

Specifications and Test Scenarios for Form IT-540-2D (2018)

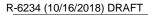
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Specifications for Form IT-540-2D (2018)

Differences between this document and last year's final version are marked as follows:

Additions

General Requirements

The 2018 Louisiana Resident Individual Income Tax Return (IT-540) is a scannable form processed on high-speed scanners. All substitute returns (IT-540-2D) <u>MUST</u> incorporate variable data fields in **exact placement** as specified on Pages 3 through 27 of this document and a **2-D barcode** as specified on Pages 28 through 40 of this document. All 4 pages of the return and any applicable schedules and/or worksheets <u>MUST</u> be submitted by the taxpayer(s) for proper processing. Please note it is critical that all 4 pages of the return be submitted. Any return received that is missing any page will <u>not</u> be processed and will be returned to the taxpayer as an unapproved form. Also, the signature(s) of the taxpayer(s) on the substitute form must be original.

Software Developer Identification Number: Each software developer who develops a substitute of Form IT-540, must have a four-digit software developer's identification number approved by the Louisiana Department of Revenue. This number remains the same each year. If you do not have an approved identification number or are unsure what yours is, please send a request/inquiry by email to <u>Substitute.Inquiries@LA.gov</u>.

Paper Requirements: All pages of the return, schedules, and worksheets, must be printed on 8-1/2" x 11" white paper. The minimum weight of the paper used should be 20-pound bond. Recycled paper should not be used. Your end users should be instructed on the minimum requirements.

Printers: To print a readable barcode, a printer capable of 200 dots per inch (DPI) **minimum** is required; however, **300 DPI or higher is recommended.**

Ink: Black ink only must be used to print the form.

Grid Line and Position Numbers: Grid line numbers are based on 6 lines per vertical inch (pica spacing)—66 lines per 11-inch page length. Grid position numbers are based on 10 characters per horizontal inch (10-pitch spacing)—85 characters per 8-1/2-inch page width.

Fonts: The only acceptable font for the printed variable data fields and document identification numbers is **12-point Courier (<u>MUST</u> be 10 characters per inch)**. It is requested that this font be set as the default.

Printed Variable Data: The printed variable data fields must be positioned exactly as specified on Pages 3 through 27 of this document and meet the following criteria:

- 12-point Courier font (must be 10 characters per inch).
- Uppercase only.
- No punctuation, symbols, or decimal points.
- Right-justify all dollar amounts; left-justify all other fields, unless specifically instructed otherwise.
- Round all dollar amounts to the nearest whole dollar-no cents allowed.
- Dollar amounts of the return and schedules should <u>not</u> be left blank. Use "0" (zero) as the default. This does not apply to the worksheets.
- Negative amounts are <u>not</u> allowed, except for Line 1 of Schedule E. In order to denote the value on Schedule E Line 1 (Federal AGI) as a loss, <u>do not</u> use a negative sign or parentheses. For the required specifications of the related printed fields and 2-D barcode fields, see Pages 20 and 40 of this document, respectively.

Document Identification Numbers: A document identification number has been assigned to each page of the return and each accompanying schedule and worksheet. The numbers must be printed in a <u>bold</u> **12-point Courier font** and positioned on Line 63 in Positions 76-80 of each page. The following are the numbers assigned to Form IT-540-2D:

2018 Return / Schedule / Worksheet	Doc ID No.
IT-540-2D Return, Page 1	61931
IT-540-2D Return, Page 2	61932
IT-540-2D Return, Page 3	61933
IT-540-2D Return, Page 4	61934
IT-540-2D Schedule C	61935
IT-540-2D Schedule D	
IT-540-2D Schedule E	61937
IT-540-2D Schedule F	61938
IT-540-2D Schedule H and I	61939
IT-540-2D Schedule J (Page 1)	61940
IT-540-2D Schedule J (Page 2)	
IT-540-2D School Expense Deduction Worksheet	61908
IT-540-2D Refundable Child Care Credit Worksheet IT-540-2D Refundable School Readiness Credit	61913
Worksheet and Earned Income Credit Workshe	et61914

Registration Marks: Registration marks are placed in various positions throughout the form and must be positioned exactly as specified on Pages 4, 6, 9, 12, 14, 16, 18, 20, 22, 24, and 26 of this document. These marks must be printed as follows:

Reference Points: Print a black-filled rectangle measuring 1/10" (1 grid position) horizontally and 1/6" (1 grid line) vertically as illustrated below.

NOTE: Anchors are no longer being utilized on Form IT-540-2D.

Barcodes: A "three of nine" type barcode measuring **1/2**" in height must be printed on all pages of the return, schedules, and worksheets. The characters that the barcode represents should <u>not</u> be printed with the barcode. These barcodes must read (same as document identification numbers) as follows:

2018 Return / Schedule / Worksheet	Barcode
IT-540-2D Return, Page 1	61931
IT-540-2D Return, Page 2	
IT-540-2D Return, Page 3	
IT-540-2D Return, Page 4	
IT-540-2D Schedule C	
IT-540-2D Schedule D	61936
IT-540-2D Schedule E	61937
IT-540-2D Schedule F	61938
IT-540-2D Schedule H and I	61939
IT-540-2D Schedule J (Page 1)	61940
IT-540-2D Schedule J (Page 2)	
IT-540-2D School Expense Deduction Worksheet	61908
IT-540-2D Refundable Child Care Credit Worksheet	61913
IT-540-2D Refundable School Readiness Credit	
Worksheet and Earned Income Credit Worksheet	61914

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Exact Placement Specifications – IT-540-2D Worksheets

There are only 3 worksheet pages that should be attached to Form IT-540-2D (when applicable):

2018 Louisiana School Expense Deduction Worksheet

2018 Louisiana Refundable Child Care Credit Worksheet

2018 Louisiana Refundable School Readiness Credit Worksheet / 2018 Louisiana Earned Income Credit Worksheet

If any portion of any of the above listed worksheet pages is utilized, then that page should be submitted with the return. Please note there are other worksheets contained in the instructions for completing Form IT-540; however, those worksheets are only for aiding in the accurate completion of the form and should not be submitted. The following specifications apply to all 3 worksheet pages listed above:

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80. The following numbers must be used on the worksheets:

Worksheet Doc ID No.

Printed Variable Data Fields: Exact placement of the printed variable data fields is not required on the worksheets.

Exact Placement Specifications – IT-540-2D Return (Page 1)

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (6):	1 positioned on Line 20 in Position 6.
	1 positioned on Line 20 in Position 80.
	1 positioned on Line 34 in Position 25.
	1 positioned on Line 57 in Position 6.
	1 positioned on Line 58 in Position 49.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61931) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

Exact P	lacement on Grid	Field Type	Field Length	Field Name	Comments
Line 4	Position(s) 77-80	Numeric	4	Software Developer ID	Software Developer Identification Number (4-digit number) preapproved by LDR
Line 8	Position(s) 72-80	Numeric	9	Primary Social Security Number	The social security numbers <u>must</u> appear in the same order as or the federal return. No punctuation allowed. The spouse's social
Line 10	Position(s) 72-80	Numeric	9	Secondary Social Security Number	security number <u>must</u> be provided, even if the filing status is married filing separately. If not married, leave blank.
Line 8	Position(s) 15-57	Alphanumeric	43	Primary Taxpayer's Name (First MI Last Suffix)	Include the middle initial and suffix if applicable.
Line 10	Position(s) 15-57	Alphanumeric	43	Secondary Taxpayer's Name (First MI Last Suffix)	Include the middle initial and suffix if applicable. Provide only if the return is a joint return. Otherwise, leave blank.
Line 12	Position(s) 15-49	Alphanumeric	35	Taxpayer's Mailing Address	This is a required field. Use "GENERAL DELIVERY" as the default.
Line 14	Position(s) 15-39	Alphanumeric	25	Taxpayer's Mailing City	City (mailing address)
Line 14	Position(s) 41-42	Alpha	2	Taxpayer's Mailing State	State (mailing address)
Line 14	Position(s) 44-53	Numeric	10	Taxpayer's Mailing ZIP Code	ZIP Code (mailing address) – A hyphen (-) is allowed for a ZIP+4 Code. Example: 70802-5428
Line 14	Position(s) 71-80	Numeric	10	Daytime Telephone	Taxpayer's daytime area code and telephone number. No punctuation allowed.

Event D	lessment on Orid	Field Type	Field	Field News	Commente
	lacement on Grid	Field Type	Length	Field Name	Comments
Line 6	Position(s) 12	Alpha	1	Name Change Indicator	_
Line 8	Position(s) 12	Alpha	1	Decedent Filing Indicator	
Line 10	Position(s) 12	Alpha	1	Spouse Decedent Indicator	Print an "X" (uppercase) in the specified position in order to
Line 12	Position(s) 12	Alpha	1	Address Change Indicator	- denote the indicator. Do not print a box, only the "X" if applicable.
Line 14	Position(s) 12	Alpha	1	Amended Return Indicator	
Line 16	Position(s) 12	Alpha	1	NOL Carryback Indicator	
Line 18	Position(s) 19	Alpha	1	2015 Legislation Recovery	
Line 18	Position(s) 37-44	Numeric	8	Taxpayer's Date of Birth	Format must be madely on the superiorities allowed
Line 18	Position(s) 57-64	Numeric	8	Spouse's Date of Birth	- Format must be mmddyyyy. No punctuation allowed.
Line 26	Position(s) 10	Numeric	1	Filing Status	Mark the appropriate number for the filing status: 1 = Single 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er)
Line 23	Position(s) 44	Alpha	1	Self Exemption	Hardcode an "X" (uppercase) in the specified position. This exemption must be claimed.
Line 23	Position(s) 52	Alpha	1	Self Exemption – 65 or over	
Line 23	Position(s) 59	Alpha	1	Self Exemption – Blind	
Line 23	Position(s) 66	Alpha	1	Self Exemption – Qualifying widow(er)	Print an "X" (uppercase) in the specified position in order to
Line 25	Position(s) 44	Alpha	1	Spouse Exemption	denote the indicator. Do not print a box, only the "X" if applicable.
Line 25	Position(s) 52	Alpha	1	Spouse Exemption – 65 or over	
Line 25	Position(s) 59	Alpha	1	Spouse Exemption – Blind	
Line 24	Position(s) 79	Numeric	1	Total of 6A & 6B	Number of exemptions marked on Lines 6A and 6B
Line 32	Position(s) 78-79	Numeric	2	Dependents	Line 6C, total number of dependents (right-justified)
Line 51	Position(s) 78-79	Numeric	2	Total Exemptions	Line 6D, total exemptions claimed (right-justified)

NOTE: There are additional printed variable data fields (qualifying person for head of household and dependent information) on Page 1 of the return that are not listed above. Although those fields do not need to meet any particular specifications (which is the reason they are not listed), they do need to be completed when applicable. Also, please note that the social security number(s) of the dependent(s) listed in 6C can be printed in full (123-45-6789) or with only the last 4 digits displayed (xxx-xx-6789).

