LOUISIANA FILE ONLINEFast. Easy. Absolutely Free.

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Are you due a refund? If you file this paper return, it will take up to 14 weeks to get your refund check. With <u>Louisiana File Online</u> and direct deposit, you can receive your refund within 45 days.

	IT-540B WEI	B 2019 LOI	JISIANA	NON	RESIDE	·NI			IMPORTANT!
rk Box:	(Page 1 of 4)								r your SSN below in the same
ne ange		AND PAR	TI-YEAR	KES	IDENI			order as sho	own on your federal return.
· ·	Your legal first r	name	Init. La	st name			Suffix	Your	
cedent								SSN	
ouse	If joint return, sp	oouse's name	Init. La	st name			Suffix	Spouse's	
cedent								SSN	
dress	Present home a	ddress (number and s	treet including a	artment nur	nber or rural rou	te)			
ange	City, Town, or A	PO			State	ZIP	1	Area co	de and daytime telephone number
ended urn	Only, Yourn, or 70	. 0			Otato				
L ryback	MSRA	Nonresident Return	Yo	ır Date of	Birth		Spous	e's Date of Birtl	1
5 Legislation	Recovery	Part-Year Return							
filing sta	atus box. It must agr Enter a "1" in box Enter a "2" in box Enter a "3" in box Enter a "4" in box	appropriate number i ee with your federal re if single. if married filing jo if married filing se if head of househ	eturn. vintly. eparately. old.	6 E 6A 6B	X Yourself Spouse	65 ol	5 or Ider 5 or Ider	Blind	Total of 6A & 6B
	Enter a "5" in box	if qualifying wido	w(er).						
DEPENDE		ident information be							
DEPENDE		ident information be le number of depend							eturn with the 6C
DEPENDE required in			dents claimed o	on Federal		1040-SR	in the		
DEPENDE required in	formation. Enter th	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
DEPENDE required in	formation. Enter th	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
DEPENDE required in	formation. Enter th	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
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DEPENDE required in	formation. Enter th	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
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DEPENDE required in	formation. Enter th	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
DEPENDE required in	formation. Enter th	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
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DEPENDE required in	formation. Enter th	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
DEPENDE required in	Name	Last Name	dents claimed o	on Federal	Form 1040 or	1040-SR	in the	boxes here.	6C
DEPENDE required in	Name	e number of depend	dents claimed o	on Federal	Form 1040 or	1040-SR	elation	ship to you	Birth Date (mm/dd/yyyy)
DEPENDE required in First	IMPO) pages of this r along with y	Last Name Last Name RTANT! s return MUST rour W-2s and	be mailed completed	on Federal	Form 1040 or	1040-SR	elation	boxes here.	Birth Date (mm/dd/yyyy)
DEPENDE required in First	IMPO) pages of this r along with y	Last Name RTANT! s return MUST	be mailed completed	on Federal	Form 1040 or	1040-SR	elation	ship to you	Birth Date (mm/dd/yyyy)
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DEPENDE required in	IMPO) pages of this r along with y	Last Name Last Name RTANT! s return MUST rour W-2s and	be mailed completed	on Federal	Form 1040 or	1040-SR	elation	ship to you	Birth Date (mm/dd/yyyy)

