SOV for Windows

File Go To Images Boxes Tags About

R-16079

Original DLN 108042664070

Processing Sheet – NO money

Tax INCOME Tax Type 664

Mail Date: 02, 01, 08

Envelopes ☐ Y

Correspondence ☐ Y

Extension date: ____/____/____

Q/A ☐ Y

Priority/$5,000 ☐ Y

Address Change ☐ Y

RPC Date: ____/____/____

Location: _____

Voucher Job ☐ Y

KFI/HD ☐ Y

UDF/KFI ☐ Y

8000/Kodak ☐ Y

Image Only ☐ Y

Non-System ☐ Y

Correction Processing ☐ Y

Debit Device W/ Invoice ☐ Y

Deposit Date ____/____/____

Batching

☐ Mail Opening
☐ Editing
☐ Batching
☐ Research
☐ Collections
☐ Contact Center
☐ PPSD
☐ TPS
☐ District_____
☐ Other_____

Comments

Income

☐ 2003
☐ 2004
☐ 2005
☒ 2006
☐ Other_____

☒ Handprint
☐ 2D
☐ Substitute

Workflow Information

Batched

Date: ____/____/____

Stamp ID: _____

Q/A

Date: ____/____/____

Stamp ID: _____

Sys Ops

Date: ____/____/____

Stamp ID: _____

4444

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2006 Louisiana Resident

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7180 ✓ 3965 ✓ Test (7100) 7103 A Case (7110) 7120 II 123456789 (1020)
3985 ✓ Jane (7105) 7108 B Case (7115) 7125 012345678 (1030)
7180 ✓ 123 Main St. (7060) (7080) (7090)
Baton Rouge (7070) LA 70802

IMPORTANT!
You must print your SSN(s) above in the same order as shown on your federal return.

✓ 1110 If this is an amended return, mark this box.
✓ If an extension is attached, mark this box.

FILING STATUS: Print the appropriate number in the filing status box. It must agree with your federal return.

2 Print a "1" in box if single.
Print a "2" in box if married filing jointly.
Print a "3" in box if married filing separately.
Print a "4" in box if head of household.#
Print a "5" in box if qualifying widow(er).
3505

If the qualifying person is not your dependent, print name here.

5 EXEMPTIONS: (3510)
X Yourself X 65 or older X Blind
X Spouse X 65 or older X Blind (3520)

Number of dependents (Print number from line 6C of federal return, Form 1040 or 1040A, and print dependent names below.) 6

Total exemptions (Total of 5A, 5B, and 5C.) 3510 7

3570

	4 000	
7 FEDERAL ADJUSTED GROSS INCOME - Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If Louisiana Schedule E is used, print the amount from Line 5C. Mark the box showing Schedule E was used. If your federal adjusted gross income is less than zero, print "0."	✓ 3525	3 530
8 LESS FEDERAL INCOME TAX - If federal income tax deduction has been increased by federal disaster credit(s), and/or a federal casualty loss deduction, mark box. See Instructions, page 11.	3554 ✓	3 555
9 YOUR LOUISIANA TAX TABLE INCOME - Subtract Line 8 from Line 7. If less than zero, print "0." Use this figure to find your tax in the tax tables.		3 190
10 YOUR LOUISIANA INCOME TAX - Print the amount from the tax table that corresponds with your filing status.		3 195
11		3 940

NONREFUNDABLE TAX CREDITS

11A OTHER NONREFUNDABLE TAX CREDITS - From Schedule G, Line 11	3 735
11B AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS - See Nonrefundable Child Care Credit Worksheet, page 21.	3 490
11C 2006 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT - Your Federal Adjusted Gross Income (AGI) must be GREATER THAN $25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 21.	3 930
11D TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 11A, 11B, and 11C and print the result.	3 560
12 ADJUSTED LOUISIANA INCOME TAX - Subtract Line 11D from Line 10 and print the result. If you are not required to file a federal return, or if less than zero, print "0."	3 575
13 CONSUMER USE TAX - You must mark one of these boxes. 4020 ☐ 4020 ☐	4 015
14 TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 12 and 13 and print the result.	4 025