Exact Placement Specifications – IT-540-2D Return (Page 2)

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (5):	1 positioned on Line 4 in Position 6.
	1 positioned on Line 6 in Position 34.
	1 positioned on Line 29 in Position 54.
	1 positioned on Line 56 in Position 53.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61932) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

Exact Placement on Grid	I Field Type	Field Length	Field Name	Comments	5
Line 5 Position(s) 72-8	0 Numeric	9	Primary Social Security Number	No punctuation allowed.	
Line 9 Position(s) 36-4	0 Numeric	5	W-2 Wages	If not required to file a federal return, e W-2(s). If not applicable, leave blan	
Line 9 Position(s) 79	Alpha	1	Federal Return Not Required Indicator	Print an "X" (uppercase) in the specific denote the indicator. Do not print a bo Note: If a federal return is not require 7 - 13.	ox, only the "X" if applicable
Line 12 Position(s) 43	Alpha	1	Schedule E Indicator	Print an "X" (uppercase) in the specifie denote the indicator. Do not print a bo Note: If Schedule E Lines 1 and 5C a Schedule E should <u>not</u> be filed	ox, only the "X" if applicable are the same amount,
Line 12 Position(s) 69-7	7 Numeric	9	Return Line 7	Federal Adjusted Gross Income (AGI)	
Line 15 Position(s) 71-7	7 Numeric	7	Return Line 8A	Federal Itemized Deductions	101
Line 17 Position(s) 73-7	7 Numeric	5	Return Line 8B	Federal Standard Deduction	If there are no itemized
Line 19 Position(s) 71-7	7 Numeric	7	Return Line 8C	Excess Federal Itemized Deductions – Subtract Line 8B from Line 8A.	deductions, print "0" in al 3 fields.

Exact P	lacement on Grid	Field Type	Field Length	Field Name	Comments	
Line 21	Position(s) 50	Alpha	1	Foreign Tax Credit Indicator (Return Line 9, Box 1)	Print an "X" (uppercase) in the specified position in order denote federal income tax has been decreased by the for credit—see instructions. Do not print a box, only the "X" applicable.	reign tax if
Line 21	Position(s) 55	Alpha	1	Federal Disaster Credit Indicator (Return Line 9, Box 2)	Print an "X" (uppercase) in the specified position in order denote federal income tax has been decreased by a feder disaster credit allowed by IRS—see instructions. Do not box, only the "X" if applicable.	eral
Line 21	Position(s) 70-77	Numeric	8	Return Line 9	Federal Income Tax – See instructions.	
Line 23	Position(s) 69-77	Numeric	9	Return Line 10	Louisiana Tax Table Income – Subtract Lines 8C and 9 find the second	
Line 25	Position(s) 70-77	Numeric	8	Return Line 11	Louisiana Income Tax – See Document R-6200 for the control of Louisiana income tax.	omputa-
Line 28	Position(s) 70-77	Numeric	8	Return Line 12	Nonrefundable Priority 1 Credits – Schedule C, Line 9.	
Line 30	Position(s) 70-77	Numeric	8	Return Line 13	Tax Liability after Nonrefundable Priority 1 Credits – Subi 12 from Line 11. If result is less than zero, enter zero "0"	
Line 33	Position(s) 74-77	Numeric	4	Return Line 14	Louisiana Refundable Child Care Credit – Refundable Ch Credit worksheet, Line 11	hild Care
Line 35	Position(s) 74-77	Numeric	4	Return Line 14A	Refundable Child Care Credit worksheet, Line 3	
Line 37	Position(s) 74-77	Numeric	4	Return Line 14B	Refundable Child Care Credit worksheet, Line 6	
Line 40	Position(s) 73-77	Numeric	5	Return Line 15	Louisiana Refundable School Readiness Credit – Refund School Readiness Credit worksheet, Line 4	dable
Line 41	Position(s) 26	Numeric	1	Number of Qualified Dependents—5-Star (Return Line 15)	Number of dependents who attended a 5-star facility	
Line 41	Position(s) 33	Numeric	1	Number of Qualified Dependents—4-Star (Return Line 15)	,	Use "0" (zero) as
Line 41	Position(s) 40	Numeric	1	Number of Qualified Dependents—3-Star (Return Line 15)		the default.
Line 41	Position(s) 47	Numeric	1	Number of Qualified Dependents—2-Star (Return Line 15)	Number of dependents who attended a 2-star facility	
Line 43	Position(s) 75-77	Numeric	3	Return Line 16	Earned Income Credit – Louisiana Earned Income Credit worksheet, Line 3	
Line 45	Position(s) 45-51	Numeric	7	Return Line 17A	Louisiana Citizens Property Insurance assessment incluc homeowner's insurance premium.	
Line 45	Position(s) 71-77	Numeric	7	Return Line 17	Louisiana Citizens Insurance Credit – Multiply Line 17A to (0.25).	by 25%
Line 47	Position(s) 71-77	Numeric	7	Return Line 18	Other Refundable Tax Credits – Schedule F, Line 10	
Line 49	Position(s) 71-77	Numeric	7	Return Line 19	Total Refundable Priority 2 Credits – Add Line 14 and 15 18. (Do not include amounts on Lines 14A , 14B , and 17 .	
			Printed Field	Variable Data Fields – IT-540-2D Return (Page	e 2) – continued	
Exact P	lacement on Grid	Field Type	Length	Field Name	Comments	
Line 52	Position(s) 70-77	Numeric	8	Return Line 20	Tax Liability after Refundable Priority 2 Credits:	
Line 54	Position(s) 70-77	Numeric	8	Return Line 21	Overpayment after Refundable Priority 2 Credits:	

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Line 56	Position(s) 70-77	Numeric	8	Return Line 22	Nonrefundable Priority 3 Credits – Schedule J, Line 16
Line 62	Position(s) 48-51	Alpha	4	Name Code	Derived from first four positions of last name. Must be alpha, uppercase only. If last name is less than four letters, leave the last position(s) blank. Punctuation and hyphens should be omitted. Name code examples: John Brown = BROW John Bow = BOW_

Exact Placement Specifications – IT-540-2D Return (Page 3)

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (5):	 positioned on Line 4 in Position 6. positioned on Line 6 in Position 39. positioned on Line 31 in Position 52. positioned on Line 57 in Position 17. positioned on Line 61 in Position 80.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61933) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

Printed Variable Data Fields	: The printed variable data fields must meet the	e general criteria listed on Page 1	of this document and the specifications below:

	Printed Variable Data Fields – IT-540-2D Return (Page 3)					
Exact P	lacement on Grid	Field Type	Field Length	Field Name	Comments	
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.	
Line 8	Position(s) 70-77	Numeric	8	Return Line 23	Adjusted Louisiana Income Tax – Subtract Line 22 from Line 20 . If the result is less than zero, enter zero "0".	
Line 10	Position(s) 41	Alpha	1	Consumer Use Tax Indicator—No use tax due.	One or the other of these indicators must be marked. Print an "X" (uppercase) in the specified position in order to denote the	
Line 12	Position(s) 41	Alpha	1	Consumer Use Tax Indicator—Amount from the Consumer Use Tax Worksheet.	appropriate indicator. Do not print a box, only the "X" if applicable.	
Line 10	Position(s) 70-77	Numeric	8	Return Line 24A	Consumer Use Tax Before July 1, 2018. Use the Consumer Use Tax Worksheet. Do not include any consumer use tax report for 2018 on Form R- 1035.	
Line 12	Position(s) 70-77	Numeric	8	Return Line 24B	Consumer Use Tax on or After July 1, 2018. Use the Consumer Use Tax Worksheet. Do not include any consumer use tax report for 2018 on Form R- 1035.	
Line 14	Position(s) 70-77	Numeric	8	Return Line 25	Total Income Tax and Consumer Use Tax – Add Lines 23, 24A, and 24B.	
Line 17	Position(s) 71-77	Numeric	7	Return Line 26	Overpayment after Refundable Priority 2 Credits – Amount from Line 21	
Line 19	Position(s) 71-77	Numeric	7	Return Line 27	Refundable Priority 4 Credits – Schedule I, Line 6	
Line 22	Position(s) 71-77	Numeric	7	Return Line 28	Louisiana Tax Withheld for 2018	
Line 24	Position(s) 71-77	Numeric	7	Return Line 29	Credit Carried Forward from 2017	

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Line 26	Position(s) 71-77	Numeric	7	Return Line 30	Amount of Estimated Payments for 2018
Line 28	Position(s) 71-77	Numeric	7	Return Line 31	Amount Paid with Extension Request
Line 31	Position(s) 71-77	Numeric	7	Return Line 32	Total Refundable Tax Credits and Payments – Add Lines 26 – 31.
				Variable Data Fields – IT-540-2D Return (Pag	ge 3) – continued
Exact P	Placement on Grid	Field Type	Field Length	Field Name	Comments
Line 33	Position(s) 71-77	Numeric	7	Return Line 33	 Overpayment: If Line 32 > Line 25, subtract Line 25 from Line 32 and enter result on Line 33. Otherwise, enter zero '0' on Lines 33 through 39, and go to line 40.
Line 35	Position(s) 57	Alpha	1	Farmer Indicator (Return Line 34)	Print an "X" (uppercase) in the specified position in order to denote the indicator. Do not print a box, only the "X" if applicable.
Line 35	Position(s) 71-77	Numeric	7	Return Line 34	Underpayment Penalty for Estimated Tax – See Form R-210R.
Line 37	Position(s) 71-77	Numeric	7	Return Line 35	Adjusted Overpayment: If Line 33 > Line 34, subtract Line 34 from Line 33 and enter the balance on Line 35. If Line 34 >Line 33, enter zero "0", subtract Line 33 from Line 34, and enter the balance on Line 40.
Line 39	Position(s) 71-77	Numeric	7	Return Line 36	Total Donations – Schedule D, Line 21 (Must not be greater than Line 35 .)
Line 42	Position(s) 71-77	Numeric	7	Return Line 37	Subtotal – Subtract Line 36 from Line 35.
Line 44	Position(s) 71-77	Numeric	7	Return Line 38	Amount Credited to 2019
Line 47	Position(s) 71-77	Numeric	7	Return Line 39	Amount to be Refunded – Subtract Line 38 from Line 37 .
Line 48	Position(s) 56	Numeric	1	Refund Option (Return Line 39)	Mark the appropriate number for the refund option that the taxpayer selects: 2 = Paper check 3 = Direct deposit If the amount on Line 39 = 0, leave this field blank.
Line 53	Position(s) 22	Alpha	1	Direct Deposit—Checking Account Type	Print an "X" (uppercase) in the specified position in order to denote the indicator. Do not print a box, only the "X" if applicable. If not applicable, leave blank.
Line 53	Position(s) 31	Alpha	1	Direct Deposit—Savings Account Type	Print an "X" (uppercase) in the specified position in order to denote the indicator. Do not print a box, only the "X" if applicable. If not applicable, leave blank.
Line 53	Position(s) 65	Alpha	1	Direct Deposit—Refund Forwarded Outside U.S.—Yes	Print an "X" (uppercase) in the specified position in order to denote the indicator. Do not print a box, only the "X" if applicable. If not applicable, leave blank.
Line 53	Position(s) 72	Alpha	1	Direct Deposit—Refund Forwarded Outside U.S. —No	Print an "X" (uppercase) in the specified position in order to denote the indicator. Do not print a box, only the "X" if applicable. If not applicable, leave blank.
Line 55	Position(s) 17-25	Numeric	9	Direct Deposit—Routing Number	Direct Deposit—Routing Number (9 digits) If not applicable, leave blank.