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Field

Flag

you a	re not required to file a federal return, indicate wages here.	box and enter zero "0" on Line 14.
7	FEDERAL ADJUSTED GROSS INCOME – Enter the amount of your Federal Adjusted Gross Income from the NPR worksheet, Federal column, Line 12.	7
8	LOUISIANA ADJUSTED GROSS INCOME – Enter the amount of your Louisiana Adjusted Gross Income from the NPR worksheet, Line 20.	8 00
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME – Divide Line 8 by Line 7. Carry out to two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%.	9 %
	u did not itemize your deductions on your federal return, leave Lines 10A, 10B, and 10C blank and b Line 10D.	
10A	FEDERAL ITEMIZED DEDUCTIONS	10A 00
10B	FEDERAL STANDARD DEDUCTION	10B
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A.	10C 00
10D	FEDERAL INCOME TAX – See instructions. If your federal income tax has been decreased by the foreign tax credit, see instructions for optional deduction. If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H-NR.	10D 00
10E	TOTAL DEDUCTIONS – Add Lines 10C and 10D.	10E 00
10F	ALLOWABLE DEDUCTIONS – Multiply Line 10E by the percentage on Line 9. Round to the nearest dollar.	10F
11	LOUISIANA NET INCOME – Subtract Line 10F from Line 8. If less than zero, enter zero "0."	11 00
12	YOUR LOUISIANA INCOME TAX – See the Tax Computation Worksheet to calculate the amount of your Louisiana income tax.	12 00
13	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NR, Line 8	13 00
14	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 13 from Line 12. If the result is less than zero, or you are not required to file a federal return, enter zero "0."	14 00
15	2019 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Care Credit Worksheet.	15
15A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	15A 00
15B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	15B
16	2019 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT - Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.	16
	5 4 3 2	
17	LOUISIANA CITIZENS INSURANCE CREDIT 17A 00	17
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F-NR, Line 10	18
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15, and 16 through 18. Do not include amounts on Lines 15A, 15B, and 17A.	19
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS	20 00
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS	21 00



Enter the first 4 letters of your last name in these boxes.



CONTINUE ON NEXT PAGE



		2019 Form IT-540B WEB (Page 3 of 4) Enter your Social Security Number	ır.
	22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NR, Line 16	22 00
	23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20.	23 00
	24	No use tax due. CONSUMER USE TAX Amount from the Consumer Use Tax Worksheet.	24 00
	25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 and 24.	25 00
	26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.	26 00
	27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6	27 00
	28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2019 – Attach Forms W-2 and 1099.	28 00
ള	29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2018	29 00
PAYMENTS	30	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership.	30 00
PAY	31	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2019	31 00
	32	AMOUNT PAID WITH EXTENSION REQUEST	32 00
	33	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 32.	33
	34	OVERPAYMENT – If Line 33 is greater than Line 25, subtract Line 25 from Line 33. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. Otherwise, go to Line 41.	34
	35	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.	35 00
	36	ADJUSTED OVERPAYMENT – If Line 34 is greater than Line 35, subtract Line 35 from Line 34, and enter on Line 36. If Line 35 is greater than Line 34, subtract Line 34 from Line 35, and enter the balance on Line 41.	36 00
	37	TOTAL DONATIONS – From Schedule D-NR, Line 18	37
	38	SUBTOTAL – Subtract Line 37 from Line 36. This amount of overpayment is available for credit or refund.	38 00
	39	AMOUNT OF LINE 38 TO BE CREDITED TO 2020 INCOME TAX CREDIT	39 00
		AMOUNT TO BE REFUNDED – Subtract Line 39 from Line 38. If mailing to LDR, use Address 2 on the next page.	- "," "," "," "," "," "," "," "," "," ",
REFUND DUE	40	Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.	40
RE		DIRECT DEPOSIT INFORMATION	
		Type: Checking Savings Will this refund be forwarded to a financial institution located outside the United States	s? Yes No
		Routing Account Number Number	



Enter the first 4 letters of your last name in these boxes.



COMPLETE AND SIGN RETURN ON NEXT PAGE



		Enter your Social Security Number.				
	41	AMOUNT YOU OWE – If Line 25 is greater than Line 33, subtract Line 33 from Line 25.	41	Ļ	ĻĻ	
	42	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	42		LİL	
ΑĀ	43	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	43			
UISIA	44	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	44			
AMOUNTS DUE LOUISIANA	45	INTEREST – From the Interest Calculation Worksheet, Line 5.	45			
ITS DI	46	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet Line 7.	46	Ĺ		
MOUN	47	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet Line 7.	47		ĹĹ	
⋖	48	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.	48			
	49	BALANCE DUE LOUISIANA – Add Lines 41 through 48. If mailing to LDR, use address 1 below. For electronic payment options, see page 2 of the instructions. PAY THIS AMOUNT.	49	ijΙ	Lį́L	00
		IMPORTANT! DO NOT SEND CASH.				
	All	four (4) pages of this return				