REFUNDABLE TAX CREDITS AND PAYMENTS

15A 2006 REFUNDABLE LOUISIANA CHILD CARE CREDIT - Your Federal AGI must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line. See Refundable Child Care Credit Instructions, page 18.	3 935
15A1 Print the qualified expense amount from the Refundable Child Care Credit Worksheet, page 20, Line 3.	3 937
15A2 Print the amount from the Refundable Child Care Credit Worksheet, page 20, Line 6.	3 938
15B OTHER REFUNDABLE TAX CREDITS - From Schedule F, Line 10	3 495

K:\Is\RPC\IMAGES~1\108042~4.PI2 image 2 of 10, Width=1704 Height=2196 s=49036 | Scaled | 778: 14

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 Field27 13-UT2:         1
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 Field32 LN10:                3195
 Field33 LN9:                 3190
 Field34 LN8:                 3555
 Field35 LN7:                 3530
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 Field38 ScheduleE:      1
 Field39 FedWageF:       1
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7180 ✓ 3965 ✓ Test (7100) 7103 A Case (7110) 7120 II 123456789 (1020)
3985 ✓ Jane (7105) 7108 B Case (7115) 7125 012345678 (1030)
7180 ✓ 123 Main St. (7060) (7080) (7090)
Baton Rouge (7070) LA 70802

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Print a "4" in box if head of household.#
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X Yourself X 65 or older X Blind
X Spouse X 65 or older X Blind (3520)

Number of dependents (Print number from line 6C of federal return, Form 1040 or 1040A, and print dependent names below.) 6

Total exemptions (Total of 5A, 5B, and 5C.) 3510 7 3570

	4 000	
7 FEDERAL ADJUSTED GROSS INCOME - Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If Louisiana Schedule E is used, print the amount from Line 5C. Mark the box showing Schedule E was used. If your federal adjusted gross income is less than zero, print "0."	✓ 3525	3 530
8 LESS FEDERAL INCOME TAX - If federal income tax deduction has been increased by federal disaster credit(s), and/or a federal casualty loss deduction, mark box. See Instructions, page 11.	3554 ✓	3 555
9 YOUR LOUISIANA TAX TABLE INCOME - Subtract Line 8 from Line 7. If less than zero, print "0." Use this figure to find your tax in the tax tables.		3 190
10 YOUR LOUISIANA INCOME TAX - Print the amount from the tax table that corresponds with your filing status.		3 195
11		3 940

NONREFUNDABLE TAX CREDITS

11A OTHER NONREFUNDABLE TAX CREDITS - From Schedule G, Line 11		3 735
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11C 2006 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT - Your Federal Adjusted Gross Income (AGI) must be GREATER THAN $25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 21.		3 930
11D TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 11A, 11B, and 11C and print the result.		3 560
12 ADJUSTED LOUISIANA INCOME TAX - Subtract Line 11D from Line 10 and print the result. If you are not required to file a federal return, or if less than zero, print "0."		3 575
13 CONSUMER USE TAX - You must mark one of these boxes.	4020 X / 4020	4 015
14 TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 12 and 13 and print the result.		4 025

REFUNDABLE TAX CREDITS AND PAYMENTS

15A 2006 REFUNDABLE LOUISIANA CHILD CARE CREDIT - Your Federal AGI must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line. See Refundable Child Care Credit Instructions, page 18.		3 935
15A1 Print the qualified expense amount from the Refundable Child Care Credit Worksheet, page 20, Line 3.		3 937
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15B OTHER REFUNDABLE TAX CREDITS - From Schedule F, Line 10		3 495

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 Field37 FedLossF:       1
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 Field39 FedWageF:       1
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 Field44 Line6B2:        1
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REFUNDABLE TAX CREDITS AND PAYMENTS Continued...

