | |
| | 2A | Enter the value of computer or other technological equipment donated. Attach Form R-3400. | 2A | | |
| | 2B | Multiply Line 2A by 29 percent. | 2B | | |
| 3 | CREDIT FOR CERTAIN FEDERAL TAX CREDITS | | | | |
| | 3A | Enter the amount of eligible federal credits. | 3A | | |
| | 3B | 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 4.

| | Credit Description | Credit Code | | Amount of Credit Claimed |
|---|---|-------------|--|--------------------------|
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1E, 2B, 3B, and 4 through 7. Also, enter this amount on Form IT-540B-NRA, Line 13. | | | |

| Description | Code |
|-----------------------------------|------|
| Education Credit Act 125 Recovery | 099 |
| Premium Tax | 100 |
| Commercial Fishing | 105 |
| Family Responsibility | 110 |
| Small Town Doctor/Dentist | 115 |

| Description | Code |
|---------------------------|------|
| Bone Marrow | 120 |
| Law Enforcement Education | 125 |
| First Time Drug Offenders | 130 |
| Bulletproof Vest | 135 |

| Description | Code |
|--|------|
| Nonviolent Offenders | 140 |
| Owner of Newly Constructed Accessible Home | 145 |
| Qualified Playgrounds | 150 |

| Description | Code |
|--|------|
| Debt Issuance | 155 |
| Donations of Materials, Equipment, Advisors, Instructors | 175 |
| Other | 199 |

Enter your Social Security Number.

SCHEDULE F-NRA — 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 _____
 or State Identification _____ State of issue _____

1B Spouse Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or State Identification _____ State of issue _____

1C Dependents: List dependent names.

Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____

1D Enter 72 percent of the amount of the credit for fees paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses. See instructions, page 6.

1D .

Additional Refundable Priority 2 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 6.

| Credit Description | | Credit Code | Amount of Credit Claimed |
|--------------------|--|---|--|
| 2 | | <input type="text"/> <input type="text"/> F | 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 3 | | <input type="text"/> <input type="text"/> F | 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 4 | | <input type="text"/> <input type="text"/> F | 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 5 | | <input type="text"/> <input type="text"/> F | 5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 6 | | <input type="text"/> <input type="text"/> F | 6 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

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 6.

| Credit Description | | Credit Code | Amount of Credit Claimed |
|--------------------|--|-------------|---|
| 7 | Musical and Theatrical Production | 6 2 F | 7 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 7A. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 8 | Musical and Theatrical Production | 6 2 F | 8 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 8A. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 9 | Musical and Theatrical Production | 6 2 F | 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 9A. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 10. | OTHER REFUNDABLE PRIORITY 2 CREDITS — Add Lines 1D and 2 through 9. Also, enter this amount on Form IT-540B-NRA, Line 16. | | 10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

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

Enter your Social Security Number.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

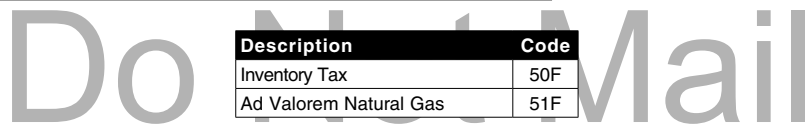
SCHEDULE H-NRA – 2017 MODIFIED FEDERAL INCOME TAX DEDUCTION

| | | | | |
|---|---|---|--|-----|
| 1 | Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet, page 2. | 1 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
| 2 | Enter the amount of federal disaster credits allowed by IRS. <i>See instructions beginning on page 8.</i> | 2 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
| 3 | Add Line 1 and Line 2. Also, enter this amount on Form IT-540B-NRA, Line 10D, and mark box 2 on Line 10D to indicate that your income tax deduction has been increased. | 3 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |

SCHEDULE I-NRA – 2017 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit amount claimed. *See instructions beginning on page 8.*

| | Credit Description | Credit Code | | Amount of Credit Claimed | |
|---|--|---|---|---|-----|
| 1 | | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> F | 1 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
| 2 | | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> F | 2 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
| 3 | | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> F | 3 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
| 4 | | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> F | 4 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
| 5 | | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> F | 5 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
| 6 | TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540B-NRA, Line 23. | | 6 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |



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

SCHEDULE J-NRA – 2017 NONREFUNDABLE PRIORITY 3 CREDITS

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

| | Credit Description | Credit Code | | Amount of Credit Claimed | |
|---|--------------------|---|---|---|-----|
| 1 | | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | 1 | <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 100%; border: 1px solid black;" type="text"/> | .00 |
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| 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 |

