IT-540B-NRA (1/18)

2017 LOUISIANA NONRESIDENT PROFESSIONAL ATHLETE

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

	PRUF	-E99IONAL <i>F</i>	/ I ULI					order	as sno	wn on	your red	ierai reil	arn.					
Mark Box:	Your legal first	t name	Init. Last	name			Suffix											
Name Change								Your SSN										
Decedent Filing	If joint return,	spouse's name	Init. Last	name			Suffix	Spouse's SSN	П	П								
Spouse	Present home	address (number and street in	cluding apar	tment number o	or rural rou	te)							T					
Decedent L	City, Town, or	APO			State	ZI	P		laytime te	aytime telephone number								
Address Change	Oity, Town, or	7.1. 0			Otato		•											
Amended Return	Your Date o	of Birth MMDD	YYY	Y Spo	ouse's Da	ate of Bir	rth M	М D	DY	/ Y	ΥΥ							
NOL Carryback 2015																		
Legislation Recovery		Moule the boy to indic	oto vous	nuofooolon	al anam		alatian											
	Profossional Go	Mark the box to indic olfers Association of Ame	-	=	-			i or iea g I Footba	_	2110								
_		tball Association	iica oi FC	aA loui, ilic	•			l Hockey		-								
_								•	•		. D l	11 1						
	East Coast Hoc	key League					acific (Coast Le	eague	(IVIINOI	r Baser	ран цеа	igue)					
	Enter a "1" in both Enter a "2" in both Enter a "3" in both Enter a "4" in both If the qualifying persenter a "5" in both Enter a "5" in both Ente	ox if married filing jointly. ox if married filing separate ox if head of household. son is not your dependent, enter not ox if qualifying widow(er).	name here.	6A X	Yourself Spouse		65 or older 65 or older	Blin	d			Tota 6A &						
		endent information below. If the total number from Fede										6C						
Firs	t Name	Last Name	Soc	ial Security N	lumber	ı	Relation	ship to yo	u	Bi	rth Date	(mm/dd/	'уууу)					

7	FEDERAL ADJUSTED GROSS INCOME – If your federal adjusted gross income is less than zero, enter "Company of the company of the	o."	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 1	0C b	lank	and go to Line 1	0D.		
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	
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".	s	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	

		_		
30	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 14 and Form R-210NRA.	30	\$.00
31	ADJUSTED OVERPAYMENT – If Line 29 is greater than Line 30, subtract Line 30 from Line 29. If Line 30 is greater than Line 29, subtract Line 29 from Line 30, and enter the balance on Line 36.	31	\$.00
32	TOTAL DONATIONS – From Schedule D-NRA, Line 24	32	\$.00
33	SUBTOTAL – Subtract Line 32 from Line 31. This amount of overpayment is available for credit or refund.	33	\$.00
34	AMOUNT OF LINE 33 TO BE CREDITED TO 2018 INCOME TAX CREDIT	34	\$.00
35	AMOUNT TO BE REFUNDED – Subtract Line 34 from Line 33. 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.	35	\$.00
	DIRECT DEPOSIT INFORMATION			
	Type: Checking Savings Will this refund be forwarded to a financial institution located outside the United States? Yes Routing Number Number		No .	
36	AMOUNT YOU OWE – If Line 21 is greater than Line 28, subtract Line 28 from Line 21.	36	\$.00
37	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	37	\$.00
38	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	38	\$.00
39	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	39	\$.00
40	INTEREST – From the Interest Calculation Worksheet, page 14, Line 5	40	\$.00
41	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 14 , Line 7	41	\$.00
42	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 14 , Line 7	42	\$.00
43	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 14, and Form R-210NRA.	43	\$.00
44	BALANCE DUE LOUISIANA – Add Lines 36 through 43. Make check payable to: Louisiana Department of Revenue. PAY THIS AMOUNT >	44	\$.00
lf I n Assis	er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the stance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security d that by submitting this form I authorize the disbursement of individual income tax refunds through the method as contribution. Date (mm/dd/yyyy) Spouse's Signature (If filing jointly, both materials)	vhich Louisia Numb lescrib	oreparer has any knowledg ana Office of Student Finan ers may be submitted. I un ed on Line 35.	je. icial ider-
	Print/Type Preparer's Name Preparer's Signature Date (mi	n/dd/yy	(yy) Check ☐ if Self-emplo	OVAN
PR	PAID REPARER Firm's Name ➤ Firm	's EIN		-, cu
US	SE ONLY Firm's Address ➤ Tele	phone	>	
	NONRESIDENT PROFESSIONAL ATHLETE	Socia	al Security Number, PTIN FEIN of paid preparer	, or