15C AMOUNT OF TAX WITHHELD FOR 2006 - Attach W-2 Form(s).	15C	3 010
15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2005	15D	3 685
15E AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING – Enter name of partnership.	15E	3 690
15F AMOUNT OF ESTIMATED PAYMENTS FOR 2006	15F	3 695
15G AMOUNT PAID WITH EXTENSION REQUEST	15G	3 745
15H TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 15A through 15G and print the result.	15H	3 670
16 OVERPAYMENT – If Line 15H is equal to Line 14, print zero, "0" on Lines 16 through 20 and go to Line 21. See address "2" below. (If Line 15H is greater than Line 14, subtract Line 14 from Line 15H and print the result. If Line 15H is less than Line 14, print zero, "0" on Lines 16 through 19 and go to Line 20.	16	3 595
17A AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO THE MILITARY FAMILY ASSISTANCE FUND	17A	4 205
17B AMOUNT OF LINE 16 YOU WISH TO DONATE TO VARIOUS CHARITIES – Print amount from Schedule D, Line 6.	17B	4 196
17C AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO THE START PROGRAM – See instructions, page 12.	17C	4 040
17D AMOUNT OF LINE 16 TO BE CREDITED TO 2007 INCOME TAX – Subtract amounts entered on Line 17A through 17C. CREDIT	17D	3 610
18 SUBTOTAL – Add Lines 17A through 17D and print the result.	18	4 197
19 AMOUNT OF LINE 16 TO BE REFUNDED TO YOU – Subtract Line 18 from Line 16 and print the result. See address "2" below. REFUND	19	3 265
20 AMOUNT YOU OWE - If Line 15H is greater than or equal to Line 14, print zero, "0." If Line 14 is greater than Line 15H, then subtract Line 15H from Line 14 and print the result.	20	3 920
21 ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	21	4 206
22 INTEREST – From the Interest Calculation Worksheet, page 22, Line 5	22	3 925
23 DELINQUENT FILING PENALTY - From the Delinquent Filing Penalty Calculation Worksheet, page 22, Line 7	23	3 850
24 DELINQUENT PAYMENT PENALTY - From the Delinquent Payment Penalty Calculation Worksheet, page 22, Line 7	24	3 855
25 UNDERPAYMENT PENALTY - See instructions for Underpayment Penalty, page 22 and Form R-210R. If you are a farmer, see instructions on page 12 and check the box. 3526 [X]	25	3 860
26 BALANCE DUE LOUISIANA - Add Lines 20 through 25 and print the result. Make payment to: Louisiana Department of Revenue. Mail to P.O. Box 3550, Baton Rouge, LA 70821-3550. For electronic payment options, see page 2. DO NOT SEND CASH. PAY THIS AMOUNT.	26	3 980

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance in order to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted.

Your signature	Date	Your occupation	Signature of paid preparer other than taxpayer	
Spouse's signature (if filing jointly, both must sign)	Date	Spouse's occupation	Telephone number of paid preparer ( )	Date

(7160) (7170)
225219000

000001090

Individual Income Tax Return

010507 3660 L 3650 X 1110 F C

6711

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SAMPLESPERPIXEL          1
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YRESOLUTION              200/1
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Start | Inbox - Microsoft Outlook | Images for Web | SOV for Windows | Document1 - Microsoft ... | 6:53 AM

