SOV for Windows

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R-16079

Original DLN 108042664071

Processing Shee: – 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

☐ Document Prep
☐ Editing
☐ Research
☐ Collections
☐ Contact Center
☐ PPSD
☐ TPS
☐ District_____
☐ Other_____

Comments

Income

☐ 2003
☐ 2004
☐ 2005
☐ 2006
☒ Other 2007

☐ Handprint
☐ 2D
☒ Substitute

Workflow Information

Batched

Date:____/____/____

Stamp ID: _____

Q/A

Date:____/____/____

Stamp ID: _____

Sys Ops

Date:____/____/____

Stamp ID: _____

K:\Is\RPC\IMAGES~1\104FA4~1.PI2 image 1 of 5, Width=1704 Height=2201 s=20896 | Scaled | 1668: 438

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IT-540B SD 2007 or Fiscal Year Begun ___2007 Ended ___2008

LOUISIANA Nonresident Individual Income Tax Return Mail to: Department of Revenue

4575

PO BOX 3440
BATON ROUGE LA
70821-3440

Attach W-2 here

If your name has changed, mark here.

If your address has changed, mark here.

If this is an amended return, mark here.

If this is for decedent, mark here.

434662984 2288658611

THOMAS J HOOVER

200 W 22ND ST

WAVELAND, MS 39576-1234

Calendar year returns due 5/15/2008

Filing status (Enter approp no in the filing status box). 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household* 5 Qualifying widow(er) *Qualifying person's Name

Exemptions 6A Yourself 65 or over Blind 6B Spouse 65 or over Blind

Total of 6A & 6B 1

6C Total dependents 0

6D Total exemptions 1

Dependent's Name(s): List on page 2.

Please do not staple use paperclip instead. Do not submit a photocopy.

00002010000000150200 HOOV200 2288658611 0 0 00000 1 1 5 1 0 0

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SPSSN	0000000000	LN15	00000025	LN33	00000300	HNR2	0000000
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TAXPD	0012312007	LN17	00000180	LN35	00000000	GNR1D	0000000
FORMN	0000006860	LN18	00000000	LN36	00000068	GNR1E	0000000
PTIN	0650985678	LN19	00000180	LN37	00000000	GNR2A	0000000
LINE7	0000091591	LN20	00000000	LN38	00000000	GNR2B	0000000
LINE8	0000012462	LN20A	00000000	LN39	00000568	GNR3A	0002385
LINE9	0000001360	LN20B	00000000	LN40	00000000	GNR3B	0000025
LN10A	0000000000	LN21	00000000	CREDT	00000000	G4	0000000
LN10B	0000000000	LN22	00000000	REFUD	00000000	G5	0000000
LN10C	0000000000	LN23	00000000	OWED	00000000	G6	0000000
LN10D	0000000000	LN24	00000000	LN44	00000000	G7	0000000
LN10E	0000011827	LN25	00000748	LN45	00000000	G8	0000000
LN10F	0000011827	LN26	00000000	LN46	00000000	G9	0000000
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LN11	0000010854	LN28	00000748	LN48	00000000		
LN12	0000000205	LN29	00000568	LN49	00000000		
LN13A	0000000000	LN30	00000000	FNR1D	00000000		
LN13B	0000000000	LN31	00000568	F2	00000000		
LN13C	0000000000			F3	00000000		
				F4	00000000		
				F5	00000000		

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. I consent that my SSN may be given to the LA. Office of Student Financial Assistance in order to properly identify my START Savings Program Account Holder. If married filing joint, both SSN's may be submitted.

Date _____ Taxpayer _____ Date _____ Spouse _____

Printed for file only. Jackson Hewitt transmitted return but did not prepare.

K:\Is\RPC\IMAGES~1\104FA4~1.PI2 image 2 of 5, Width=1704 Height=2199 s=40472 Scaled 246: 1

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IT-540B SD 2007 or Fiscal Year Begun ___2007 Ended ___2008

LOUISIANA Nonresident Individual Income Tax Return Mail to: Department of Revenue

4575

PO BOX 3440
BATON ROUGE LA
70821-3440

Attach W-2 here

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If your address has changed, mark here.

If this is an amended return, mark here.

If this is for decedent, mark here.