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ne 55 Position(s) 46-62	Alphanumeric	17	Direct Deposit—Account Number	Direct Deposit—Account Number (up to 17 characters) If not applicable, leave blank.
			Variable Data Fields - IT-540-2D Return (Page	e 3) — continuea
		Field		
Exact Placement on Grid	Field Type	Length	Field Name	Comments
Line 62 Position(s) 48-51	Alpha	4	Name Code	Derived from first four positions of last name. Must be alpha, uppercase only. If last name is less than four letters, leave the last position(s) blank. Punctuation and hyphens should be omitted. Name code examples: John Brown = BROW John Bow = BOW_

Exact Placement Specifications – IT-540-2D Return (Page 4)

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (4):	1 positioned on Line 4 in Position 6.
	1 positioned on Line 16 in Position 50.
	1 positioned on Line 55 in Position 27.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61934) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

	Printed Variable Data Fields – IT-540-2D Return (Page 4)					
Exact P	Placement on Grid	Field Type	Field Length	Field Name	Comments	
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.	
Line 8	Position(s) 71-77	Numeric	7	Return Line 40	Amount Owed: If Line 25 > Line 32, subtract Line 32 from Line 25. If you entered an amount from Line 35 as the result of an underpayment penalty exceeding an overpayment, complete Lines 41 through 43, enter zero "0" on Lines 44 through 47, and go to Line 48.	
Line 10	Position(s) 71-77	Numeric	7	Return Line 41	Additional Donation to Military Family Assistance Fund	
Line 12	Position(s) 71-77	Numeric	7	Return Line 42	Additional Donation to Coastal Protection and Restoration Fund	
Line 14	Position(s) 71-77	Numeric	7	Return Line 43	Additional Donation to Louisiana Food Bank Association	
Line 16	Position(s) 71-77	Numeric	7	Return Line 44	Interest – Interest Calculation worksheet, Line 5	
Line 18	Position(s) 71-77	Numeric	7	Return Line 45	Delinquent Filing Penalty – Delinquent Filing Penalty Calculation worksheet, Line 7	
Line 20	Position(s) 71-77	Numeric	7	Return Line 46	Delinquent Payment Penalty – Delinquent Payment Penalty Calculation worksheet, Line 7	

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Line 22	Position(s) 58	Alpha	1	Farmer Indicator (Return Line 47)	Print an "X" (uppercase) in the specified position in order to
					denote the indicator. Do not print a box, only the "X" if applicable.
			Printed	Variable Data Fields – IT-540-2D Return (Pag	ue 4) – continued
			Field		
Exact P	lacement on Grid	Field Type	Length	Field Name	Comments
Line 22	Position(s) 71-77	Numeric	7	Return Line 47	Underpayment Penalty for Tax Due – See Form R-210R.
Line 24	Position(s) 71-77	Numeric	7	Return Line 48	Balance Due Louisiana – Add Lines 40 – 47.
Line 36	Position(s) 27-29	Numeric	3	Status of Return	Status of Return:
					Position 27: Mark "0" if Line 38 = 0.
					Mark "1" if Line 38 > 0. (Credit to 2019) Position 28: Mark "0" if Line 39 = 0.
					Mark "1" if Line $39 = 0$. (Refund)
					Position 29: Mark "0" if Line $48 = 0$.
					Mark "1" if Line 48 > 0. (Balance Due)
					Examples: If Line 39 is \$200 and Lines 38 and 48 are zero, mark
					"010".
					If Line 38 is \$100, Line 39 is \$200, and Line 48 is
	/				zero, mark "110".
Line 39	Position(s) 26-29	Numeric	4	Contribution/Donation Status	Contribution and Donation Status (right-justified):
					Position 26: Mark "0" if Line 36 = 0. Mark "1" if Line 36 > 0.
					Position 27: Mark "0" if Line $30 > 0$.
					Mark "1" if Line $41 = 0$.
					Position 28: Mark "0" if Line $42 = 0$.
					Mark "1" if Line $42 > 0$.
					Position 29: Mark "0" if Line $43 = 0$.
					Mark "1" if Line 43 > 0.
					Examples: If Lines 36, 42, and 43 are zero and Line 41 is \$100,
					mark "0100".
					If Line 36 is \$100, Line 43 is \$200, and Lines 41 and
Line FC	Desition(a) CO 70		0		42 are zero, mark "1001".
Line 56 Line 57	Position(s) 69-78 Position(s) 15-18	Alphanumeric Alpha	9 4	Preparer's FEIN/ PTIN/SSN Name Code	Preparer's FEIN, PTIN, or SSN. If not applicable, leave blank. Derived from first four positions of last name. Must be alpha,
Line 57	Position(s) 15-16	Арпа	4	Name Code	uppercase only. If last name is less than four letters, leave the
					last position(s) blank. Punctuation and hyphens should be
					omitted.
					Name code examples: John Brown = BROW
					John Bow = BOW
Line 59	Position(s) 35-59	Alphanumeric	25	LDR's Mailing Address	If Line 48 = 0, print: PO BOX 3440
					If Line 48 > 0, print: PO BOX 3550
Line 60	Position(s) 35-59	Alphanumeric	25	LDR's Mailing City State ZIP	If Line 48 = 0, print: BATON ROUGE LA 70821-3440
	. /				If Line 48 > 0, print: BATON ROUGE LA 70821-3550

Exact Placement Specifications – IT-540-2D Schedule C

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (5):	1 positioned on Line 4 in Position 6.
	1 positioned on Line 11 in Position 48.
	1 positioned on Line 29 in Position 59.
	1 positioned on Line 52 in Position 55.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61935) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

	Printed Variable Data Fields – IT-540-2D Schedule C					
	Field					
Exact P	lacement on Grid	Field Type	Length	Field Name	Comments	
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.	
Line 11	Position(s) 71-77	Numeric	7	Schedule C, Line 1A	Net Tax Liability Paid to Other States – Form R-10606, Column 3,	
					Line 20	
Line 13	Position(s) 71-77	Numeric	7	Schedule C, Line 1B	Credit for Taxes Paid to Other States – Form R-10606, Column 6,	
					Line 20	
Line 19	Position(s) 79-80	Numeric	2	Schedule C, Line 2D	Total Number of Qualifying Individuals (with certain disabilities)	
Line 23	Position(s) 74-77	Numeric	4	Schedule C, Line 2E	Multiply Line 2D by \$72.	
Line 29	Position(s) 72-77	Numeric	6	Schedule C, Line 3A	Value of Computer/Technological Equipment Donated	
Line 31	Position(s) 72-77	Numeric	6	Schedule C, Line 3B	Multiply Line 3A by 29% (0.29). Round to the nearest dollar.	
Line 34	Position(s) 71-77	Numeric	7	Schedule C, Line 4A	Eligible Federal Credits	

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Line 36	Position(s) 76-77	Numeric	2	Schedule C, Line 4B	Multiply Line 4A by 7% (0.7). (Limited to \$18 or the lessor of the calculation)
Line 43	Position(s) 55-57	Numeric	3	Nonrefundable Priority 1 Credit Code (Schedule C, Line 5)	Enter 3-digit credit code. If not applicable, leave blank.
Line 43	Position(s) 71-77	Numeric	7	Schedule C, Line 5	Enter amount of credit allowed. See instructions.
Line 45	Position(s) 55-57	Numeric	3	Nonrefundable Priority 1 Credit Code (Schedule C, Line 6)	Enter 3-digit credit code. If not applicable, leave blank.
Line 45	Position(s) 71-77	Numeric	7	Schedule C, Line 6	Enter amount of credit allowed. See instructions.
			Printe	ed Variable Data Fields – IT-540-2D Schedule	C – continued
			Field		
Exact P	lacement on Grid	Field Type		Field Name	Comments
Exact P Line 47	lacement on Grid Position(s) 55-57	Field Type Numeric	Field	Field Name (Nonrefundable Credit Priority 1 Code Schedule C, Line 7)	
			Field Length	(Nonrefundable Credit Priority 1 Code Schedule C,	Comments
Line 47	Position(s) 55-57	Numeric	Field Length	(Nonrefundable Credit Priority 1 Code Schedule C, Line 7)	Comments Enter 3-digit credit code. If not applicable, leave blank.
Line 47 Line 47	Position(s) 55-57 Position(s) 71-77	Numeric Numeric	Field Length 3 7	(Nonrefundable Credit Priority 1 Code Schedule C, Line 7) Schedule C, Line 7 Nonrefundable Credit Priority 1 Code (Schedule C,	Comments Enter 3-digit credit code. If not applicable, leave blank. Enter amount of credit allowed. See instructions.

NOTE: There are additional printed variable data fields on Schedule C that are not listed above. Although those fields do not need to meet any particular specifications (which is the reason they are not listed), they MUST be completed when applicable.

Exact Placement Specifications – IT-540-2D Schedule D

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (4):	1 positioned on Line 4 in Position 6.
	1 positioned on Line 14 in Position 52.
	1 positioned on Line 46 in Position 54.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61936) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

				Printed Variable Data Fields – IT-540-2	D Schedule D
Euro (D		Field True	Field		
	lacement on Grid	Field Type	Length	Field Name	Comments
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.
Line 14	Position(s) 71-77	Numeric	7	Schedule D, Line 1	Adjusted Overpayment – Return Line 35
Line 18	Position(s) 35-39	Numeric	5	Schedule D, Line 2	Military Family Assistance Fund
Line 20	Position(s) 35-39	Numeric	5	Schedule D, Line 3	Coastal Protection and Restoration Fund
Line 22	Position(s) 35-39	Numeric	5	Schedule D, Line 4	START Program
Line 24	Position(s) 35-39	Numeric	5	Schedule D, Line 5	Wildlife Habitat and Natural Heritage Trust Fund
Line 26	Position(s) 35-39	Numeric	5	Schedule D, Line 6	Louisiana Cancer Trust Fund
Line 28	Position(s) 35-39	Numeric	5	Schedule D, Line 7	Louisiana Pet Overpopulation Advisory Council
Line 30	Position(s) 35-39	Numeric	5	Schedule D, Line 8	Louisiana Food Bank Association
Line 32	Position(s) 35-39	Numeric	5	Schedule D, Line 9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana
Line 34	Position(s) 35-39	Numeric	5	Schedule D, Line 10	Louisiana Association of United Ways / LA 2-1-1
Line 36	Position(s) 35-39	Numeric	5	Schedule D, Line 11	American Red Cross
Line 18	Position(s) 73-77	Numeric	5	Schedule D, Line 12	Louisiana National guard Honor Guard for Military Funerals
Line 20	Position(s) 73-77	Numeric	5	Schedule D, Line 13	Louisiana State Troopers Charities, Inc
Line 22	Position(s) 73-77	Numeric	5	Schedule D, Line 14	Friends of Palmeto State Park
Line 24	Position(s) 73-77	Numeric	5	Schedule D, Line 15	American Rose Society
Line 26	Position(s) 73-77	Numeric	5	Schedule D, Line 16	The Extra Mile
Line 28	Position(s) 73-77	Numeric	5	Schedule D, Line 17	Louisiana Naval War Memorial Commission; U.S.S. KIDD

	Printed Variable Data Fields – IT-540-2D Schedule D – continued					
			Field			
Exact P	lacement on Grid	Field Type	Length	Field Name	Comments	
Line 30	Position(s) 73-77	Numeric	5	Schedule D, Line 18	Children's Therapeutic Services at the Emerge Center	
Line 32	Position(s) 73-77	Numeric	5	Schedule D, Line 19	Louisiana Horse Rescue Association	
Line 34	Position(s) 73-77	Numeric	5	Schedule D, Line 20	Louisiana Coalition Against Domestic Violence	
Line 39	Position(s) 71-77	Numeric	7	Schedule D, Line 21	Total Donations – Add Lines 2 – 20. This amount cannot be	
					greater than Line 1.	

