

## Louisiana Department of Revenue Fiduciary Income Tax Declaration for Electronic Filing

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).

For calendar year 2017, or tax year beginning	, 2017, ending	, 2018
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Name of Easter or Trust         Federal Employer Identification Number (FEIN)           Address of Easter or Trust         City         State         ZIP           Address of Easter or Trust         City         State         ZIP           Port I - State Count Information (whole doilars only)         1	PLEASE PRINT OR TYP											
Address of Estate or Trust       City       State       ZIP         Part 1 - Tax Return Information (whole dollars only)       1	Nam	ne of Estate or Trust										
Part 1 - Tax Return Information (whole dollars only)       1	Louisiana Revenue Account Number Feder			Federal E	ederal Employer Identification Number (FEIN)							
1       Income tax due after Priority 1 Credits (Form IT-541, Line 12)       1	Add	Address of Estate or Trust City				State ZIP				ZIP		
2       Refund (Form IF-541, Line 29)       2       .00         3       Total amount due (Form IF-541, Line 34)       3       .00         4       Amount of payment remitted electronically       4       .00         Part II - Declaration of Fiduciary (Sign only after Part I is completed.)       4       .00         Under penalties of parity, 1 declare that 1 am the fiduciary or trustee of the above entity and that the information that I have given my electronic return originator (ERO), transmitter, and/or information tax return. To the best of my knowledge and belief, the estate's or trust's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the estate's or trust's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the estate's or trust's return of Hevenue. False on trust's return is accepted, and, if rejected, the reason(s) for the rejection.         I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.         Signature of Officer       Date (mmidd/yyyy)       Trite         X       Tele       Trite         Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer       Ladcare that this form accurately reflects the data on the return. The fiduciary or trustee estate's or trust's return and that the entries on LA8453-F are complete and correct to the best of my knowledge. If an only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The fiduciary or trustee will have signed this form be	Part 1 - Tax Return Information (whole dollars only)											
3       Total amount due ( <i>Form IT-541, Line 34</i> )       3       .00         4       Amount of payment remitted electronically       4       .00         Part II - Declaration of Fiduciary ( <i>Sign only after Part I is completed.</i> )       4       .00         Under penalties of perjury, I declare that I am the fiduciary or trustee of the above enity and that the information that I have given my electronic return originator (ERO), transmitter, and/or INEP and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2017 Fiduciary Income tax return. To the best of my knowledge and belief, the estate's or trust's return is true, correct, and complete. Loconsent to my ERO, transmitter, and/or ISP and the amounts in Part 1 above agree with the adclaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue. I also consent to the Louisiana acknowledgment of receipt of transmitssion and an indication of whether or not the estate's or trust's return is accepted, and, if rejected, the reason(s) for the rejection.         Beat ( <i>IIII Declaration of Electronic Return Originator (ERO) and Paid Preparer</i> Title         VX       Date ( <i>mmiddiyyyy</i> )       Title         Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer       I declare that I have reviewed the above estate's or trust's return and only declare that this form accurately reflects the data on the return. The fiduciary or trustee will have signed this form before I submit the return. I will give the fiduciary or trustee a c	1	1 Income tax due after Priority 1 Credits (Form IT-541, Line 12)					1		.00			
A mount of payment remitted electronically       1<	2	2 Refund (Form IT-541, Line 29)					2		.00			
Part II - Declaration of Fiduciary (Sign only after Part I is completed.)         Under penalties of perjury. I declare that I am the fiduciary or trustee of the above entity and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the Louisiana 2017 Fiduciary Income tax return. To the best of my knowledge and belief, the estate's or trust's return is true, correct, and complete. Loonsent to my ERO, transmitter, and/or ISP sending the estate's or trust's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate's or trust's return is accepted, and, if rejected, the reason(s) for the rejection.         I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.         Signature of Officer       Date (mmidd/yyyy)       Tritle         V       Date (mmidd/yyyy)       Tritle         I declare that I have reviewed the above estate's or trust's return and that the entries on LA8453-F are complete and correct to the best of my knowledge. II am only a collector, I am not responsible for reviewing the return. I will give the fiduciary or trustee a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare t	3	3 Total amount due (Form IT-541, Line 34)				3		.00				
