

\cap	If your name has					
U	changed, fill in circle.					

\circ	If amended return fill in circle.
U	fill in circle.

\cap	If final return,
U	fill in circle

	If your
7	address has
_	changed, fill
	in circle

\cap	2015 Legislation
U	2015 Legislation Recovery, fill in circle.

You must enter your Louisiana Revenue									
Account Number here									

			Ш			Ш		Ш		
DO NOT FILE. RETURN	MUST	BE	FIL	.ED	EL	EC1	۲RC	NIC	CAL	LY.

Partnership Name

Address

FEIN

City

State

ZIP

Income Taxable Period - 2018

or Fiscal year ending

	Summary of Total Tax Due on Behalf of Nonresident Partners	
1	Total distributable income for NONRESIDENT partners included with the Louisiana Composite Partnership Return – Total from Schedule of Included Partner's Share of Income and Tax, Column N.	.00
2	Total amount of income tax due with this Composite Partnership filing – Total from Schedule of Included Partner's Share of Income and Tax, Column O.	.00
3	Nonrefundable Priority 1 Credits – From Schedule NRC-P1, Line 5.	.00
4	Tax Liability after Nonrefundable Priority 1 Credits – Subtract Line 3 from Line 2.	.00
5	Louisiana Citizens Insurance Assessment Paid	.00
5A	Louisiana Citizens Insurance Credit – See instructions.	.00
6	Other Refundable Priority 2 Credits – From Schedule RC-P2, Line 9.	.00
7	Total Refundable Priority 2 Credits – Add Lines 5A and 6.	.00
8	Tax Liability after Refundable Priority 2 Credits – See instructions.	.00
9	Overpayment after Refundable Priority 2 Credits – See instructions.	.00
10	Nonrefundable Priority 3 Credits – From Schedule NRC-P3, Line 11.	.00
11	Adjusted Louisiana Income Tax – Subtract Line 10 from Line 8.	.00
12	Overpayment of Refundable Priority 2 Credits – Enter the amount from Line 9.	.00
13	Refundable Priority 4 Credits – From Schedule RC-P4, Line 6.	.00
14	Amount of Credit Carried Forward from 2017	.00
15	Estimated Payments for 2018	.00
16	Amount Paid with Extension Request	.00
17	Total Refundable Tax Credits and Payments – Add Lines 12 through 16.	.00
18	Overpayment – If Line 17 is greater than Line 11, subtract Line 11 from Line 17. Otherwise, go to Line 21.	.00



19	Amount of Line 18 to be Credited to 2019	.00
20	Amount to be Refunded – Subtract Line 19 from Line 18.	.00
21	Amount You Owe – If Line 11 is greater than Line 17, subtract Line 17 from Line 11.	.00
22	Interest – See instructions.	.00
23	Delinquent Filing Penalty – See instructions.	.00
24	Delinquent Payment Penalty – See instructions.	.00
25	Balance Due Louisiana – Add Lines 21 through 24.	.00

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.							
Signature							
		Title			Telephone		
Print Preparer's Nar	ne	Preparer's Signature	Date (m	m/dd/yyyy)			
·			,	,	Check if Self-employed		
Firm's Name ➤			Firm	i's FEIN ➤			
Firm's Address >				lephone >			
	Print Preparer's Nar	Print Preparer's Name Firm's Name	ritle Print Preparer's Name Prim's Name	ritle Title	ritle Title Telephone Print Preparer's Name Preparer's Signature Date (mm/dd/yyyy) Firm's Name Firm's FEIN ➤		

For Office Use Only.

PTIN, FEIN, or LDR Account Number of Paid Preparer

Schedule NRC-P1 – Nonrefundable Priority 1 Credits							
Enter credit description and associated code, along with the dollar amount of credit claimed.							
Description	Amount of Credit Claimed						
1.							
2.							
3.							
4.							
 Total Nonrefundable Priority 1 Credits. Add Lines 1 through 4. Enter the result here and on Form R-6922, Line 3. 							

Description	Code
Premium Tax	100
Bone Marrow	120

Description	Code
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Contributions to Educational Institutions	160
Donations of Materials, Equipment, Advisors, Instructors Act 125 Recovery	175

Description	Code
Conversion of Vehicle to Alternative Fuel	185
Other	199

Schedule RC-P2 – Refundable Priority 2 Cr	edits	
Enter credit description and associated code, along with the dollar amount of credit claims	ed.	
Description	Code	Amount of Credit Claimed
1.		
2.		
3.		
4.		
5.		
Transferable, Refundable Priority 2 Cred	its	
Enter the State Certification Number from Form R-6135, along with the dollar amount of credit cl	laimed.	
Description Co	ode An	mount of Credit Claimed
6. Musical and Theatrical Production	62F	
6A.		
7. Musical and Theatrical Production 6	62F	
7A.		
8. Musical and Theatrical Production 6	62F	
8A.		
9. Total Refundable Priority 2 Credits. Add Lines 1 through 8. Enter the result here an Form R-6922, Line 6.	d on	

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F

Description	Code
Mentor-Protégé	57F
Milk Producers	58F
Technology Commercialization	59F
School Readiness Child Care Provider	65F

Description	Code
School Readiness Business- Supported Child Care	67F
School Readiness Fees and Grants to Resource and Referral Agencies	68F
Retention and Modernization	70F

Description	Code
Conversion of Vehicle to Alternative Fuel Act 125 Recovery	71F
Digital Interactive Media & Software	73F
Other Refundable Credit	80F

Schedule NRC-P3 – Nonrefundable Priority 3 Credits		
Enter credit description and associated code from below, along with the dollar amount ransferable credit, use Lines 7 through 10.	nt of credit c	laimed. If you are claiming a
Description	Code	Amount of Credit Claimed
1.		
2.		
3.		
4.		
5.		
6.		

Description	Code
Atchafalaya Trace	200
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
Donation to School Tuition Organization	213
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
Research and Development	231
Cane River Heritage	232

Description	Code
Apprenticeship	236
Ports of Louisiana Investor	238
Ports of Louisiana Import Export Cargo	240
Biomed/University Research	300
Tax Equalization	305

Description	Code
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

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.				
Description Co	ode Amount of Credit Claimed			
7.				
7A.				
8.				
8A.				
9.				
9A.				
10.				
10A.				
11. Total Nonrefundable Priority 3 Credits. Add Lines 1 through 10. Enter the result here				
and on Form R-6922, Line 10.				

IMPORTANT! These credits must be claimed on Lines 7 through 10.

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

Description	Code
Digital Interactive Media	254
Capital Company	257
LCDFI	258

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

Description	Code
Angel Investor	262
Other	299

Schedule RC-P4 – Refundable Priority 4 Credits			
Enter credit description and associated code, along with the dollar amount of credit claimed.			
Description	Code	Amount of Credit Claimed	
1.			
2.			
3.			
4.			
5.			
 Total Refundable Priority 4 Credits. Add Lines 1 through 5. Enter the result here and on Form R-6922, Line 13. 			

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