Exact Placement Specifications – IT-540-2D Schedule E

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (4): 1 positioned on Line 11 in Position 48. 1 positioned on Line 38 in Position 49. 1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61937) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

	Printed Variable Data Fields – IT-540-2D Schedule E					
Exact P	lacement on Grid	Field Type	Field Length	Field Name	Comments	
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.	
Line 7	Position(s) 55	Alpha	1	Negative AGI Indicator (Schedule E, Line 1)	Print an "X" (uppercase) in the specified position in order to denote the indicator. Do not print a box, only the "X" if applicable.	
Line 7	Position(s) 69-77	Numeric	9	Schedule E, Line 1	Federal AGI—This field must be printed as a positive integer. If the Federal AGI is a loss, print the amount without a negative	
					sign or parentheses and mark the negative AGI indicator to the left of the field.	
Line 9	Position(s) 69-77	Numeric	9	Schedule E, Line 2	Interest and Dividend Income from Other States	
Line 11	Position(s) 69-77	Numeric	9	Schedule E, Line 2A	Recapture of START Contributions	
Line 13	Position(s) 69-77	Numeric	9	Schedule E, Line 2B	ADD BACK of Donation to Student Tuition Organization Credit	
Line 15	Position(s) 69-77	Numeric	9	Schedule E, Line 3	Total – Add Lines 1, 2, and 2A.	
Line 20	Position(s) 46-48	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4A)	Enter 3-character exempt code. If not applicable, leave blank.	
Line 20	Position(s) 71-77	Numeric	7	Schedule E, Line 4A	Exempt Income, Line 4A	
Line 22	Position(s) 46-48	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4B)	Enter 3-character exempt code. If not applicable, leave blank.	
Line 22	Position(s) 71-77	Numeric	7	Schedule E, Line 4B	Exempt Income, Line 4B	
Line 24	Position(s) 46-48	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4C)	Enter 3-character exempt code. If not applicable, leave blank.	
Line 24	Position(s) 71-77	Numeric	7	Schedule E, Line 4C	Exempt Income, Line 4C	
Line 26	Position(s) 46-48	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4D)	Enter 3-character exempt code. If not applicable, leave blank.	
Line 26	Position(s) 71-77	Numeric	7	Schedule E, Line 4D	Exempt Income, Line 4D	

	Printed Variable Data Fields – IT-540-2D Schedule E – continued				
			Field		
Exact P	lacement on Grid	Field Type	Length	Field Name	Comments
Line 28	Position(s) 46-48	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4E)	Enter 3-character exempt code. If not applicable, leave blank.
Line 28	Position(s) 71-77	Numeric	7	Schedule E, Line 4E	Exempt Income, Line 4E
Line 30	Position(s) 46-48	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4F)	Enter 3-character exempt code. If not applicable, leave blank.
Line 30	Position(s) 71-77	Numeric	7	Schedule E, Line 4F	Exempt Income, Line 4F
Line 32	Position(s) 46-48	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4G)	Enter 3-character exempt code. If not applicable, leave blank.
Line 32	Position(s) 71-77	Numeric	7	Schedule E, Line 4G	Exempt Income, Line 4G
Line 34	Position(s) 71-77	Numeric	7	Schedule E, Line 4H	Total Exempt Income – Add Lines 4A – 4G.
Line 36	Position(s) 71-77	Numeric	7	Schedule E, Line 4I	Federal Tax Applicable to Exempt Income
Line 38	Position(s) 71-77	Numeric	7	Schedule E, Line 4J	Exempt Income – Subtract 4I from Line 4H.
Line 40	Position(s) 70-77	Numeric	8	Schedule E, Line 5A	Louisiana AGI before IRC 280C Expense Adjustment – Subtract
					Line 4J from Line 3.
Line 42	Position(s) 70-77	Numeric	8	Schedule E, Line 5B	IRC 280C Wage Expense Adjustment
Line 44	Position(s) 70-77	Numeric	8	Schedule E, Line 5C	Louisiana AGI – Subtract Line 5B from Line 5A.

NOTE: There are additional printed variable data fields on Schedule E that are not listed above. Although those fields do not need to meet any particular specifications (which is the reason they are not listed), they MUST be completed when applicable.

Exact Placement Specifications - IT-540-2D Schedule F

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (5):	1 positioned on Line 4 in Position 6. 1 positioned on Line 7 in Position 51.
	1 positioned on Line 37 in Position 55. 1 positioned on Line 57 in Position 10. 1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61938) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

	Printed Variable Data Fields – IT-540-2D Schedule F				
Exact F	Placement on Grid	Field Type	Field Length	Field Name	Comments
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.
Line 22	Position(s) 73-77	Numeric	5	Schedule F, Line 1D	Reduced credit for hunting and fishing licenses fees paid by certain military service members – Multiply fees by 72% (0.72).
Line 27	Position(s) 55-57	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 2)	Enter 3-character credit code. If not applicable, leave blank.
Line 27	Position(s) 71-77	Numeric	7	Schedule F, Line 2	Enter amount of credit allowed. See instructions.
Line 29	Position(s) 55-57	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 3)	Enter 3-character credit code. If not applicable, leave blank.
Line 29	Position(s) 71-77	Numeric	7	Schedule F, Line 3	Enter amount of credit allowed. See instructions.
Line 31	Position(s) 55-57	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 4)	Enter 3-character credit code. If not applicable, leave blank.
Line 31	Position(s) 71-77	Numeric	7	Schedule F, Line 4	Enter amount of credit allowed. See instructions.
Line 33	Position(s) 55-57	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 5)	Enter 3-character credit code. If not applicable, leave blank.
Line 33	Position(s) 71-77	Numeric	7	Schedule F, Line 5	Enter amount of credit allowed. See instructions.
Line 35	Position(s) 55-57	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 6)	Enter 3-character credit code. If not applicable, leave blank.
Line 35	Position(s) 71-77	Numeric	7	Schedule F, Line 6	Enter amount of credit allowed. – See instructions.

	Printed Variable Data Fields – IT-540-2D Schedule F – continued					
Exact P	lacement on Grid	Field Type	Field Length	Field Name	Comments	
Line 42	Position(s) 55-57	Alphanumeric	3	Transferable, Refundable Priority 2 Credit Code (Schedule F, Line 7)	Enter 3-character credit code. If not applicable, leave blank. Note: Currently, the only valid code is "62F" and is hardcoded in this field.	
Line 42	Position(s) 71-77	Numeric	7	Schedule F, Line 7	Enter amount of credit allowed. See instructions.	
Line 44	Position(s) 10-35	Alphanumeric	26	Schedule F, Line 7A	Enter the LDR State Certification Number from Form R-6135.	
Line 46	Position(s) 55-57	Alphanumeric	3	Transferable, Refundable Priority 2 Credit Code (Schedule F, Line 8)	Enter 3-character credit code. If not applicable, leave blank. Note: Currently, the only valid code is "62F" and is hardcoded in this field.	
Line 46	Position(s) 71-77	Numeric	7	Schedule F, Line 8	Enter amount of credit allowed. See instructions.	
Line 48	Position(s) 10-35	Alphanumeric	26	Schedule F, Line 8A	Enter the LDR State Certification Number from Form R-6135.	
Line 50	Position(s) 55-57	Alphanumeric	3	Transferable, Refundable Priority 2 Credit Code (Schedule F, Line 9)	Enter 3-character credit code. If not applicable, leave blank. Note: Currently, the only valid code is "62F" and is hardcoded in this field.	
Line 50	Position(s) 71-77	Numeric	7	Schedule F, Line 9	Enter amount of credit allowed. See instructions.	
Line 52	Position(s) 10-35	Alphanumeric	26	Schedule F, Line 9A	Enter the LDR State Certification Number from Form R-6135.	
Line 54	Position(s) 71-77	Numeric	7	Schedule F, Line 10	Total Refundable Priority 2 Credits – Add Lines 1D and 2 – 9.	

NOTE: There are additional printed variable data fields on Schedule F that are not listed above. Although those fields do not need to meet any particular specifications (which is the reason they are not listed), they MUST be completed when applicable.

Exact Placement Specifications - IT-540-2D Schedule H and Schedule I

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (5):	1 positioned on Line 4 in Position 6.
	1 positioned on Line 21 in Position 59.
	1 positioned on Line 30 in Position 59.
	1 positioned on Line 46 in Position 59.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61939) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

Exact Placement on	Grid Field Type	Field Length	nted Variable Data Fields – IT-540-2D Schec Field Name	Comments
Line 5 Position(s) 7	2-80 Numeric	9	Primary Social Security Number	No punctuation allowed.
Line 21 Position(s) 7	71-77 Numeric	7	Schedule H, Line 1	Federal Income Tax Liability from Federal Income Tax Deduction Worksheet
Line 23 Position(s) 7	71-77 Numeric	7	Schedule H, Line 2	Federal Disaster Credits Allowed by IRS
Line 25 Position(s) 7	71-77 Numeric	7	Schedule H, Line 3	Total – Add Lines 1 and 2.
Line 34 Position(s) 5	55-57 Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 1)	Enter 3-character credit code. If not applicable, leave blank.
Line 34 Position(s) 7	71-77 Numeric	7	Schedule I, Line 1	Enter amount of credit allowed. See Form R-10610.
Line 36 Position(s) 5	55-57 Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 2)	Enter 3-character credit code. If not applicable, leave blank.
Line 36 Position(s) 7	71-77 Numeric	7	Schedule I, Line 2	Enter amount of credit allowed. See Form R-10610.
Line 38 Position(s) 5	55-57 Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 3)	Enter 3-character credit code. If not applicable, leave blank.
Line 38 Position(s) 7	71-77 Numeric	7	Schedule I, Line 3	Enter amount of credit allowed. See Form R-10610.
Line 40 Position(s) 5	55-57 Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 4)	Enter 3-character credit code. If not applicable, leave blank.
Line 40 Position(s) 7	71-77 Numeric	7	Schedule I, Line 4	Enter amount of credit allowed. See Form R-10610.

	Printed Variable Data Fields – IT-540-2D Schedules H and I – continued					
			Field			
Exact P	Placement on Grid	Field Type	Length	Field Name	Comments	
Line 42	Position(s) 55-57	Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I,	Enter 3-character credit code. If not applicable, leave blank.	
				Line 5)		
Line 42	Position(s) 71-77	Numeric	7	Schedule I, Line 5	Enter amount of credit allowed. See Form R-10610.	
Line 44	Position(s) 71-77	Numeric	7	Schedule I, Line 6	Total Refundable Priority 4 Credits – Add Line 1 – 5.	

NOTE: There are additional printed variable data fields on Schedule I that are not listed above. Although those fields do not need to meet any particular specifications (which is the reason they are not listed), they MUST be completed when applicable.