SOV for Windows

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123456789

1	FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If less than zero, print "0."	3 760
2	INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS – Print the amount of interest and dividend income not reported on your federal return that is taxable in Louisiana. See instructions, page 13.	3 765
2A	RECAPTURE OF START CONTRIBUTIONS - See instructions, page 13.	3 955
3	TOTAL – Add Lines 1, 2, and 2A and print the result.	3 770
4	EXEMPT INCOME – Print on Lines 4A through 4J the amount of exempted income included in Line 1 above.	
	Please see instructions for Lines 4A through 4M, beginning on page 13.	
4A	INTEREST AND DIVIDENDS ON U. S. GOVERNMENT OBLIGATIONS	3 775
4B	LOUISIANA STATE EMPLOYEES' RETIREMENT BENEFITS (Date retired: _____)	3 780
4C	LOUISIANA STATE TEACHERS' RETIREMENT BENEFITS (Date retired: _____)	3 785
4D1	FEDERAL RETIREMENT BENEFITS (Date retired: _____)	3 790
4D2	OTHER RETIREMENT BENEFITS (Date retired: _____)	3 795
4E	ANNUAL RETIREMENT INCOME EXEMPTION FOR TAXPAYERS 65 or OVER –	3 800
4F	TAXABLE AMOUNT OF SOCIAL SECURITY BENEFITS – Print the amount shown on your Federal Form 1040, Line 20b, OR Federal Form 1040A, Line 14b.	3 805
4G	NATIVE AMERICAN INCOME – See instructions, page 13.	3 810
4H	OTHER: List the source and amount of other income that Louisiana cannot tax. Do not list active federal or military income or income earned in another state. (See instructions, beginning on page 13.) Note: Credit for taxes paid to other states is claimed on Nonrefundable Tax Credits, Schedule G, Line 1. Part-year residents should use Form IT-540B. Nonresident professional athletes should use Form IT-540B-NRA.	3 815
4I	START SAVINGS PROGRAM CONTRIBUTION See instructions, page 14.	3 845
4J	MILITARY PAY EXCLUSION See instructions, page 14.	3 960
4K	TOTAL EXEMPT INCOME – Add Lines 4A through 4J and print the result.	3 820
4L	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – See instructions, page 14. This amount cannot exceed the amount on Form IT-540, Line 8.	3 825
4M	EXEMPT INCOME – Subtract Line 4L from Line 4K and print the result.	3 830
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE EXPENSE ADJUSTMENT – Subtract Line 4M from Line 3 and print the result.	3 835
5B	IRC 280(C) WAGE EXPENSE ADJUSTMENT – Print the amount of your IRC 280(C) wage expense adjustment. Important! See instructions, page 14.	3 837
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Print the result here and on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.	3 838

EASY FILE

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SOV for Windows

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123456789

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 Form IT-540, Line 18 to the organizations listed below. Print on Lines 1 through 5 the portion of the overpayment you wish to donate. The total on Line 6 cannot exceed the amount of your overpayment on Form IT-540, Line 18.

1	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND 1	3 870
2	LOUISIANA CANCER TRUST FUND – Prostate Cancer 2	3 915
3	LOUISIANA ANIMAL WELFARE COMMISSION 3	3 945
4	LOUISIANA HOUSING TRUST FUND 4	3 950
5	COMMUNITY BASED PRIMARY HEALTH CARE FUND 5	3 951
6	TOTAL DONATIONS – Add Lines 1 through 5. Print the result here and on Form IT-540, Line 17B. 6	3 910

1	INVENTORY TAX CREDIT – See instructions, page 14. 1	3 585
2	AD VALOREM TAX CREDIT ON NATURAL GAS FACILITIES AND SERVICES – See instructions, page 14. 2	3 864
3	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS – See instructions, page 14. 3	3 865
4	SOUND RECORDING INVESTMENT TAX CREDIT – See instructions, page 14. 4	4 101
5	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES – See instructions, page 14. 5	4 030
6	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT – See instructions, page 14. 6	3 675
7	URBAN REVITALIZATION – See instructions, page 14. 7	3 890
8	QUALITY JOBS PROGRAM REBATE – See instructions, page 14 8	3 892
9	OTHER REFUNDABLE TAX CREDITS – See instructions, page 14. 9	3 891
10	TOTAL – Add Lines 1 through 9. Print the result here and on Form IT-540, Line 16B. 10	3 680

1	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 2A. 1	3 456
2	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 2B. 2	3 457
3	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 5A. 3	3 458
4	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 7B. 4	3 459
5	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 8A. 5	3 460
6	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 9A. 6	3 461
7	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 11. 7	3 462

EASY FILE & FAST PAY

K:\Is\RPC\IMAGES~1\108042~4.PI2 image 5 of 10, Width=1704 Height=2198 s=31776 | Scaled | 422: 5

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1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – Complete this part only if you paid income tax liabilities to other states and you were a resident of Louisiana. See instructions, page 14. A copy of the return filed with the other state(s) must be submitted with this schedule. Print the amount of the paid income tax liabilities to the other state(s). Round to the nearest dollar. ..... 1 — 3 700

2 CREDIT FOR CERTAIN DISABILITIES – Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions, beginning on page 15 for definitions of these disabilities.