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

belief, they are true, If I made a contribut Assistance to prope	, correct, and compl tion to the START S rly identify the STAF	ete. Declaration avings Program RT Savings Prog	of prepare , I consent gram accou	r (other than that my Soc nt holder. If	mpanying schedules and statem n taxpayer) is based on all inforn ial Security Number may be give married filing jointly, both Socia come tax refunds through the me	nation of which prep en to the Louisiana I Security Numbers	arer ha Office may be	as any knowledge. of Student Financial e submitted. I under-
Your Signature			Date (mr	m/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.) Date (r		Date (mm/dd/yyyy)	
PAID	Print/Type Preparer	's Name		Preparer's S	Signature	Date (mm/dd/yyyy)	Chec	k ☐ if Self-employed
PREPARER USE ONLY	Firm's Name					Firm's FEIN ➤		
USE UNLY	Firm's Address					Telephone >		
Enter the first 4 le last name in th	,	{ s s 1	Calen Mail B TO: D	dar year re Salance Due	ome Tax Return eturn due 5/15/2020 e Return with Payment of Revenue			Account Number of eparer

Baton Rouge, LA 70821-3550

Mail All Other Individual Income Tax Returns

Baton Rouge, LA 70821-3440

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62068

TO: Department of Revenue P. O. Box 3440

Enter	your	Social	Security	Number.

2019 Nonresident and Part-Year Resident (NPR) Worksheet

		See instructions for completing the NPR worksheet.	Federal	Louisiana
	1	Wages, salaries, tips, etc.		
	2	Taxable interest		
	3	Dividends		
	4	Business income (or loss) and farm income (or loss)		
	5	Gains (or losses)		
	6	IRA distributions, pensions and annuities		
	7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.		
	8	Social Security benefits		
	9	Other income		
	10	Total Income – Add the income amounts on Lines 1 – 9 for each column.		
	11	Total Adjustments to Income		
	12	Adjusted Gross Income – Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on Form IT-540B, Line 7. The amount shown in the Federal column should agree with Federal Form 1040 or 1040-SR, Line 8b.		
	13	Interest and dividend income from other states and their political subdivisions		
suc	14	Recapture of START contributions		
Additions	15	Add back of donation to school tuition organization credit		
Ad	16	Add back of pass-through entity loss		
	17	Total - Add Lines 12 through 16.		

	XEMPT INCOME - Enter on Lines 18A through 18F; the amount of any exempt income included in the description and associated code, along with the dollar amount. See the instructions.	Line 12 in t	he Louisiana column. Enter
	Exempt Income Description	Code	Amount
18	A	Е	
2 18	В	E	
Subtractions	C	Е	
18		Е	
n 18		E	
18	F	Е	
1	Total Exempt Income – Add Lines 18A through 18F.		
2	LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 19 from Line 17. Also, enter this amount on Form IT-540B, Line 8.		

Description - See the instructi	ons.	Code
Interest and Dividends on U.S. Gove	ernment Obligations	01E
Louisiana State Employees' Retirem	ent Benefits	005
Taxpayer date retired:	Spouse date retired	 02E
Louisiana State Teachers' Retireme	nt Benefits	005
Taxpayer date retired:	Spouse date retired:	 03E
Federal Retirement Benefits		0.45
Taxpayer date retired:	Spouse date retired:	 04E
Other Retirement Benefits		
Provide name or statute:		 05E
Taxpayer date retired:	Spouse date retired:	
Annual Retirement Income Exemption	on for Taxpayers 65 or over	06E
Provide name of pension or annuity	<u>:</u>	 UGE
Native American Income		08E
START Savings Program Contribution	1	09E

Description - See the instructions.	Code
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sale of Louisiana Business	20E
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Entity Level Taxes Paid to Other States	23E
Pass - Through Entity Exclusion	24E
IRC Code 280C Expense	25E
Other, see instructions. Identify:	49E



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2019 Louisiana School Expense Deduction Worksheet