Exact Placement Specifications – IT-540-2D Schedule J (Page 1)

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (5):	1 positioned on Line 4 in Position 6.
	1 positioned on Line 7 in Position 58.
	1 positioned on Line 23 in Position 63.
	1 positioned on Line 41 in Position 59.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61940) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

	Printed Variable Data Fields – IT-540-2D Schedule J (Page 1)					
Exact P	Placement on Grid	Field Type	Field Length	Field Name	Comments	
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.	
Line 11	Position(s) 74-77	Numeric	4	Schedule J, Line 1	Federal Child Care Credit	
Line 13	Position(s) 74-77	Numeric	4	Schedule J, Line 2	Louisiana Nonrefundable Child Care Credit – See Non Child Care Credit worksheet.	refundable
Line 15	Position(s) 74-77	Numeric	4	Schedule J, Line 3	Louisiana Nonrefundable Child Care Credit Carried Fo 2013 - 2017 – See Nonrefundable Child Care Credit w	
Line 18	Position(s) 74-77	Numeric	4	Schedule J, Line 4	Louisiana Nonrefundable School Readiness Credit – S Nonrefundable School Readiness Credit worksheet.	See
Line 19	Position(s) 28	Numeric	1	Number of Qualified Dependents—5-Star (Schedule J, Line 4)	Number of dependents who attended a 5-star facility	
Line 19	Position(s) 35	Numeric	1	Number of Qualified Dependents—4-Star (Schedule J, Line 4)	Number of dependents who attended a 4-star facility	Use "0" (zero) as
Line 19	Position(s) 42	Numeric	1	Number of Qualified Dependents—3-Star (Schedule J, Line 4)	Number of dependents who attended a 3-star facility	the default.
Line 19	Position(s) 49	Numeric	1	Number of Qualified Dependents—2-Star (Schedule J, Line 4)	Number of dependents who attended a 2-star facility	

Exact P	lacement on Grid	Field Type	Field Length	ariable Data Fields – IT-540-2D Schedule J (P Field Name	Comments
Line 21	Position(s) 74-77	Numeric	4	Schedule J, Line 5	Louisiana Nonrefundable School Readiness Credit Carried Forward from 2013-2017 – See Nonrefundable School Readiness Credit worksheet.
Line 28	Position(s) 55-57	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 6)	Enter 3-digit credit code. If not applicable, leave blank.
Line 28	Position(s) 71-77	Numeric	7	Schedule J, Line 6	Enter amount of credit allowed. See instructions.
Line 30	Position(s) 55-57	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 7)	Enter 3-digit credit code. If not applicable, leave blank.
Line 30	Position(s) 71-77	Numeric	7	Schedule J, Line 7	Enter amount of credit allowed. See instructions.
Line 32	Position(s) 55-57	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 8)	Enter 3-digit credit code. If not applicable, leave blank.
Line 32	Position(s) 71-77	Numeric	7	Schedule J, Line 8	Enter amount of credit allowed. See instructions.
Line 34	Position(s) 55-57	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 9)	Enter 3-digit credit code. If not applicable, leave blank.
Line 34	Position(s) 71-77	Numeric	7	Schedule J, Line 9	Enter amount of credit allowed. See instructions.
Line 36	Position(s) 55-57	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 10)	Enter 3-digit credit code. If not applicable, leave blank.
Line 36	Position(s) 71-77	Numeric	7	Schedule J, Line 10	Enter amount of credit allowed. See instructions.
Line 38	Position(s) 55-57	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 11)	Enter 3-digit credit code. If not applicable, leave blank.
Line 38	Position(s) 71-77	Numeric	7	Schedule J, Line 11	Enter amount of credit allowed. See instructions.

NOTE: There are additional printed variable data fields on Schedule J (Page 1) that are not listed above. Although those fields do not need to meet any particular specifications (which is the reason they are not listed), they MUST be completed when applicable.

Exact Placement Specifications - IT-540-2D Schedule J (Page 2)

Registration Marks: Registrations marks must be printed as specified on Page 2 of this document and in the following locations:

Reference Points (5):	1 positioned on Line 4 in Position 6. 1 positioned on Line 7 in Position 58.
	1 positioned on Line 31 in Position 10.
	1 positioned on Line 31 in Position 55.
	1 positioned on Line 61 in Position 80.

Barcode: The barcode must be printed as specified on Page 2 of this document and positioned as follow:

- 1/2" from the left edge, and
- 1/2" from the bottom edge.

Document Identification Number: The document identification number (61941) must be printed as specified on Page 2 of this document and positioned on Line 63 in Positions 76-80.

			Prin	ted Variable Data Fields – IT-540-2D Sched	ule J (Page 2)
Exact P	lacement on Grid	Field Type	Field Length	Field Name	Comments
Line 5	Position(s) 72-80	Numeric	9	Primary Social Security Number	No punctuation allowed.
Line 13	Position(s) 54-56	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 12)	Enter 3-character credit code.
Line 13	Position(s) 70-77	Numeric	8	Schedule J, Line 12	Enter amount of credit allowed. See instructions.
Line 15	Position(s) 10-35	Alphanumeric	26	Schedule J, Line 12A	Enter the LDR State Certification Number(s) from Form R-6135.
Line 17	Position(s) 54-56	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 13)	Enter 3-character credit code.
Line 17	Position(s) 70-77	Numeric	8	Schedule J, Line 13	Enter amount of credit allowed. See instructions.
Line 19	Position(s) 10-35	Alphanumeric	26	Schedule J, Line 13A	Enter the LDR State Certification Number(s) from Form R-6135.
Line 21	Position(s) 54-56	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 14)	Enter 3-character credit code.
Line 21	Position(s) 70-77	Numeric	8	Schedule J, Line 14	Enter amount of credit allowed. See instructions.
Line 23	Position(s) 10-35	Alphanumeric	26	Schedule J, Line 14A	Enter the LDR State Certification Number(s) from Form R-6135.
Line 25	Position(s) 54-56	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 15)	Enter 3-character credit code.
Line 25	Position(s) 70-77	Numeric	8	Schedule J, Line 15	Enter amount of credit allowed. See instructions.
Line 27	Position(s) 10-35	Alphanumeric	26	Schedule J, Line 15A	Enter the LDR State Certification Number(s) from Form R-6135.
Line 29	Position(s) 70-77	Numeric	8	Schedule J, Line 16	Total Nonrefundable Priority 3 Credits – Add Line 2 – 15.

Printed Variable Data Fields: The printed variable data fields must meet the general criteria listed on Page 1 of this document and the specifications below:

NOTE: There are additional printed variable data fields on Schedule J (Page 2) that are not listed above. Although those fields do not need to meet any particular specifications (which is the reason they are not listed), they MUST be completed when applicable.

2-D Barcode Specifications:

Requirements:

- The 2-D barcode should be placed on Page 4 of the return on Lines 31-39 in Positions 35-80. The barcode must fit within this area of the form.
- Use a carriage return <CR> to delimit fields. Each barcode field should have a carriage return, even if no information is contained in the field. This carriage return should measure as 1 byte of data.
- No punctuation is allowed in any field. No hyphens, dashes, parentheses, or other separators should be used.
- All alpha characters must be in uppercase.
- If a field is not applicable, leave it blank unless specifically instructed otherwise.
- Negative amounts are not accepted. If less than zero, enter zero unless specifically instructed otherwise.
- Only whole dollar amounts should be entered.
- Do not include supplemental information in the barcode.
- Error correction level should be set to 4.

Barcode Layout:

- 1. Header Information
- 2. Government Specific Data
- 3. Trailer

Header Information – This information is placed first in the barcode data stream. The first six fields in the barcode comprise the official header. This information must be consistent among all barcodes and is defined below.

- Header Version Number will be incremented each time the standards group alters the physical structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.
- **Developer Code** is a four-digit code used to identify the software developer whose application produced the barcode. The purpose of the field is to allow forms to be traced to the vendor producing them. Software developer codes are assigned through the NACTP and may differ from software developer ID for the form that is assigned by LDR.
- **Jurisdiction** is an alphanumeric identifier indicating the taxing jurisdiction. Use the U.S. Postal Service's official state abbreviations. For Louisiana, use LA.
- **Description** is an alphanumeric identifier used to describe the form being processed. Use 61931 for the 2018 Louisiana resident form (IT-540-2D).
- **Specification Version** is a number that identifies the version of the specifications used to produce the form barcode. These specifications are provide by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0"; revisions thereafter will increase numerically.
- **Software/Form Version** is a vendor-defined version number that reflects the software and form revision used to produce the barcode.

Government Specific Data – For a detailed layout of the government specific data, see Pages 29 through 39 of this document.

Trailer – The trailer is the last field in the barcode data stream. The trailer is used to indicate the end of data has been reached. A static string of *EOD* is used as the trailer value.

Example of 2-D Barcode:	T1 <cr> 9999<cr> LA<cr> 6063<cr> 0<cr> 1.0<cr></cr></cr></cr></cr></cr></cr>	(Header Version Number) (Developer Code) (Jurisdiction) (Description) (Specification Version) (Software Version)
	 EOD <cr></cr>	

Information to Provide to Customers: We are requesting that all participating vendors provide to their customers a few short statements that describe what a two-dimensional barcode is and why it is being utilized. The following information should be provided to the customer:

Louisiana Resident (IT-540) and Nonresident (IT-540B) Individual Income Tax Forms

The Louisiana Department of Revenue is utilizing two-dimensional (2-D) barcode technology. The barcode contains the information that was entered into your return. You will find this barcode on Page 4 of your completed return. Below, is an example of the 2-D barcode.

2-D Barcode Sample



2-D Barcode Fields for Form 2018 IT-540-2D

			Hea	der Information	
Field		Field	Field Name		Commente
No.	Field Type Alphanumeric	Length 2	Header Version	Value is T1 .	Comments
2	Numeric	4	Developer Code	4-digit code (See Appendix 1	of the <u>2-D Bar Coding Standards</u> .) used to identify the plication produced the barcode and may differ from the d 7 below
3	Alpha	2	Jurisdiction	Value is LA.	
4	Numeric	5	Description	Value is 61931.	
5	Numeric	1	Specification Version	Value is 0 .	
6	Alphanumeric	10	Software/Form Version	Vendor-defined version numb produce the barcode.	per that reflects the software and form revision used to
			Govern	ment Specific Data	
T-540	-2D Return (Pag	ae 1)			
Field		Max. Field	Field Name		Commonia
<u>No.</u>	Field Type	Length	Software Developer ID	Software Developer Identifies	Comments ation Number (4-digit number) assigned by LDR, which
/	Numeric	4	Software Developer ID	may differ from the software of	
8	Numeric	9	Primary Social Security Number	Primary Taxpayer's Social Se special characters)	ecurity Number (no dashes, hyphens, parentheses, or
9	Numeric	9	Secondary Social Security Number	characters) – This is a require	nber (no dashes, hyphens, parentheses, or special ed field for both filing statuses of married filing jointly y. If not applicable, leave blank.
10	Alphanumeric	25	Primary Taxpayer's First Name	Primary taxpayer's first name	
11	Alphanumeric	1	Primary Taxpayer's Middle Initial	Primary taxpayer's middle init	
12	Alphanumeric	25	Primary Taxpayer's Last Name	Primary taxpayer's last name	
13	Alphanumeric	3	Primary Taxpayer's Name Suffix	Primary taxpayer's name suff	
14	Alphanumeric	25	Secondary Taxpayer's First Name	Spouse's first name	
15	Alphanumeric	1	Secondary Taxpayer's Middle Initial	Spouse's middle initial	Provide only if the return is a joint return. Otherwise,
16	Alphanumeric	25	Secondary Taxpayer's Last Name	Spouse's last name	leave blank.
17	Alphanumeric	3	Secondary Taxpayer's Name Suffix	Spouse's name suffix	
18	Alphanumeric	35	Taxpayer's Mailing Address	Taxpayer's address – This is default.	a required field. Use "GENERAL DELIVERY" as the
19	Alphanumeric	25	Taxpayer's Mailing City	City (mailing address)	
20	Alpha	2	Taxpayer's Mailing State	State (mailing address)	
21	Numeric	9	Taxpayer's Mailing ZIP Code	ZIP Code (mailing address) -	- No hyphen.
22	Numeric	10	Daytime Telephone	Taxpayer's daytime area code	
23	Numeric	8	Taxable Period	Taxable Period (mmddyyyy) -	
24	Numeric	5	Form ID Number	Form ID Number 61931	•
25	Binary	1	Name Change Indicator	Mark "1" if name has changed Mark "0" if not applicable.	d.