	Deaf	Loss of Limb	Mentally Incapacitated	Blind	* 2C List dependent name(s) here.
2A Yourself					
2B Spouse					
2C Dependent *					

2D Print the total number of qualifying individuals. Only one credit is allowed per person. ..... 2D — 3705

2E Multiply Line 2D by $100 and print the result. ..... 2E — 3 710

3 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

3A Print the value of computer or other technological equipment donated. Attach Form RK400. See instructions, page 15. .. 3A — 3 715

3B Multiply Line 3A by 40% (.40) and print the result. Round to the nearest dollar. ..... 3B — 3 720

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

4A See instructions, page 15. ..... 4A — 3 725

4B Multiply Line 4A by 10% (.10). Print the result or $25, whichever is less. This line is limited to $25. 3730

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 16.

	CREDIT DESCRIPTION	CODE	AMOUNT OF CREDIT CLAIMED
5	MOTION PICTURE INVESTMENTS	2 5 1 4190	8 190
6	EDUCATION CREDIT - GRADES K - 12	0 0 0 4191	8 191
7		1 0 0 4192	8 192
8		1 0 5 4193	8 193
9		1 1 0 4194	8 194
10		1 2 5 4195	8 195

11 TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the result here and enter on Form IT-540, Line 11A. ..... 11 — 3 740

Education Credit	099
Premium Tax	100
Commercial Fishing	106
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155

Donations of Materials, Equipment, Advisors, Instructors	175
Angel Investor	180
Other	199
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Vehicle Alternative Fuel	206

Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
New Markets	214
Brownfields Investor	216
Dedicated Research	220
LCDFI Credit	222
Motion Picture Investment	251
Research and Development	252
Historic Structures	253
Digital Interactive Media	254

Technology Commercialization	255
Motion Picture Resident	256
Capital Company	257
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

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6715

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 Field20 G9:                @@@4
 Field21 G8:                @193
 Field22 G7:                @@72
 Field23 G6:               0@171
 Field24 G5:                @@@0
 Field25 G10CODE:          @@
 Field26 G9CODE:           @@
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 Field29 G6CODE:          @@7
 Field30 G5CODE:          @@@
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2006 LOUISIANA Nonresident and Part-year Resident

PLEASE PRINT IN BLACK INK ONLY USING CAPITAL LETTERS.

7180 3965 3985 7180

Test (7100) A (7103) Case (7110) (7120)
Jane (7105) B (7108) Case (7115) (7125)
123 Main St. (7060)
Baton Rouge (7070) La (7080) 70802 (7090)

281234567 (1020)
798054320 (1030)

IMPORTANT!
You must print your SSN(s) above in the same order as shown on your federal return.

✓ If this is an amended return, mark this box. (1110)

✓ If an extension is attached, mark this box.

FILING STATUS: Print the appropriate number in the filing status box. It must agree with your federal return.
Print a "1" in box if single.
Print a "2" in box if married filing jointly.
Print a "3" in box if married filing separately.
Print a "4" in box if head of household.*
Print a "5" in box if qualifying widow(er).

2 (3505)

* If the qualifying person is not your dependent, print name(s) here.

II EXEMPTIONS:

X Yourself — X 65 or older (3515) — X Blind
X Spouse — X 65 or older — X Blind (3520)

Number of dependents (Print number from Line 6C of federal return, Form 1040 or 1040A, and print dependent name(s) below.) 4

Total exemptions (Total of 6A, 6B, and 6C.) 4 000 (3510) 7 (3570)

7	FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If your federal adjusted gross income is less than zero, print "0."	3 530
8	LOUISIANA INCOME – Print the amount of income from your federal return that is taxable to Louisiana. See instructions, page 9 and attach a schedule with your name(s) and Social Security Number(s).	3 615
9	RATIO OF LOUISIANA 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%.	36 30
10A	LESS FEDERAL INCOME TAX – If federal income tax deduction has been increased by federal disaster credit(s), and/or a federal casualty loss deduction, mark box. See instructions, page 9. (3554) ✓	3 555
10B	ALLOWABLE FEDERAL INCOME TAX DEDUCTION – Multiply Line 10A by the ratio on Line 9.	3 185
11	LOUISIANA NET INCOME – Subtract Line 10B from Line 8 and print the result. If less than zero, print "0."	3 190
12	YOUR LOUISIANA INCOME TAX – Print the amount from the Tax Computation Worksheet, page 9, Line "1."	3 195
13		3 970