Your Name	Your Social Security Number

- I. This worksheet should be used to calculate the three School Expense Deductions listed below. These deductions may only be taken for school expenses paid in Louisiana during the time a person was a Louisiana resident. Refer to Revenue Information Bulletin 12-008 and 09-019 on LDR's website for more information.
 - 1. **Elementary and Secondary School Tuition** R.S. 47:297.10 provides a deduction for amounts paid during the tax year for tuition and fees required for your dependent child's enrollment in a nonpublic elementary or secondary school that complies with the criteria set forth in *Brumfield v. Dodd* and Section 501(c)(3) of the Internal Revenue Code or to any public elementary or secondary laboratory school that is operated by a public college or university. The school can verify that it complies with the criteria. The deduction is equal to the actual amount of tuition and fees paid per dependent, limited to \$5,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks and other supplies **required** by the school.
 - 2. **Educational Expenses for Home-Schooled Children** R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to \$5,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
 - 3. **Educational Expenses for a Quality Public Education** R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to \$5,000. The amounts that can be deducted include amounts paid for uniforms, textbooks and other supplies **required** by the school.
- II. On the chart below, list the name of each qualifying dependent and the name of the school the student attends. If the student is home-schooled, enter "home-schooled." Enter an "X" in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

Student	Name of Qualifying Dependent Name of School		Deduction as described above in Section I			
			1	2	3	
A						
В						
С						
D						
E						
F						

III. Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item required by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of cancelled checks, receipts and other documentation in order to support the amount of qualifying expenses. If you checked column 1 in Section II, skip the 50% calculation below; however, the deduction is still limited to \$5,000.

Qualifying Expense	List the amount paid for each student as listed in Section II.						
Qualifying Expense	Α	В	С	D	E	F	
Tuition and Fees							
School Uniforms							
Textbooks or Other Instructional Materials							
Supplies							
Total (add amounts in each column)							
If column 2 or 3 in Section II was checked, multiply by:	50%	50%	50%	50%	50%	50%	
Deduction per Studen t – Enter the result or \$5,000, whichever is less.							

IV. Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

Enter the total Elementary and Secondary School Tuition Deduction here and on the NPR Worksheet, code 17E.	\$
Enter the total Educational Expenses for Home-Schooled Children Deduction here and on the NPR Worksheet, code 18E.	\$
Enter the total Educational Expenses for a Quality Public Education Deduction here and on the NPR Worksheet, code 19E.	\$



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		ATTACH	TO RE	TURN I	F COMPLET	ED.						
SCH	EDU	LE C-NR -	- 201	9 NON	REFUNDA	BLE I	PRIORI	Enter your Social Se TY 1 CREDITS	ecurity Number.			
1		DIT FOR CERT	TAIN DI	SABILITII	ES - Mark an ">	" in the	appropria	te boxes. Only one credit is a	allowed per person.	See the ins	tructions for definition	ons of these
			Deaf	Loss of Limb	Mentally Incapacitated	Blind	1D	Enter the total number of q individuals. Only one credit person.		1D		
	1A	Yourself					1E	Multiply Line 1D by \$72.	_	1E		
	1B	Spouse								16	<u></u>	
	1C	Dependent ★										
_	*	List depender										
2	CREI 2A				EDUCATIONA ther technologica			ed. Attach Form R-3400.		2A		
_	2B		•		. Round to the	nearest	dollar.			2B		00
3	3A	OIT FOR CERT								3A		
	3B	Multiply Line 3.	A by 7 p	ercent. Er	nter the result or	\$18, wh	ichever is l	ess. This credit is limited to \$18	3.	3В		00
					ty 1 Credits		tollar amo	ount of credit claimed. See	the instructions			
Linci	Cicuit	ucscription a	110 033	ocialed (Credit Desc			our or creat daimed. See	Credit Code	Am	ount of Credit C	laimed
4										4	<u>; </u>	00
5										5	,	00
6										6	, , , , ,	00
7										7	, 	00
8		AL NONREFUN				– Add	Lines 1E,	2B, 3B, and 4 through 7.		8	<u>, </u>	00

Description	Code
Education Credit Act 125 Recovery	099
Premium Tax	100
Commercial Fishing	105
Small Town Health Professionals	115

Description	Code
Bone Marrow	120
Law Enforcement Education	125
First Time Drug Offenders	130
Bulletproof Vest	135

Description	Code
Nonviolent Offenders	140
Owner of Newly Constructed Accessible Home Act 125 Recovery	145
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations of Materials, Equipment, Advisors, Instructors Act 125 Recovery	175
Conversion of Vehicle to Alternative Fuel	185
Other	199







Enter your Social Security Number.