								Enter your Social Security Nu	umber. 🖝				
<u>sch</u>	EDU	ILE C-NRA	- 20	17 NO	NREFUND	ABLE	PRIOF	RITY 1 CREDITS					
1		DIT FOR CERT e disabilities.	AIN DIS	SABILITIE	S - Mark an ")	X" in the a	appropria	te boxes. Only one credit is allowed per	r person. See in	structions o	n page 4 fc	r definiti	ons of
ſ			Deaf	Loss of Limb	Mentally Incapacitated	Blind	1D	Enter the total number of qualifying individuals. Only one credit is allowed person.	per 1D				
	1A	Yourself					1E	Multiply Line 1D by \$72.	15		П	П	7 00
	1B	Spouse						,	1E		<u></u> j		
_	1C	Dependent *											
	*	List dependen	t names	s here. >									
2	CREI	DIT FOR CONT	RIBUT	IONS TO	EDUCATIONA	AL INSTI	TUTIONS						
	2A	Enter the value	of comp	outer or ot	2A		<u> </u>		00				
_	2B	Multiply Line 2							2B		<u> </u>		00
3	CREI	DIT FOR CERT	AIN FE	DERAL T	AX CREDITS								
_	ЗА	Enter the amo	unt of e	ligible fed	leral credits.				3A		<u> </u>		00
	3B	Multiply Line 3/	A by 7 p	ercent. Er	nter the result o	or \$18, wh	ichever is	less. This credit is limited to \$18.	3В	ŕ			00
Addi	tiona	al Nonrefun	dable	Priorit	y 1 Credits	5							
							ollar amo	ount of credit claimed. See instruction	ns beginning o	n page 4.			
					Credit Des	cription		Credit	Code	Amount	of Credit	Claime	d
4				_			\square		4	<u> </u>	<u> </u>	Щ	00
5				_					5		<u> </u>		00
6									6		<u></u>		00
7									7		<u></u>		00
8		AL NONREFUN , enter this amou					ines 1E,	2B, 3B, and 4 through 7.	8				_00

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 D-NRA — 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 31 of Form IT-540B-NRA 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 31 of Form IT-540B-NRA.

		1								, 	•		
2	The Military Family Assistance Fund	2	LŢ.			00		13	The Louisiana Youth Leadership Seminar Corporation	13	_;_		00
3	Coastal Protection and Restoration Fund	3	<u></u>			00		14	Lighthouse for the Blind in New Orleans	14			00
4	The START Program	4	ĹŢ.			00		15	The Louisiana Association for the Blind	15			00
5	Wildlife Habitat and Natural Heritage Trust Fund	5	ĽŢ.			00	7	П	Louisiana Center for the Blind	16	Ţ _;_		00
6	Louisiana Cancer Trust Fund	6	Ċ,			00	Z		Affiliated Blind of Louisiana, Inc.	17			00
7	Louisiana Pet Overpopulation Advisory Council	7	Ĺ,		Ш	00	0	10	Louisiana State Troopers Charities, Inc.	18			00
8	Louisiana Food Bank Association	8	Lj.	I	M	00	SMOLTANOG	19	Friends of Palmetto State Park	19			00
9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	9	LŢ.	Ī		00	N O G	20	The American Rose Society	20			00
10	Louisiana Association of United Ways/LA 2-1-1	10	Lj.			00		21	The Extra Mile	21			00
11	American Red Cross	11	ĽŢ.			00		22	Louisiana Naval War Memorial Commission; U.S.S. KIDD	22			00
12	Louisiana National Guard Honor Guard for Military Funerals	12	Ć,			00		23	Children's Therapeutic Services at the Emerge Center	23			00
		•	-										