NONREFUNDABLE TAX CREDITS

13A	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G-NR, Line 10	3 735
13B	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS – See Nonrefundable Child Care Credit Worksheet, page 18.	3 490
13C	2006 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal AGI cannot be GREATER THAN $25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 18.	3 930
13D	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 13A, 13B, and 13C and print the result.	3 560
14A	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 13D from Line 12 and print the result. If less than zero, print "0."	3 575
14B	CONSUMER USE TAX – You must mark one of these boxes. (4070) ✓ (4080)	4 015
14C	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 14A and 14B and print the result.	4 025

REFUNDABLE TAX CREDITS AND PAYMENTS

15A	2006 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal AGI must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line. – See Refundable Child Care Credit Worksheet, page 17.	3 935
15A1	Print the amount from Line 3 of the Refundable Child Care Credit Worksheet, page 17.	3 937
15A2	Print the amount from Line 6 of the Refundable Child Care Credit Worksheet, page 17.	3 938

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2006 LOUISIANA Nonresident and Part-year Resident

PLEASE PRINT IN BLACK INK ONLY USING CAPITAL LETTERS

7180 3965 Test (7100) A Case (7110) 7120 7103
3985 Jane (7105) B Case (7115) 7125 7108
7180 123 Main St. (7060) (7090) (7090)
Baton Rouge (7070) La 70802

281234567 (1020)
798054320 (1030)

IMPORTANT!
You must print your SSN(s) above in the same order as shown on your federal return.

1110 ☑ If this is an amended return, mark this box.

☑ If an extension is attached, mark this box.

FILING STATUS: Print the appropriate number in the filing status box. It must agree with your federal return.
Print a "1" in box if single.
2 Print a "2" in box if married filing jointly.
Print a "3" in box if married filing separately.
3505 Print a "4" in box if head of household.*
Print a "5" in box if qualifying widow(er).

* If the qualifying person is not your dependent, print name(s) here.

EXEMPTIONS:
X Yourself (3515) X 65 or older X Blind
X Spouse X 65 or older X Blind (3520)
Number of dependents (Print number from Line 6C of federal return, Form 1040 or 1040A, and print dependent name(s) below.) 1
Total exemptions (Total of 6A, 6B, and 6C.) (3510) 7 3570

4 000

7 FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If your federal adjusted gross income is less than zero, print "0." ..... 7 — 3 530

8 LOUISIANA INCOME – Print the amount of income from your federal return that is taxable to Louisiana. See instructions, page 9 and attach a schedule with your name(s) and Social Security Number(s). ..... 8 — 3 615

9 RATIO OF LOUISIANA 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 — 36 30

10A LESS FEDERAL INCOME TAX – If federal income tax deduction has been increased by federal credit(s), and/or a federal casualty loss deduction, mark box. See instructions, page 9. ..... 10A — 3 555 (3554) ☑

10B ALLOWABLE FEDERAL INCOME TAX DEDUCTION – Multiply Line 10A by the ratio on Line 9. ..... 10B — 3 185

11 LOUISIANA NET INCOME – Subtract Line 10B from Line 8 and print the result. If less than zero, print "0." ..... 11 — 3 190

12 YOUR LOUISIANA INCOME TAX – Print the amount from the Tax Computation Worksheet, page 9, Line "1." ..... 12 — 3 195

13 ..... 13 — 3 470

NONREFUNDABLE TAX CREDITS

13A OTHER NONREFUNDABLE TAX CREDITS – From Schedule G-NR, Line 10 ..... 13A — 3 735

13B AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS – See Nonrefundable Child Care Credit Worksheet, page 18. ..... 13B — 3 490

13C 2006 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal AGI cannot be GREATER THAN $25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 18. ..... 13C — 3 930

13D TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 13A, 13B, and 13C and print the result. ..... 13D — 3 560

14A ADJUSTED LOUISIANA INCOME TAX – Subtract Line 13D from Line 12 and print the result. If less than zero, print "0." ..... 14A — 3 575

14B CONSUMER USE TAX – You must mark one of these boxes. 4070 X 4080 ..... 14B — 4 015

14C TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 14A and 14B and print the result. ..... 14C — 4 025