Government Specific Data (continued)	

IT-540	-2D Return (Pa	<u> </u>	ntinued			
Field		Max. Field				
No.	Field Type	Length	Field Name	Comn	nents	
26	Binary	1	Decedent Filing Indicator	Mark "1" for decedent taxpayer.		
	-		5	Mark "0" if not applicable.		
27	Binary	1	Spouse Decedent Indicator	Mark "1" for decedent spouse.		
				Mark "0" if not applicable.		
28	Binary	1	Address Change Indicator	Mark "1" if address has changed.		
				Mark "0" if not applicable.		
29	Binary	1	Amended Return Indicator	Mark "1" for an amended return.		
				Mark "0" if not applicable.		
30	Binary	1	NOL Carryback Indicator	Mark "1" for NOL carryback.		
0.4	D.			Mark "0" if not applicable.		
31	Binary	1	2015 Legislation Recovery Indicator	Mark "1" for 2015 Legislation Recovery.		
	Ni, una a ulta	0	Termente Dete ef Ditte	Mark "0" if not applicable.		
32	Numeric	8	Taxpayer's Date of Birth	Format must be mmddyyyy. No punctuation	allowed.	
33	Numeric	8	Spouse's Date of Birth	Manlatha ann an iste ann an fan tha filin a st	-1	
34	Numeric	1	Filing Status	Mark the appropriate number for the filing st	atus:	
				1 = Single 2 = Married filing jointly		
				2 = Married filing jointly 3 = Married filing separately		
				3 = Married filling separately 4 = Head of household		
				5 = Qualifying widow(er)		
35	Binary	1	Self Exemption – 65 or over	Mark "1" for "Yourself - 65 or older".		
55	Dinary	1		Mark "0" if not applicable.		
36	Binary	1	Self Exemption – Blind	Mark "1" for "Yourself - Blind".		
00	Dinary			Mark "0" if not applicable.	NOTE:	Fields for the exemptions
37	Binary	1	Self Exemption – Qualifying widow(er)	Mark "1" for "Yourself – Qualifying widow".	-	"Yourself" and "Spouse"
0.	2	-		Mark "0" if not applicable.		have been purposely omitted
38	Binary	1	Spouse Exemption – 65 or over	Mark "1" for "Spouse - 65 or older".		from the 2-D barcode layout.
	,			Mark "0" if not applicable.		
39	Binary	1	Spouse Exemption – Blind	Mark "1" for "Spouse - Blind".		
	, , , , , , , , , , , , , , , , , , ,			Mark "0" if not applicable.		
40	Numeric	2	Dependents	Line 6C, total number of dependents		
41	Numeric	2	Total Exemptions	Line 6D, total exemptions claimed		
T-540	-2D Return (Pa	ge 2)				
		Max.				
Field		Field				
No.	Field Type	Length	Field Name	Comn		
42	Numeric	5	W-2 Wages	If "1" is marked in Field 43, enter the wages	from the	W-2(s). If "0" is marked in Field
				43, leave blank.		
43	Binary	1	Federal Return Not Required Indicator	Mark "1" if federal return not required. (If "1	" is marke	d, Lines 7 – 12 must be left
				blank and Line 13 must be "0.")		
				Mark "0" if federal return is required.		
44	Binary	1	Schedule E Indicator	Mark "1" if Schedule E is utilized.		
				Mark "0" if not applicable.		
				(If Schedule E Lines 1 and 5C are the same	amount,	Schedule E should not be filed.)

Government S	pecific Data (continued)
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Field Type	Max. Field Length	Field Name	Comments
Numeric	9	Return Line 7	Federal Adjusted Gross Income (AGI)
Numeric	7	Return Line 8A	Federal Itemized Deductions
Numeric	5	Return Line 8B	Federal Standard Deduction
Numeric	7		Excess Federal Itemized Deductions – Subtract Line 8B from Line 8A.
Binary	1	Line 9, Box 1)	Mark "1" if federal income tax has been decreased by the foreign tax credit (Line 9). Mark "0" if not applicable.
Binary	1	Federal Disaster Credit Indicator (Return Line 9, Box 2)	Mark "1" if federal income tax has been decreased by a federal disaster credit allowed by IRS (Line 9). Mark "0" if not applicable.
Numeric	8	Return Line 9	Federal Income Tax – See instructions.
Numeric	9	Return Line 10	Louisiana Tax Table Income – Subtract Lines 8C and 9 from Line 7 . If less than zero, enter "0" (zero).
Numeric	8	Return Line 11	Louisiana Income Tax – See Document R-6200 for the computation of Louisiana income tax.
Numeric	8	Return Line 12	Nonrefundable Priority 1 Credits – Schedule C, Line 9.
Numeric	8	Return Line 13	Tax Liability after Nonrefundable Priority 1 Credits – Subtract Line 12 from Line 11 . If result is less than zero, enter zero "0".
Numeric	4	Return Line 14	Louisiana Refundable Child Care Credit – Refundable Child Care Credit worksheet, Page 17
Numeric	4	Return Line 14A	Refundable Child Care Credit worksheet, Line 3
Numeric	4	Return Line 14B	Refundable Child Care Credit worksheet, Line 6
Numeric	5		Louisiana Refundable School Readiness Credit – Refundable School Readiness Credit worksheet, Page 18
Numeric	1	(Return Line 15)	Number of qualified dependents who attended a 5-star facility
Numeric	1	Number of Qualified Dependents—4-Star (Return Line 15)	Number of qualified dependents who attended a 4-star facility
Numeric	1	Number of Qualified Dependents—3-Star (Return Line 15)	Number of qualified dependents who attended a 3-star facility
Numeric	1	Number of Qualified Dependents—2-Star (Return Line 15)	Number of qualified dependents who attended a 2-star facility
Numeric	3	Return Line 16	Earned Income Credit – Louisiana Earned Income Credit worksheet, Line 3
Numeric	7	Return Line 17A	Louisiana Citizens Property Insurance assessment included in homeowner's insurance premium.
Numeric	7	Return Line 17	Louisiana Citizens Insurance Credit – Multiply Line 17A by 25% (0.25).
Numeric	7	Return Line 18	Other Refundable Priority 2 Credits – Schedule F, Line 10
Numeric	7	Return Line 19	Total Refundable Priority 2 Credits – Add Lines 14 and 15 through 18 . (Do not include amounts on Lines 14A , 14B , and 17A .)
	Numeric Numeric Binary Binary Binary Numeric Numeric <tr td=""></tr>	Field TypeLengthNumeric9Numeric7Numeric5Numeric7Binary1Binary1Binary1Numeric8Numeric8Numeric8Numeric8Numeric8Numeric4Numeric4Numeric4Numeric5Numeric1Numeric1Numeric1Numeric1Numeric3Numeric7Numeric7Numeric7	Field TypeLengthField NameNumeric9Return Line 7Numeric7Return Line 8ANumeric5Return Line 8BNumeric7Return Line 8CBinary1Federal Foreign Tax Credit Indicator (Return Line 9, Box 1)Binary1Federal Disaster Credit Indicator (Return Line 9, Box 2)Numeric8Return Line 9Numeric9Return Line 10Numeric8Return Line 11Numeric8Return Line 12Numeric8Return Line 13Numeric4Return Line 14Numeric4Return Line 14BNumeric5Return Line 15Numeric1Number of Qualified Dependents—5-Star (Return Line 15)Numeric1Number of Qualified Dependents—3-Star (Return Line 15)Numeric1Number of Qualified Dependents—2-Star (Return Line 15)Numeric3Return Line 17ANumeric7Return Line 17Numeric7Return Line 17Numeric7Return Line 17

Field		Max. Field		
No.	Field Type	Length	Field Name	Comments
69	Numeric	8	Return Line 20	Tax Liability after Refundable Priority 2 Credits:
70	Numeric	8	Return Line 21	Overpayment after Refundable Priority 2 Credits:
71	Numeric	8	Return Line 22	Nonrefundable Priority 3 Credits – Schedule J, Line 16
IT-540	·2D Return (Pag	ge 3)		
Field No.	Field Type	Max. Field Length	Field Name	Comments
72	Numeric	8	Return Line 23	Adjusted Louisiana Income Tax – Subtract Line 22 from Line 20. If result is less than
				zero, enter "0" (zero).
73	Numeric	1	No Consumer Use Tax Indicator (Return Line 24A)	No Consumer Use Tax (must be "1" or "0"): Mark "1" if no use tax is due. Mark "0" if not applicable
74	Numeric	8	Return Line 24A	Consumer Use Tax Before July 1, 2018
75	Numeric	1	Amount Consumer Use Tax Worksheet Indicator (Return Line 24B)	Consumer Use Tax (must be "1" or "0"): Mark "1" if amount due from the Consumer Use Tax worksheet, Line 2. Mark "0" if not applicable.
76	Numeric	8	Return Line 24B	Consumer Use Tax On or After July 1, 2018
77	Numeric	8	Return Line 25	Total Income Tax and Consumer Use Tax – Add Lines 23, 24A and 24B.
78	Numeric	7	Return Line 26	Overpayment after Refundable Priority 2 Credits – Amount from Line 21
79	Numeric	7	Return Line 27	Refundable Priority 4 Credits – Schedule I, Line 6
80	Numeric	7	Return Line 28	Louisiana Tax Withheld for 2018
81	Numeric	7	Return Line 29	Credit Carried Forward from 2017
82	Numeric	7	Return Line 30	Amount of Estimated Payments for 2018
83	Numeric	7	Return Line 31	Amount Paid with Extension Request
84	Numeric	7	Return Line 32	Total Refundable Tax Credits and Payments – Add Lines 26 – 31 .
85	Numeric	7	Return Line 33	Overpayment: - If Line 32 > Line 25, subtract Line 25 from Line 32
86	Binary	1	Farmer Indicator (Return Line 34)	Farmer Indicator Box for Underpayment Penalty: Mark "1" if farmer indicator box is marked on Line 34 . Mark "0" if not applicable.
87	Numeric	7	Return Line 34	Underpayment Penalty for Estimated Tax – See Form R-210R.
88	Numeric	7	Return Line 35	Adjusted Overpayment: If Line 33 is greater than Line 34, subtract Line 34 from Line 33 and enter the balance on Line 35. If Line 34 is greater than Line 33, enter zero "0", subtract Line 33 from Line 34, and enter the balance on Line 40.
89	Numeric	7	Return Line 36	Total Donations – Schedule D, Line 21 (Must not be greater than Line 35.)
90	Numeric	7	Return Line 37	Subtotal – Subtract Line 36 from Line 35 .