Under penalties of perjury. I declare that I am the fiduciary or trustee of the above entity and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2D17 Fiduciary Income tax return. To the best of my knowledge and belief, the setate's or trust's return size, provider (ISP and/or ISP sending the estate's or trust's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate's or trust's return is accepted, and, if rejected, the reason(s) for the rejection.  Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate's or trust's return and Department of Revenue to discuss my return and attachments with my preparer.  Signature of Officer  Date (mm/dd/yyyy)  Title  Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above estate's or trust's return and that the entries on LA8453-F are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return. I will give the fiduciary or trustee will have signed this form before I submit the return. I will give the fiduciary for usate will have signed this form before I submit the above estate's or trust's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112. INS E-file Applications and Participation, and Pub. 4163, Mo	4	4 Amount of payment remitted electronically					4	00				
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ERO'S Signature       Date (mm/dd/yyyy)       Check if also paid preparer       Check if self-employed       ERO'S SSN or PTIN         Firm's Name (or yours if self-employed)       FEIN       FEIN         City       State       ZIP       Phone Number         Preparer's Use only       Date (mm/dd/yyyy)       Check if self-employed       FEIN         Firm's Name (or yours if self-employed)       Date (mm/dd/yyyy)       Check if self-employed       FEIN         Firm's Name (or yours if self-employed)       Date (mm/dd/yyyy)       Check if self-employed       FEIN         Firm's Name (or yours if self-employed)       FEIN       FEIN       FEIN	esta this Dep whe Sigr X Par I de of n the cop 311 also sch	the amounts on the corresponding lines of the Louisiana 2017 Fiduciary Income tax return. To the best of my knowledge and belief, the estate's or trust's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the estate's or trust's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate's or trust's return is accepted, and, if rejected, the reason(s) for the rejection.  I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer. Signature of Officer Date (mm/dd/yyyy) Title  Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above estate's or trust's return and that the entries on LA8453-F are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The fiduciary or trustee will have signed this form before I submit the return. I will give the fiduciary or trustee are of paid forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate's or trust's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration for Muthorized IRS E-Providers. If I am also the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration for Muthorized IRS E-Providers.										
X     paid preparer     self-employed       Firm's Name (or yours if self-employed)     FEIN       City     State     ZIP     Phone Number       Paid Preparer's Use only     Date (mm/dd/yyyy)     Check if self-employed     Preparer's SSN or PTIN       Firm's Name (or yours if self-employed)     Date (mm/dd/yyyy)     FEIN     FEIN	ER	D's Use Only	1			1						
City     State     ZIP     Phone Number       Paid Preparer's Use only     Date (mm/dd/yyyy)     Check if self-employed     Preparer's SSN or PTIN       Firm's Name (or yours if self-employed)     FEIN     FEIN		0'S Signature	Date (mm/dd/yyyy)						ERO's SSN or PTIN			
Paid Preparer's Use only     Date (mm/dd/yyyy)     Check if self-employed     Preparer's SSN or PTIN       Firm's Name (or yours if self-employed)							. ,		FEIN			
Preparer's Signature     Date (mm/dd/yyyy)     Check if self-employed     Preparer's SSN or PTIN       Firm's Name (or yours if self-employed)     FEIN     FEIN	City	City State ZIP				ZIP		Pho	Phone Number			
X     self-employed       Firm's Name (or yours if self-employed)     FEIN	Pai	d Preparer's Use only			[							
Firm's Name (or yours if self-employed)		parer's Signature	Date (mm/dd/yyyy)				SSN	N or PTIN				
City State ZIP Phone Number	Firm							FEI	FEIN			
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