



## Application for Extension of Time to File Louisiana Individual Income Tax

Mail completed form to:

Louisiana Department of Revenue P.O. Box 751 Baton Rouge, LA 70821-0751

The Secretary of the Louisiana Department of Revenue may grant an extension of time for filing returns not to exceed six months from the date the Louisiana income tax return is due. By completing and submitting this form by May 15, 2020, you can extend the date to file your Louisiana income tax return to November 15, 2020.

For fiscal year filers, please indicate your fiscal period below when requesting your 6-month extension to file your Louisiana Individual Income tax return. The due date for fiscal filers is the 15<sup>th</sup> day of the 5<sup>th</sup> month after the close of the fiscal year.

By filing this extension, you are requesting only an extension of time to file. **This form does not grant an extension of time to pay the tax due**. Payments received after the return due date will be charged interest and late payment penalty.

## Extension Request MUST be submitted by May 15, 2020

Louisiana Individual Income Tax Extension							
1	Enter your total Louisiana income tax liability for the tax year ended December 31, 2019 or the fiscal year ended, (You may estimate this amount.)	1	.00				
2	Enter total Louisiana income tax withheld.	2	.00				
3	Enter total amount of declaration/estimated payments, credit carried forward from previous year, and any composite partnership payments made on your behalf.	3	.00				
4	Enter total payments (Add lines 2 and 3.)	4	.00				
5	Enter income tax balance due. (Subtract Line 4 from Line 1. If Line 4 is greater than Line 1, enter zero "0.")	5	.00				

File electronically!	<b>E</b>				
www.revenue.louisiana.gov					

For calendar year ended 2019, 0	or other tax year beginning	, 2019, endin	J	, 2020.	<u> </u>				
Application for Extension of Time to File Louisiana Individual Income Tax Return									
Your First Name, Initial, and Last Name		Your Social Security Number							
Spouse's First Name, Initial, and Last Name			Spouse's Social Security Number						
Present Home Address									
City, Town or APO			State	ZIP					
	DO NOT SEND CASH.	Amount enclosed							



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