SCHEDULE D-NR - 2019 DONATION SCHEDULE

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 36 of Form IT-540B to the organizations or funds listed below. Enter on Lines 2 through 17, the portion of the overpayment you wish to donate. The total on Line 18 cannot exceed the amount of your overpayment on Line 36 of Form IT-540B.

1	Adjusted Overpayment- From IT-	540B, Line 36			1		
2	The Military Family Assistance Fund	2		10	Louisiana Association of United Ways/LA 2-1-1	10	
3	Coastal Protection and Restoration Fund	3	00	11	American Red Cross	11	
4	The START Program	4	00 2	12	Louisiana National Guard Honor Guard for Military Funerals	12	
5	Wildlife Habitat and Natural Heritage Trust Fund	5	00 C	13	Louisiana State Troopers Charities, Inc.	13	
6	Louisiana Cancer Trust Fund	6	00 0	14	Friends of Palmetto State Park	14	
7	Louisiana Pet Overpopulation Advisory Council	7		15	Children's Therapeutic Services at the Emerge Center	15	
8	Louisiana Food Bank Association	8		16	Louisiana Horse Rescue Association	16	
9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	9		17	Louisiana Coalition Against Domestic Violence	17	



NEB 62071

	ATTACH TO RETURN IF COMPLETED.	ntan Casial Cas	itus Nissaala ass			
	E	nter your Social Secur	ity Number.			
SCH	IEDULE F-NR – 2019 REFUNDABLE PRIORITY 2 CRI	EDITS				
1	Credit for amounts paid by certain military servicemembers for obtaining Louis	iana Hunting and Fishing	Licenses.			
1A	Yourself Date of Birth (MM/DD/YYYY)	Driver's License number _			State of issu	ıe
.,,	-	or State Identification			State of issu	
1B		Driver's License number _			State of issu	
		or State Identification _			State of issu	ıe
1C	Dependents: List dependent names.					
	Dependent name		Date of Birt	h (MM/DD/YYYY) _		
	Dependent name		Date of Birt	h (MM/DD/YYYY) _		
	Dependent name		Date of Birt	h (MM/DD/YYYY) _		
	Dependent name		Date of Birt	h (MM/DD/YYYY) _		
1D	Enter 72 percent of the amount of fees paid by certain military servicemembers fo	r obtaining				
	Louisiana Hunting and Fishing Licenses. See the instructions	3		1D		
	tional Refundable Priority 2 Credits credit description and associated code, along with the dollar amount	of credit claimed. See	the instruction			
LING	Credit Description		redit Code		Credit Claim	od
	Great Description		reun Code	Amount of	Credit Claim	- Cu
2			F	2		
3						='=
3			F	3	<u> </u>	00
4			F	4		
5			F	5	<u> </u>	
6			F	6		
				•	<u></u>	
6A	Louisiana School Readiness Child Care Directors and Staff Facility License Number	Credit -				
Tran	sferable, Refundable Priority 2 Credits					
	the State Certification Number from Form R-6135, along with the do	llar amount of credit cla	aimed. See the	instructions		
	Credit Description	С	redit Code	Amount of	Credit Claim	ed
7.	Musical and Theatrical Production		6 2 F	7	<u> </u>	
7A.						
7.7.						
8.	Musical and Theatrical Production		6 2 F	8		
8A.						
9.	Musical and Theatrical Production		6 2 F	9		
				,		
9A.						
10.		9. Also, enter this		40		
	amount on Form IT-540B, Line 18.			10	<u></u>	

WEB 62072

SEE CREDIT CODES ON NEXT PAGE

			N.I I	
Enter y	your Soc	iai Securit	y Number.	