REFUNDABLE TAX CREDITS AND PAYMENTS

15A 2006 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal AGI must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line. – See Refundable Child Care Credit Worksheet, page 17. ..... 15A — 3 935

15A1 Print the amount from Line 3 of the Refundable Child Care Credit Worksheet, page 17. ..... 15A1 — 3 937

15A2 Print the amount from Line 6 of the Refundable Child Care Credit Worksheet, page 17. ..... 15A2 — 3 938

6745

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15B OTHER REFUNDABLE TAX CREDITS – From Schedule F-NR, Line 10	3495
15C AMOUNT OF TAX WITHHELD FOR 2006 – Attach W-2 Form(s).	3010
15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2005	3685
15E AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING – Print name of partnership.	3690
15F AMOUNT OF ESTIMATED PAYMENTS FOR 2006	3695
15G AMOUNT PAID WITH EXTENSION REQUEST	3745
15H TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 15A through 15G and print the result.	3670
16 OVERPAYMENT – If Line 15H is equal to Line 14C, print zero, "0" on Lines 18 through 20 and go to Line 21. See address "2" below. If Line 15H is greater than Line 14C, subtract Line 14C from Line 15H and print the result. If Line 15H is less than Line 14C, print zero, "0" on Lines 18 through 19 and go to Line 20.	3595
17A AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO THE MILITARY FAMILY ASSISTANCE FUND	4205
17B AMOUNT OF LINE 16 YOU WISH TO DONATE TO VARIOUS CHARITIES – Print amount from Schedule D-NR, Line 6.	4196
17C AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO THE START PROGRAM	4040
17D AMOUNT OF LINE 16 TO BE CREDITED TO 2007 INCOME TAX – (Subtract amounts entered on Line 17A through 17C). CREDIT	3610
18 SUBTOTAL – Add Lines 17A through 17D and print the result.	4197
19 AMOUNT OF LINE 18 TO BE REFUNDED TO YOU – Subtract Line 18 from Line 16 and print the result. See address "2" below. REFUND	3265
20 AMOUNT YOU OWE – If Line 16H is greater than or equal to Line 14C, print zero, "0." If Line 14C is greater than Line 15H, subtract Line 15H from Line 14C and print the result.	3920
21 ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	4206
22 INTEREST – From Line 5 of the Interest Calculation Worksheet, page 19	3925
23 DELINQUENT FILING PENALTY – From Line 7 of the Delinquent Filing Penalty Calculation Worksheet, page 19	3850
24 DELINQUENT PAYMENT PENALTY – From Line 7 of the Delinquent Payment Penalty Calculation Worksheet, page 19	3855
25 UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 19 and/or Form R-2100NR. If you are a farmer, see instructions on page 10 and check the box. 3526 ✓	3860
26 BALANCE DUE LOUISIANA – Add Lines 20 through 25 and print the result. Make payment to: Louisiana Department of Revenue. Mail to P.O. Box 3550, Baton Rouge, LA 70821-3550. For electronic payment options, see page 2. DO NOT SEND CASH. PAY THIS AMOUNT.	3980

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance in order to properly identify the START Savings Program Account Holder. If married filing jointly, both Social Security Numbers may be submitted.

Your signature	Date	Your occupation	Signature of paid preparer other than taxpayer	
Spouse's signature (if filing jointly, both must sign.)	Date	Spouse's occupation	Telephone number of paid preparer ( )	Date

(7160) (7010)
2294132566

00001663

Individual Income Tax Return

K:\Is\RPC\IMAGES~1\108042~4.PI2 image 8 of 10, Width=1704 Height=2192 s=41344 | Scaled | 1026: 50

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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 Form IT-540B, Line 16 to the organizations listed below. Print on Lines 1 through 5 the portion of your overpayment you wish to donate. The total on Line 6 cannot exceed the amount of the overpayment on Form IT-540B, Line 16.