Field No.	Field Type	Max. Field Length	Field Name	Comments
91	Numeric	7	Return Line 38	Amount of Overpayment Credited to 2019
92	Numeric	1	Refund Option (Return Line 39)	Mark the appropriate number for the refund option that the taxpayer selects: 2 = Paper check 3 = Direct deposit If the amount on Line 39 = 0, leave this field blank.
93	Numeric	7	Return Line 39	Amount to be Refunded – Subtract Line 38 from Line 37.
94	Numeric	1	Direct Deposit—Bank Account Type	Direct Deposit—Bank Account Type: Mark "1" if checking. Mark "2" if savings. If not applicable, leave blank.
95	Binary	1	Direct Deposit—Refund Forwarded Outside U.S.	Will refund be forwarded outside the U.S.? Mark "1" if yes. Mark "0" if no. If not applicable, leave blank.
96	Numeric	9	Direct Deposit—Routing Number	Direct Deposit—Routing Number (9 digits) If not applicable, leave blank.
97	Alphanumeric	17	Direct Deposit—Account Number	Direct Deposit—Account Number (up to 17 characters) If not applicable, leave blank.
IT-540	-2D Return (Pag	ge 4)	•	
Field		Max. Field		
No.	Field Type	Length	Field Name	Comments
98	Numeric	7	Return Line 40	 Amount Owed: If Line 25 is greater than Line 32, subtract Line 32 from Line 25. If you entered an amount from Line 35 as the result of an underpayment penalty exceeding an overpayment, complete Lines 41 through 43, enter zero "0" on Lines 44 through 47, and go to Line 48.
99	Numeric	7	Return Line 41	Additional Donation to Military Family Assistance Fund
100	Numeric	7	Return Line 42	Additional Donation to Coastal Protection and Restoration Fund
101	Numeric	7	Return Line 43	Additional Donation to Louisiana Food Bank Association
102	Numeric	7	Return Line 44	Interest
103	Numeric	7	Return Line 45	Delinquent Filing Penalty –
104	Numeric	7	Return Line 46	Delinquent Payment Penalty
105	Binary	1	Farmer Indicator (Return Line 47)	Farmer Indicator Box for Underpayment Penalty: Mark "1" if farmer indicator box is marked on Line 47 . Mark "0" if not applicable.
106	Numeric	7	Return Line 47	Underpayment Penalty for Tax Due – See Form R-210R. Note: If the penalty has been entered on Line 34 , do not enter it on Line 47 .
107	Numeric	7	Return Line 48	Balance Due Louisiana – Add Lines 40 – 47 .

IT-540	2D Return (Pag	ge 4) – cor	ntinued	
Field No.	Field Type	Max. Field Length	Field Name	Comments
108	Numeric	3	Status of Return	Status of Return: 1 st Digit: Mark "0" if Line 38 = 0. Mark "1" if Line 38 > 0. (Credit to 2019) 2 nd Digit: Mark "0" if Line 39 = 0. Mark "1" if Line 39 > 0. (Refund) 3 rd Digit: Mark "0" if Line 48 = 0. Mark "1" if Line 48 > 0. (Balance Due) Examples: If Line 39 is \$200 and Lines 38 and 48 are zero, mark "010". If Line 38 is \$100, Line 39 is \$200, and Line 48 is zero, mark "110".
109	Numeric	4	Contribution/Donation Status	Contribution and Donation Status (right-justified): 1 st Digit: Mark "0" if Line $36 = 0$. Mark "1" if Line $36 > 0$. 2 nd Digit: Mark "0" if Line $41 = 0$. Mark "1" if Line $41 > 0$. 3 th Digit: Mark "0" if Line $42 = 0$. Mark "1" if Line $42 > 0$. 4 th Digit: Mark "0" if Line $43 = 0$. Mark "1" if Line $43 > 0$. Examples: If Lines 36, 42, and 43 are zero and Line 41 is \$100, mark "0100". If Line 36 is \$100, Line 43 is \$200, and Lines 41 and 42 are zero, mark "1001".
110	Alphanumeric	9	Preparer's SSN / PTIN / FEIN	Preparer's SSN, PTIN, or FEIN. If not applicable, leave blank.
111	Alpha	4	Name Code	Derived from first four positions of last name. Must be alpha, uppercase only. If last name is less than four letters, leave the last position(s) blank. Punctuation and hyphens should be omitted. Name code examples: John Brown = BROW John Bow = BOW
IT-540	·2D Schedule C			
Field No.	Field Type	Max. Field Length	Field Name	Comments
112	Numeric	7	Schedule C, Line 1A	Net Tax Liability Paid to Other States – Form R-10606
113	Numeric	7	Schedule C, Line 1B	Credit for Taxes Paid to Other States – Form R-10606
114	Numeric	2	Schedule C, Line 2D	Total Number of Qualifying Individuals
115 116	Numeric	4	Schedule C, Line 2E	Multiply Line 2D by \$72. Value of Computer/Technological Equipment Donated
116	Numeric Numeric	6	Schedule C, Line 3A Schedule C, Line 3B	Multiply Line 3A by 29% (0.29).

ield No.	Field Type	Max. Field Length	Field Name	Comments
118	Numeric	7	Schedule C, Line 4A	Eligible Federal Credits
119	Numeric	2	Schedule C, Line 4B	Multiply Line 4A by 7% (0.7). (Limited to \$18)
120	Numeric	3	Nonrefundable Priority 1 Credit Code (Schedule C, Line 5)	Enter 3-character credit code.
121	Numeric	7	Schedule C, Line 5	Enter amount of credit allowed. See instructions.
122	Numeric	3	Nonrefundable Priority 1 Credit Code (Schedule C, Line 6)	Enter 3-character credit code.
123	Numeric	7	Schedule C, Line 6	Enter amount of credit allowed. See instructions.
124	Numeric	3	(Nonrefundable Priority 1 Credit Code Schedule C, Line 7)	Enter 3-character credit code.
125	Numeric	7	Schedule C Line 7	Enter amount of credit allowed. See instructions.
126	Numeric	3	Nonrefundable Priority 1 Credit Code (Schedule C, Line 8)	Enter 3-character credit code.
127	Numeric	7	Schedule C, Line 8	Enter amount of credit allowed. See instructions.
128	Numeric	7	Schedule C, Line 9	Total Nonrefundable Priority 1 Credits – Add Lines 1B, 2E, 3B, 4B, and 5 – 8.
IT-540	-2D Schedule D)		
Field	Field Type	Max. Field Length	Field Mana	O -ministra
	FIEID I VNE	I enath	Field Name	Comments
No.				
129	Numeric	7	Schedule D, Line 1	Adjusted Overpayment – Return Line 35
129 130	Numeric Numeric	7 5	Schedule D, Line 1 Schedule D, Line 2	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund
129 130 131	Numeric Numeric Numeric	7 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund
129 130 131 132	Numeric Numeric Numeric Numeric	7 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program
129 130 131 132 133	Numeric Numeric Numeric Numeric Numeric	7 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund
129 130 131 132 133 134	Numeric Numeric Numeric Numeric Numeric Numeric	7 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund
129 130 131 132 133 134 135	Numeric Numeric Numeric Numeric Numeric Numeric Numeric	7 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council
129 130 131 132 133 134 135 136	Numeric Numeric Numeric Numeric Numeric Numeric Numeric	7 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7 Schedule D, Line 8	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association
129 130 131 132 133 134 135 136 137	Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric	7 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana
129 130 131 132 133 134 135 136	Numeric Numeric Numeric Numeric Numeric Numeric Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 9	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association
129 130 131 132 133 134 135 136 137 138	Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 9	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1
129 130 131 132 133 134 135 136 137 138 139	Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 11	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross
129 130 131 132 133 134 135 136 137 138 139 140	Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 11 Schedule D, Line 12	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross Louisiana National Guard Honor Guard for Military Funerals
129 130 131 132 133 134 135 136 137 138 139 140 141	Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 6 Schedule D, Line 7 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 11 Schedule D, Line 12 Schedule D, Line 13	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross Louisiana National Guard Honor Guard for Military Funerals Louisiana State Troopers Charities, Inc.
129 130 131 132 133 134 135 136 137 138 139 140 141	Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 5 Schedule D, Line 7 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 11 Schedule D, Line 11 Schedule D, Line 12 Schedule D, Line 13 Schedule D, Line 14	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross Louisiana National Guard Honor Guard for Military Funerals Louisiana State Troopers Charities, Inc. Friends of Palmeto State Park
129 130 131 132 133 134 135 136 137 138 139 140 141 142 143	Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 5 Schedule D, Line 7 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 11 Schedule D, Line 11 Schedule D, Line 12 Schedule D, Line 13 Schedule D, Line 14 Schedule D, Line 15	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross Louisiana National Guard Honor Guard for Military Funerals Louisiana State Troopers Charities, Inc. Friends of Palmeto State Park American Rose Society
129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144	Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 5 Schedule D, Line 7 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 10 Schedule D, Line 11 Schedule D, Line 12 Schedule D, Line 13 Schedule D, Line 13 Schedule D, Line 14 Schedule D, Line 15 Schedule D, Line 15 Schedule D, Line 17 Schedule D, Line 17	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross Louisiana National Guard Honor Guard for Military Funerals Louisiana State Troopers Charities, Inc. Friends of Palmeto State Park American Rose Society The Extra Mile
129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145	Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 5 Schedule D, Line 7 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 11 Schedule D, Line 11 Schedule D, Line 12 Schedule D, Line 13 Schedule D, Line 13 Schedule D, Line 14 Schedule D, Line 15 Schedule D, Line 16 Schedule D, Line 17	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross Louisiana National Guard Honor Guard for Military Funerals Louisiana State Troopers Charities, Inc. Friends of Palmeto State Park American Rose Society The Extra Mile Louisiana Naval War Memorial Commission; U.S.S. KIDD
129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146	Numeric Numeric	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Schedule D, Line 1 Schedule D, Line 2 Schedule D, Line 3 Schedule D, Line 4 Schedule D, Line 5 Schedule D, Line 5 Schedule D, Line 7 Schedule D, Line 7 Schedule D, Line 8 Schedule D, Line 8 Schedule D, Line 9 Schedule D, Line 10 Schedule D, Line 10 Schedule D, Line 11 Schedule D, Line 12 Schedule D, Line 13 Schedule D, Line 13 Schedule D, Line 14 Schedule D, Line 15 Schedule D, Line 15 Schedule D, Line 17 Schedule D, Line 17	Adjusted Overpayment – Return Line 35 Military Family Assistance Fund Coastal Protection and Restoration Fund START Program Wildlife Habitat and Natural Heritage Trust Fund Louisiana Cancer Trust Fund Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Louisiana Association of United Ways / LA 2-1-1 American Red Cross Louisiana National Guard Honor Guard for Military Funerals Louisiana State Troopers Charities, Inc. Friends of Palmeto State Park American Rose Society The Extra Mile Louisiana Naval War Memorial Commission; U.S.S. KIDD Children's Therapeutic Services at the Emerge Center

