

Louisiana Department of Revenue

Criteria Based Test Scenarios

Individual Income Resident Return (IT-540)

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.

Substitute Test Submissions

You can submit your preliminary test for the Resident and Nonresident Returns through e-mail. Send your test submission to LaSubstitute.VendorInquiries@la.gov or Shanna.Kelly@la.gov. Once your test are nearing the approval status, we may ask for a copy to be mailed to Shanna Kelly at the Department of Revenue, 617 North Street, Baton Rouge, La. 70802.

There is one additional requirement for substitute testing. Please provide a test where all fields have a value.

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.

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.

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

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.