

# Louisiana Department of Revenue

## Criteria Based Test Scenarios

### Individual Income Resident Return (IT-540)

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#### ***Instructions***

#### ***Electronic Test Submissions***

***You can submit your test as soon as testing begins. I will send out a notice as soon as testing begins.***

***Please make sure to e-mail your submissions ids to [shanna.kelly@la.gov](mailto:shanna.kelly@la.gov) .***

**IT-540**

**Test Scenario - 4302**

**Taxpayer SSN -400-00-4302 Taxpayer Date of Birth- 08/19/1985**

**Spouse's SSN- 400-00-4322 Spouse's Date of Birth- 09/10/1988**

Address- 2 Second Street  
Baton Rouge, LA 70807

Filing Status- **Married Filing Separately**

**Schedule E** including Line 2B and 2 exemptions must be used on this return.

Line 24A on the Main Return, page 3 must be used.

If it is an 'Amount to be refunded' return, please include two of new donations.

**Schedule D**- Two New Donations

Please include the worksheets that support requested Schedules.

**Please make your test a mixture of 'refund' and 'balance due' returns.**

Please attempt to use each field at least once in your test submissions.

**IT-540**

**Test Scenario - 4303**

**Taxpayer SSN -400-00-4303 Taxpayer's Date of Birth- 05/10/1959**

**Spouse's SSN- 400-00-4323 Spouse's Date of Birth- 04/29/1968 BLIND**

Address- 74 Builder Drive

Baton Rouge, LA 70807

Filing Status- **Married Filing Jointly**

6 Dependents- Include all required dependent information

400-00-3005

400-00-4005

400-00-5005

400-00-6005

400-00-7005

400-00-8005

**Federal Child Care Credit must be utilized**

**Schedule C** must be utilized.

**Schedule E** must be used on this return. The following exemption must be utilized.

- 17E
- 18E
- 19E

**Line 24B** on the Main Return, page 3 must be used.

**Schedule J** Nonrefundable Child Care Credits must be utilized.

Please include the worksheets that apply.

If it is an 'Amount to be refunded' return, please include two of new donations.

- Provide Direct Deposit Information

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

**IT-540**

**Test Scenario - 4309**

**Taxpayer SSN -400-00-4309 Taxpayer's Date of Birth- 07/24/1950**

Address- 456 Walnut Grove  
Baton Rouge, LA 70807

**Filing Status- Qualifying Widower**

**1 Dependents-** Include all required dependent information  
400-55-2007

**Line 17A and 17 must be utilized.**

**Schedule E** must be used on this return. The following Line must be utilized.

- 2B

**Line 24B** on the Main Return, page 3 must be used.

**Schedule F** must be utilized.

Please include the worksheets that apply.

**Schedule H** must be utilized.

Schedule I must be utilized.

If it is an 'Amount to be refunded' return, please include two of new donations.

- Provide Direct Deposit Information

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

**IT-540**

**Test Scenario - 4307**

**Taxpayer SSN -400-00-4307 Taxpayer's Date of Birth- 06/12/1966**

Address- 74 Builder Drive  
Baton Rouge, LA 70807

**Filing Status- Head of Household**

**2 Dependents-** Include all required dependent information

400-55-4008 **Deaf Loss of Limb**

400-55-5008

**Federal Child Care Credit must be utilized**

**Schedule C** must be utilized.

- Line 2
- Line 3A and 3B

**Schedule E** must be used on this return. The following exemption must be utilized.

- 10E

**Line 24A** on the Main Return, page 3 must be used.

**Schedule J** Nonrefundable Child Care Credits must be utilized.

Please include the worksheets that apply.

If it is an 'Amount to be refunded' return, please include two of new donations.

- Provide Direct Deposit Information

If the return is a 'Balance Due' return, please provide direct debit information.

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

## Non-Resident Scenarios

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### **IT-540B**

#### **Part Year Return**

**Taxpayer SSN -400-00-4304 Taxpayer's Date of Birth- 02/12/1958**

Address- 223 French Market Street  
Marshall, TX 70807

#### **Filing Status- Single**

**Schedule C** must be utilized.

- Line 3A and 3B

**Schedule I** must be used on this return. The following credit must be utilized.

- 50F

**Line 24A** on the Main Return, page 3 must be used.

**Schedule J** must be utilized. The following credit must be used.

- 224
- 221

Please include the worksheets that apply.

If it is an 'Amount to be refunded' return, please include two of new donations.

- Provide Direct Deposit Information

If the return is a 'Balance Due' return, please provide direct debit information.

Please include the worksheets that support requested Schedules.

Must supply a PTIN for Paid Preparer.

**IT-540B**

**Non-Resident Return**

**Taxpayer SSN -400-00-4305 Taxpayer's Date of Birth- 02/12/1958**

Address- 1420 Aztec Ave

Waskom, TX 75692

**Filing Status- Head of Household**

1 Dependents- Include all required dependent information

400-55-3005 Mentally Incapacitated

**Line 48, Main Return-page 4, must be utilized.**

**Schedule C** must be utilized.

- Line 1- Credit for Certain Disabilities
- Code 185

**Schedule I** must be used on this return. The following credit must be utilized.

- 50F

**Line 24A** on the Main Return, page 3 must be used.

**Schedule J** Nonrefundable Child Care Credits must be utilized.

**Schedule J** must be utilized. The following credit must be used.

- 251
- 221

If it is an 'Amount to be refunded' return, please include two of new donations.

- Provide Direct Deposit Information

If the return is a 'Balance Due' return, please provide direct debit information.

Must supply a PTIN for Paid Preparer.

Please include the worksheets that support requested Schedules.