				Enter your Social Sec	curity Num	ber. 🗨	-[$\top \top$		П			
<u>sc</u> ⊦	HEDULE	F-NRA	— 2017 REFUNDABLE PRIORIT	-									
1	Credit for	amounts	paid by certain military servicemembers for	obtaining Louisiana Hunting and Fis	hing License	S.							
1A	Yourself		Date of Birth (MM/DD/YYYY)	Driver's License num	ber					State	of issue		
				or State Identification	·					State	of issue	=	
1B	Spouse		Date of Birth (MM/DD/YYYY)	Driver's License num	ber					State	of issue		
				or State Identification	·					State	of issue		
1C	Dependen	ts: List d	ependent names.										
	Depe	ndent na	me					I/DD/YYYY					
	Depe	ndent na	me		Da	te of Birth	(MN	I/DD/YYYY	')				
	•		me					I/DD/YYYY					
	Depe	ndent na	me		Da	te of Birth	(MN	I/DD/YYYY	′)				
1D	Louisiana I	Hunting a	the amount of the credit for fees paid by certain not Fishing Licenses. See instructions, page 6.	n military servicemembers for obtainin	ng			1D	Τ	Ţ	П	71	00
			able Priority 2 Credits and associated code, along with the o	dollar amount of credit claimed.	See instruc	tions be	ainn	ina on pa	age 6	<u>-) —</u>			
0	. O. Gail ag	oopo.	Credit Description		Credit (g	Amount	Ū		laime	d	
2						F	2	ПП	T	<u> </u>	П	7	00
3						F	3		$\frac{1}{1}$	_ <u>-</u> ;	\overline{T}	-	00
4						F			$\frac{\perp}{1}$	- 7-	$\frac{\square}{\square}$	 	00
5						F	4	<u>∟;⊥</u> □	$\frac{\perp}{1}$		H	- - -	00
6			$-$ D $_{0}$	VIOT I			5	<u> </u>	$\frac{\perp}{1}$	_ <u>;</u> _	Н	╣	00
Trai	nsferable	. Refu	ndable Priority 2 Credits	1011	V	L		L jL		_•		_],	00
			cation Number from Form R-6135, alon	g with the dollar amount of cred	dit claimed.	See insti	ructi	ons begir	nning	on pa	ge 6.		
			Credit Description		Credit (Code		Amount	of C	redit C	laime	d	
7.	Musical	and The	eatrical Production		6 2	F	7],	00
7A													
8.	Musical	and The	eatrical Production		6 2	F	8			_] —7—		⅃.	00
8A	. 🔲												
9.	Musical	and The	eatrical Production		6 2	F	9			丁 _;_].	00
9A	. [
10			ABLE PRIORITY 2 CREDITS — Add Lines 1 T-540B-NRA, Line 16.	O and 2 through 9. Also, enter this			10			Ţ].	00
								•		-			

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Urban Revitalization	56F
Mentor-Protégé	57F
Milk Producers	58F

Technology Commercialization Historic Residential	59F
Historic Residential	
	60F
School Readiness Child Care Provider	65F

Description	Code
School Readiness Child Care Directors and Staff	66F
School Readiness Business – Supported Child Care	67F
School Readiness Fees and Grants to Resource and Referral Agencies	68F

Description	Code
Retention and Modernization	70F
Conversion of Vehicle to Alternative Fuel	71F
Digital Interactive Media & Software	73F
Solar Energy Systems - Leased	74F
Other Refundable Credit	80F

	Enter your Social Sec	urity Number	r. 🖝	П	ПТ	$\overline{\top}$	П
SCH	IEDULE H-NRA – 2017 MODIFIED FEDERAL INCOME TAX DEDUC	-					
1	Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet, page 2.		1	叮	<u> </u>		00
2	Enter the amount of federal disaster credits allowed by IRS. See instructions beginning on page 8		2	\Box	<u> </u>		00
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540B-NRA, Line 10D, and mark box 2 o 10D to indicate that your income tax deduction has been increased.	on Line	3		<u> </u>		00
	IEDULE I-NRA – 2017 REFUNDABLE PRIORITY 4 CREDITS credit description and associated code, along with the dollar amount of credit amount cl	laimed. See in	struction	s beginnin	g on page	8.	
	Credit Description	Credit Cod	е	Amount	of Credit C	Claimed	
1		F	1	\Box	工;」		00
2		F	2		\Box		00
3		F	3		<u> </u>		00
4		F	4		\perp		00
5		F	5	ĊΠ	Ϊ́́		00
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540B-NRA, Line 23.		6	\Box	功		00
	Description Code Inventory Tax 50F Ad Valorem Natural Gas 51F	Ma	ai				
	EDULE J-NRA – 2017 NONREFUNDABLE PRIORITY 3 CREDITS						
Enter	credit description and associated code, along with the dollar amount of credit claimed. See it		-		of Cuadit (Claimad	
	Credit Description	Credit Cod	e 7	Amount	of Credit C	Jaimed	
1		+] 1]	<u> </u>	<u> </u>		<u> </u>
2			2		<u>;_</u>		_00
3			3	\Box	\bot		00
4			4	\Box	\perp		00

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

•				_	_
Enter your Social Security Number.					

SCHEDULE J-NRA - 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.

Credit Description

Credit Code

Amount of Credit Claimed

	Credit Description	Credit Code	Amount of Credit Claimed
7			700
7A			
8			800
8A			, ,
9			9 00
9A			, ,
10			10 00
10A			, ,
11	TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 1 through 10. Also, enter this amount on Form IT-540B-NRA, Line 20.		11 00
			•

Description	Code
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
Digital Interactive Media	254
Capital Company	257
LCDFI	258

۹	Description	Code
	New Markets	259
4	Brownfields Investor	260
	Motion Picture Infrastructure	261

Description	Code
Angel Investor	262
Other	299