SCHEDULE F-NR - 2019 REFUNDABLE PRIORITY 2 CREDITS ... CONTINUED

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Mentor-Protégé	57F

Description	Code
Milk Producers	58F
Technology Commercialization	59F
Historic Residential	60F
School Readiness Child Care Provider	65F

Description	Code
School Readiness Child Care Directors and Staff	66F
School Readiness Business – Supported Child Care	67F
School Readiness Fees and Grants to Resource and Referral Agencies	68F
Retention and Modernization	70F

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

*** Schedule G - NR omitted on purpose ***

SCHEDULE H-NR - 2019 MODIFIED FEDERAL INCOME TAX DEDUCTION

1	Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet.
2	Enter the amount of federal disaster credits allowed by IRS. See the instructions
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540B, Line 10D, and mark box 2 on Line 10D to indicate that your income tax deduction has been increased.

1	L;Ш	<u> </u>	
2			
3			

SCHEDULE I-NR - 2019 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See the instructions

Credit Description

1	
2	
3	
4	
5	
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540B, Line 27.

Credit Code

F
F
F
F
F

Amount of Credit Claimed

1		00
2		00
3	_,,	00
4		00
5		00
6		

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



WEB 62073

	Enter your Social Security Number.		
SCH	HEDULE J-NR – 2019 NONREFUNDABLE PRIORITY 3 CREDITS		
Non	refundable Child Care Credits		
1	FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040 or 1040-SR, Schedule 3, Line 2. This amount will be used to compute your 2019 Louisiana Nonrefundable Child Care Credit.	1	
2	2019 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See the Nonrefundable Child Care Credit Worksheet.	2	
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2014 THROUGH 2018 – See the Nonrefundable Child Care Credit Worksheet.	3	
4	2019 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See the Nonrefundable School Readiness Credit Worksheet. 5 4 3 2	4	00
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2014 THROUGH 2018 – See the Nonrefundable School Readiness Credit Worksheet.	5	0
	itional Nonrefundable Priority 3 Credits		
Enter	r credit description and associated code, along with the dollar amount of credit claimed. See the instructions		
	Credit Description Credit Code An	nount of Credit Claimed	1
6	6	<u>; </u>	0
7	7	<u>; </u>	0
8	8	, 	0
9	9	<u>, , , , , , , , , , , , , , , , , , , </u>	0

IMPORTANT! Only these codes can be claimed on Lines 6 through 11.

Description	Code
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212

10

11

Description	Code
Donation to School Tuition Organization	213
Inventory Tax Credit Carried Forward and ITEP	218
Ad Valorem Natural Gas Credit Carried Forward	219
Owner of Accessible and Barrier-free Home	221
QMC Music Job Creation Credit	223
New Jobs Credit	224
Refunds by Utilities	226

Description	Code
Eligible Re-entrants	228
Neighborhood Assistance	230
Research and Development	231
Cane River Heritage	232
Apprenticeship	236
Ports of Louisiana Investor	238

10

Description	Code
Ports of Louisiana Import Export Cargo	240
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

CONTINUE ON NEXT PAGE.





	ATTACH TO RETURN IF COMPLETED.
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Enter your Social Security Number.					

SCHEDULE J-NR - 2019 NONREFUNDABLE PRIORITY 3 CREDITS ... CONTINUED

Transferable, Nonrefundable Priority 3 Credits

Enter credit description, associated code, along with the dollar amount of credit claimed and the State Certification Number from Form R-6135. See the instructions

	Credit Description	Credit Code		Amount of Credit Claimed	
12			12		00
12A					
13			13	<u> </u>	00
13A					
14			14		00
14A					
15			15		00
15A					
16	TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on Form IT-540B, Line 22.		16	<u> </u>	00

IMPORTANT! Only these codes can be claimed on Lines 12 through 15.

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

Description	Code
Digital Interactive Media	254
Capital Company	257
LCDFI	258

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

Description	Code
Angel Investor	262
Other	299



62075



ATTACH THIS WORKSHEET TO YOUR IF COMPLETED.

2019 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540B)

Your Name	Social Security Number

Your Federal Adjusted Gross Income must be \$25,000 or less and your child care expenses must have been incurred in Louisiana in order to complete this form. See the instructions

1. Care Provider Information Schedule – Complete columns A through E for each person or organization that provided the care to your child. You may use Federal Form W-10, supplied by your provider, to obtain the information. If your care provider does not provide a Federal Form W-10, complete those parts of the Care Provider Information Schedule for which you have the information. If your child attended a child care facility that participated in the Quality Start program, you must enter the facility license number from Form R-10614 in column D. You must follow the same rules of "Due Diligence" as the IRS requires if you do not have all of the care provider information. See IRS 2019 Publication 503 for information on "Due Diligence." If additional lines are required for Lines 1 or 2, attach a schedule. Falsification of any information provided on this form constitutes fraud and can result in criminal penalties. The Child Care Credit may only be taken for child care expenses incurred in Louisiana during the time a person was a Louisiana resident.