1	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	1	3870
2	LOUISIANA CANCER TRUST FUND - PROSTATE CANCER	2	3915
3	LOUISIANA ANIMAL WELFARE COMMISSION	3	3945
4	LOUISIANA HOUSING TRUST FUND	4	3950
5	COMMUNITY BASED PRIMARY HEALTH CARE FUND	5	3951
6	TOTAL DONATIONS – Add Lines 1 through 5. Print the result here and on Form IT-540B, Line 17B.	6	3910

1	INVENTORY TAX CREDIT – See instructions, page 11.	1	3585
2	AD VALOREM TAX CREDIT ON NATURAL GAS FACILITIES AND SERVICES – See instructions, page 11.	2	3864
3	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS – See instructions, page 11.	3	3865
4	SOUND RECORDING INVESTMENT TAX CREDIT – See instructions, page 11.	4	4101
5	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES – See instructions, page 11.	5	4036
6	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT – See instructions, page 11.	6	3675
7	URBAN REVITALIZATION – See instructions, page 11.	7	3890
8	QUALITY JOBS PROGRAM REBATE – See instructions, page 11.	8	3892
9	OTHER REFUNDABLE TAX CREDITS – See instructions, page 11.	9	3891
10	TOTAL – Add Lines 1 through 9. Print the result here and on Form IT-540B, Line 15B.	10	3680

1	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 2A.	1	3456
2	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 2B.	2	3457
3	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 5A.	3	3458
4	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 7B.	4	3459
5	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 8A.	5	3460
6	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 9A.	6	3461
7	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 11.	7	3462

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 Field22 SCHH3:               3458
 Field23 SCHH2:               3457
 Field24 SCHH1:               3456
 Field25 10T0T:               3680
 Field26 SCHF9:               3891
 Field27 SCHF8:               3892
 Field28 SCHF7:               3890
 Field29 SCHF6:               3675
 Field30 SCHF5:               4036
 Field31 SCHF4:               4101
 Field32 SCHF3:               3865
 Field33 SCHF2:               3864
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8 1 2 3 4 5 6 7 9

1 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es).
Only one credit is allowed per person. See instructions, page 11, for definitions of these disabilities.

	Deaf	Loss of Arm	Mentally Incapacitated Blind
1A Yourself		X	
1B Spouse			X
1C Dependent #			X

1C List dependent name(s) here.

1D Print the total number of qualifying individuals. Only one credit is allowed per person. ___10 — 3705

1E Multiply Line 1D by $100 and print the result. ....1E — 3710

2 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS
2A Print the value of computer or other technological equipment donated. Attach Form IT-3400. See instructions, page 11. 2A — 3715

2B Multiply Line 2A by 40% (.40) and print the result. Round to nearest dollar. ....2B — 3720

3 CREDIT FOR CERTAIN FEDERAL CREDITS
3A See instructions, page 11. ....3A — 3725

3B Multiply Line 3A by 10% (.10). Print the result or $25, whichever is less. This line is limited to $25. ....3B — 3730

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions on page 11.

	CREDIT DESCRIPTION	CODE	AMOUNT OF CREDIT CLAIMED
4	MOTION PICTURE INVESTMENTS	2 5 1 4190 4	8190
5	EDUCATION CREDIT - GRADES K - 12	0 9 9 4191 5	8191
6		1 0 0 4192 6	8192
7		1 0 5 4193 7	8193
8		1 2 0 4194 8	8194
9		1 4 0 4195 9	8195
10	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 1E, 2B, 3B, and 4 through 9. ....10 Print the result here and enter this amount on Form IT-540B, Line 13A.		3740

Education Credit	099
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155

Donations of Materials, Equipment, Advisors, Instructors	179
Angel Investor	180
Other	199
Atshafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Vehicle Alternative Fuel	208

Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
New Markets	214
Brownfields Investor	216
Dedicated Research	220
LCDFI Credit	222
Motion Picture Investment	251
Research and Development	252
Historic Structures	253
Digital Interactive Media	254

Technology Commercialization	255
Motion Picture Resident	256
Capital Company	257
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

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 Field20 G8:                 4194
 Field21 G7:                 @193
 Field22 G6:                00192
 Field23 G5:                06191
 Field24 G4:                 8190
 Field25 G9CODE:        404
 Field26 G8CODE:        204
 Field27 G7CODE:              05
 Field28 G6CODE:        004
 Field29 G5CODE:        @94
 Field30 G4CODE:         51
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