IT-540	-2D Schedule E			
Field No.	Field Type	Max. Field Length	Field Name	Comments
150	Binary	1	Negative AGI Indicator (Schedule E, Line 1)	Negative Indicator Box for Federal AGI: Mark "1" if negative AGI indicator box is marked on Line 1 . Mark "0" if not applicable.
151	Numeric	9	Schedule E, Line 1	Federal AGI—This field must be a positive integer. If the Federal AGI is a loss, enter the amount without a negative sign or parentheses and mark "1" in Field 150 .
152	Numeric	9	Schedule E, Line 2	Interest and Dividend Income from Other States
153	Numeric	9	Schedule E, Line 2A	Recapture of START Contributions
154	Numeric	9	Schedule E, Line 2B	Add Back of Donation to Student Tuition Organization Credit
155	Numeric	9	Schedule E, Line 3	Total – Add Lines 1, 2,2A and 2B.
156	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4A)	Enter 3-character exempt code.
157	Numeric	7	Schedule E, Line 4A	Exempt Income, Line 4A
158	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4B)	Enter 3-character exempt code.
159	Numeric	7	Schedule E, Line 4B	Exempt Income, Line 4B
160	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4C)	Enter 3-character exempt code.
161	Numeric	7	Schedule E, Line 4C	Exempt Income, Line 4C
162	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4D)	Enter 3-character exempt code.
163	Numeric	7	Schedule E, Line 4D	Exempt Income, Line 4D
164	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4E)	Enter 3-character exempt code.
165	Numeric	7	Schedule E, Line 4E	Exempt Income, Line 4E
166	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4F)	Enter 3-character exempt code.
167	Numeric	7	Schedule E, Line 4F	Exempt Income, Line 4F
168	Alphanumeric	3	Exempt Income Code (Schedule E, Line 4G)	Enter 3-character exempt code.
169	Numeric	7	Schedule E, Line 4G	Exempt Income, Line 4G
170	Numeric	7	Schedule E, Line 4H	Total Exempt Income before Applicable Federal Tax – Add Lines 4A – 4G.
171	Numeric	7	Schedule E, Line 4I	Federal Tax Applicable to Exempt Income – See instructions.
172	Numeric	7	Schedule E, Line 4J	Exempt Income – Subtract 4J from Line 4I.
173	Numeric	8	Schedule E, Line 5A	Louisiana AGI before IRC 280C Expense Adjustment – Subtract Line 4J from Line 3.
174	Numeric	8	Schedule E, Line 5B	IRC 280C Expense Adjustment
175	Numeric	8	Schedule E, Line 5C	Louisiana AGI – Subtract Line 5B from Line 5A. Also , enter this amount on Form IT- 540, Line 7.
IT-540	-2D Schedule F			
Field No.	Field Type	Max. Field Length	Field Name	Comments
176	Numeric	5	Schedule F, Line 1D	Reduced credit for hunting and fishing licenses fees paid by certain military
		-		servicemembers – Multiply fees by 72% (0.72).
177	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 2)	Enter 3-character credit code.
178	Numeric	7	Schedule F, Line 2	Enter amount of credit allowed. See instructions.
179	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 3)	Enter 3-character credit code.
180	Numeric	7	Schedule F, Line 3	Enter amount of credit allowed. See instructions.

11-540	-2D Schedule F		ed		
Field No.	Field Type	Max. Field Length	Field Name	Comments	
181	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 4)	Enter 3-character credit code.	
182	Numeric	7	Schedule F, Line 4	Enter amount of credit allowed. See instructions.	
183	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 5)	Enter 3-character credit code.	
184	Numeric	7	Schedule F, Line 5	Enter amount of credit allowed. See instructions.	
185	Alphanumeric	3	Refundable Priority 2 Credit Code (Schedule F, Line 6)	Enter 3-character credit code.	
186	Numeric	7	Schedule F, Line 6	Enter amount of credit allowed. See instructions.	
187	Alphanumeric	3	Transferable, Refundable Priority 2 Credit Code (Schedule F, Line 7)	Enter 3-character credit code. Note: Currently, the only valid code is "62F".	
188	Numeric	7	Schedule F, Line 7	Enter amount of credit allowed. See instructions.	
189	Alphanumeric	26	Schedule F, Line 7A	Enter the LDR State Certification Number from Form R-6135.	
190	Alphanumeric	3	Transferable, Refundable Priority 2 Credit Code (Schedule F, Line 8)		
191	Numeric	7	Schedule F, Line 8	Enter amount of credit allowed. See instructions.	
192	Alphanumeric	26	Schedule F, Line 8A	Enter the LDR State Certification Number from Form R-6135.	
193	Alphanumeric	3	Transferable, Refundable Priority 2 Credit Code (Schedule F, Line 9)	Enter 3-character credit code. Note: Currently, the only valid code is "62F".	
194	Numeric	7	Schedule F, Line 9	Enter amount of credit allowed. See instructions.	
195	Alphanumeric	26	Schedule F, Line 9A	Enter the LDR State Certification Number from Form R-6135.	
196	Numeric	7	Schedule F, Line 10	Total Refundable Priority 2 Credits – Add Lines 1D and 2 – 9.	
IT-540	-2D Schedule H				
Field No.	Field Type	Max. Field Length	Field Name	Comments	
197	Numeric	7	Schedule H, Line 1	Federal Income Tax Liability from Federal Income Tax Deduction Worksheet	
198	Numeric	7	Schedule H, Line 2	Federal Disaster Credits Allowed by IRS	
199	Numeric	7	Schedule H, Line 3	Total – Add Lines 1 and 2.	
T-540	-2D Schedule I				
Field No.	Field Type	Max. Field Length	Field Name	Comments	
200	Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 1)	Enter 3-character credit code.	
201	Numeric	7	Schedule I, Line 1	Enter amount of credit allowed. See Form R-10610.	
202	Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 2)	Enter 3-character credit code.	
203	Numeric	7	Schedule I, Line 2	Enter amount of credit allowed. See Form R-10610.	
204	Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 3)	Enter 3-character credit code.	
		7	Schedule I, Line 3	Enter amount of credit allowed. See Form R-10610.	

IT-540	Government Specific Data (continued) T-540-2D Schedule I – continued				
Field No.	Field Type	Max. Field Length	Field Name	Comments	
206	Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 4)	Enter 3-character credit code.	
207	Numeric	7	Schedule I, Line 4	Enter amount of credit allowed. See Form R-10610.	
208	Alphanumeric	3	Refundable Priority 4 Credit Code (Schedule I, Line 5)	Enter 3-character credit code.	
209	Numeric	7	Schedule I, Line 5	Enter amount of credit allowed. See Form R-10610.	
210	Numeric	7	Schedule I, Line 6	Total Refundable Priority 4 Credits – Add Lines 1 – 5.	
IT-540	-2D Schedule J				
Field No.	Field Type	Max. Field Length	Field Name	Comments	
211	Numeric	4	Schedule J, Line 1	Federal Child Care Credit	
212	Numeric	4	Schedule J, Line 2	2018 Louisiana Nonrefundable Child Care Credit – See Nonrefundable Child Care Credit worksheet.	
213	Numeric	4	Schedule J, Line 3	Louisiana Nonrefundable Child Care Credit Carried Forward from 2013 - 2017 – See Nonrefundable Child Care Credit worksheet.	
214	Numeric	4	Schedule J, Line 4	2018 Louisiana Nonrefundable School Readiness Credit – See Nonrefundable School Readiness Credit worksheet.	
215	Numeric	1	Number of Qualified Dependents—5-Star (Schedule J, Line 4)	Number of qualified dependents who attended a 5-star facility	
216	Numeric	1	Number of Qualified Dependents—4-Star (Schedule J, Line 4)	Number of qualified dependents who attended a 4-star facility	
217	Numeric	1	Number of Qualified Dependents—3-Star (Schedule J, Line 4)	Number of qualified dependents who attended a 3-star facility	
218	Numeric	1	Number of Qualified Dependents—2-Star (Schedule J, Line 4)	Number of qualified dependents who attended a 2-star facility	
219	Numeric	4	Schedule J, Line 5	Louisiana Nonrefundable School Readiness Credit Carried Forward from 2013- 2017 – See Nonrefundable School Readiness Credit worksheet.	
220	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 6)		
221	Numeric	7	Schedule J, Line 6	Enter amount of credit allowed. See instructions.	
222	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 7)	Enter 3-character credit code.	
223	Numeric	7	Schedule J, Line 7	Enter amount of credit allowed. See instructions.	
224	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 8)	Enter 3-character credit code.	
225	Numeric	7	Schedule J, Line 8	Enter amount of credit allowed. See instructions.	
226	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 9)	Enter 3-character credit code.	
227	Numeric	7	Schedule J, Line 9	Enter amount of credit allowed. See instructions.	
228	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 10)	Enter 3-character credit code.	
229	Numeric	7	Schedule J, Line 10	Enter amount of credit allowed. See instructions.	

Government S	pecific Data	(continued)
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IT-540-2D Schedule J – continued					
Field No.	Field Type	Max. Field Length	Field Name	Comments	
230	Numeric	3	Nonrefundable Priority 3 Credit Code (Schedule J, Line 11)	Enter 3-character credit code.	
231	Numeric	7	Schedule J, Line 11	Enter amount of credit allowed. See instructions.	
232	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 12)	Enter 3-character credit code.	
233	Numeric	8	Schedule J, Line 12	Enter amount of credit allowed. See instructions.	
234	Alphanumeric	26	Schedule J, Line 12A	Enter the LDR State Certification Number from Form R-6135.	
235	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 13)	Enter 3-character credit code.	
236	Numeric	8	Schedule J, Line 13	Enter amount of credit allowed. See instructions.	
237	Alphanumeric	26	Schedule J, Line 13A	Enter the LDR State Certification Number from Form R-6135.	
238	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 14)	Enter 3-character credit code.	
239	Numeric	8	Schedule J, Line 14	Enter amount of credit allowed. See instructions.	
240	Alphanumeric	26	Schedule J, Line 14A	Enter the LDR State Certification Number from Form R-6135.	
241	Numeric	3	Transferable, Nonrefundable Priority 3 Credit Code (Schedule J, Line 15)	Enter 3-character credit code.	
242	Numeric	8	Schedule J, Line 15	Enter amount of credit allowed. See instructions.	
243	Alphanumeric	26	Schedule J, Line 15A	Enter the LDR State Certification Number from Form R-6135.	
244	Numeric	8	Schedule J, Line 16	Total Nonrefundable Priority 3 Credits – Add Lines 2 – 15.	
			Trai	ler	
245	Indicates the en	d of the data	a file. Value is * EOD *.		

Submission of Test Samples:

Hardcopy samples of the following must be submitted:

- For testing of the 3-of-9 barcodes and the placement of the variable data fields, submit one (1) sample of the following with all printed variable data fields fully filled:
 - o IT-540-2D Return (4 pages)
 - Schedule C
 - Schedule D
 - o Schedule E
 - o Schedule F
 - Schedules H and I
 - Schedule J (2 pages)
 - Louisiana School Expense Deduction Worksheet
 - Louisiana Refundable Child Card Credit Worksheet
 - Louisiana Refundable School Readiness Credit Worksheet / Louisiana Earned Income Credit Worksheet
- For testing of the 2-D barcodes and printed variable data accuracy, submit five (5) returns (with the applicable schedules and worksheets) completed using the scenarios found on Pages 41 through 80 of this document. Only the returns, schedules, and worksheets as given in the scenarios should be submitted. Please do not send any additional supporting documents as they are not needed for the purpose of this test and will cause the unnecessary handling of sorting through and discarding of the additional documents.

Testing of Form IT-540-2D will begin **????**. All first submissions of test documents must be submitted to the department on or before **???**. Test submissions should be sent to:

Attention: Shanna Kelly Business Services Division Louisiana Department of Revenue 617 N. Third St. Baton Rouge, LA 70802-5428

Ten (10) business days will be required for our review and testing. Results will be issued via e-mail or fax. Questions, inquiries, comments, etc., should be directed to the e-mail address <u>Substitute.Inquiries@LA.gov</u>.

R-6234 (10/16/2018) DRAFT