Α	В	С	D	Е
Care provider's name	Address (number, street, apartment number, city, state, and ZIP)	Identifying number (SSN or EIN)	Facility license number	Amount paid (See instructions.)
				.00
				.00
				.00
				.00
				.00

2. For each child under age 13, enter their name in column F, their Social Security Number in column G, and the amount of Qualified Expenses you incurred and paid in 2019 in column H. See the definitions in the instructions for information on Qualified Expenses.

Qualifying pe First		erson's name Last	Qualifying person Social Security Nu		Qualified expenses incurred and paid in 2 the person listed in co	2019 for
						.00
						.00
						.00
						.00
						.00
3		ine 2. Do not enter more than \$3,000 for Enter this amount here and on Form IT-		3		.00
4	Enter your earned income. See the	ne definitions in the instructions		4		.00
5		r spouse's earned income (If your spous.) All other filing statuses, enter the amount		5		.00
6	Enter the smallest of Lines 3, 4, o	or 5. Also, enter this amount on Form IT	-540B, Line 15B.	6		.00
7	Enter your Federal Adjusted Gros	ss Income from Form IT-540B, Line 7.		7		.00
	Enter on Line 8 the decimal amou	unt shown below that applies to the amo	ount on Line 7.			
	If Line 7 is: over	but not over	decimal amount			
8	\$0 \$15,000 \$17,000 \$19,000 \$21,000 \$23,000	\$15,000 \$17,000 \$19,000 \$21,000 \$23,000 \$25,000	.35 .34 .33 .32 .31 .30	8	x	
9	Multiply Line 6 by the decimal ame	ount on Line 8.		9		.00
10	Multiply Line 9 by 50 percent and	enter this amount on Line 11.		10	X .50	



11 Enter this amount on Form IT-540B, Line 15.

NEB

11

.00



ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

dependents as shown on Line 2 above for the associated star rated facility.

2019 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540R)

Yo	ur Name		Social Security Number		
cre der of E nur	dit, the taxpayer must have Federal <i>i</i> nt under age six who attended a chil Education. The qualifying child care fa	Adjusted Gross Income of \$ d care facility that is participacility must have provided ther, the Quality Star Rating, a	e credit for child care expenses as provid 625,000 or less and must have incurred coating in the Quality Start Rating program he taxpayer with Form R-10614 which ve and the rating award date. You must enterest to receive this credit.	child care expenses for a cadministered by the Louis rifies the facility's name, the control of the care of the ca	qualified depen- siana Departmen he facility license
Co	mplete this worksheet only if you o	laimed a Louisiana Refun	dable Child Care Credit on Form IT 54	0B, Line 15.	
1.		e Credit Worksheet, Line 11. c child care facility that your	qualified dependent attended during 201		
		(A) Quality Rating	(B) Percentages for Star Rating		
		Five Star	200% (2.0)		
		Four Star	150% (1.5)		
		Three Star	100% (1.0)		
		Two Star	50% (.50)		
		One Star	0% (.00)		
2.	Enter the number of your qualified d	lependents under age six v	vho attended a:		
	Five Star Facility	and multiply the nu	mber by 2.0 (i)	·	
	Four Star Facility	and multiply the nu	mber by 1.5 (ii)	·	
	Three Star Facility	and multiply the nu	mber by 1.0 (iii)	·	
	Two Star Facility	and multiply the nu	mber by .50 (iv)	·	
3.	Add lines (i) through (iv) and enter the	he result. Be sure to include	the decimal	3	·
4.	Multiply Line 1 by the total on Line 3 and enter the result here and on For		decimal, round to the nearest dollar	4	. 00
	On Form IT-540B. Line 16 enter in the	ne boxes designated for 5. 4	1, 3, or 2 the number of your qualified		