434662984 2288658611

THOMAS J HOOVER

200 W 22ND ST

WAVELAND, MS 39576-1234

Calendar year returns due 5/15/2008

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Exemptions 6A Yourself 65 or over Blind 6B Spouse 65 or over Blind

Total of 6A & 6B 1

6C Total dependents 0

6D Total exemptions 1

Dependent's Name(s): List on page 2.

Please do not staple use paperclip instead. Do not submit a photocopy.

0000201000000150200 HOOV200 2288658611 0 0 00000 1 1 5 1 0 0

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SPSSN	0000000000	LN15	00000025	LN33	00000300	HNR2	0000000
DEVID	0000004575	LN16	00000025	LN34	00000000	HNR3	0011827
TAXPD	0812312007	LN17	00000180	LN35	00000000	GNR1D	0000000
FORMN	0000006860	LN18	00000000	LN36	00000068	GNR1E	0000000
PTIN	0650985678	LN19	00000180	LN37	00000000	GNR2A	0000000
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LINE8	0000012462	LN20A	00000000	LN39	00000568	GNR3A	0002383
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LN10B	0000000000	LN22	00000000	REFUD	00000000	G5	0000000
LN10C	0000000000	LN23	00000000	OWED	00000000	G6	0000000
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LN13B	0000000000	LN31	00000568	F2	00000000		
LN13C	0000000000			F3	00000000		
				F4	00000000		
				F5	00000000		

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. I consent that my SSN may be given to the LA. Office of Student Financial Assistance in order to properly identify my START Savings Program Account Holder. If married filing joint, both SSN's may be submitted.

Date _____ Taxpayer _____ Date _____ Spouse _____

Printed for file only. Jackson Hewitt transmitted return but did not prepare.

K:\Is\RPC\IMAGES~1\104FA4~1.PI2 image 2 of 5, Width=1704 Height=2199 s=40472 Scaled 1587: 228

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Field84 F5:            00000000
Field85 F2CODE:        F2
Field86 F3CODE:        F3
Field87 F4CODE:        F4
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Field91 GNR1D:         0000000
Field92 GNR1E:         0000000
Field93 GNR2A:         0000000
Field94 GNR2B:         0000000
Field95 GNR3A:         0002383
Field96 GNR3B:         0000025
Field97 G4:            0000000
Field98 G5:            0000000
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Field109 G9CODE:       G9
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Field112 AddrChng:
End of tags for image 2
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2007 Nonresident Schedules

4575 Name(s) as shown on Form IT-540B If issued, must be submitted.

THOMAS J HOOVER

434662984 Print your Social Security Number here.

6C. Dependents

First Name	Last Name	Social Security No.	Relationship	Birthdate (mm/dd/yyyy)

REFUNDABLE TAX CREDITS - SCHEDULE F-NR

1 Credit for Amounts Paid by Certain Military Servicemembers for Obtaining LA Hunting and Fishing Licenses

1A Yourself ☐ Date of Birth (MM/DD/YYYY) _____ DL number or State ID _____ State of Issue _____

1B Spouse ☐ Date of Birth (MM/DD/YYYY) _____ DL number or State ID _____ State of Issue _____

1C Dependents: List dependent name(s).

Dependent name _____ Date of Birth (MM/DD/YYYY) _____

Dependent name _____ Date of Birth (MM/DD/YYYY) _____

Dependent name _____ Date of Birth (MM/DD/YYYY) _____

Dependent name _____ Date of Birth (MM/DD/YYYY) _____

1D Print the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals _____

ADDITIONAL REFUNDABLE CREDITS - SCHEDULE F-NR

	Credit Description	Code	Amount
2			2.
3			3.
4			4.
5	Total Refundable Tax Credit		5.

MODIFIED FEDERAL INCOME TAX INFORMATION - SCHEDULE H-NR

1	Amount of your federal income tax liability found on Federal Form 1040, Line 67.	1. 11,827
2	Print the amount of federal disaster credits allowed by IRS	2.
3	Add Lines 1 and 2.	3. 11,827

K:\Is\RPC\IMAGES~1\104FA4~1.PI2 image 3 of 5, Width=1712 Height=2206 s=20286 | Scaled | 550: 7

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2007 Nonresident Schedules

4575

Name(s) as shown on Form IT-540B If used, must be submitted.

THOMAS J HOOVER

434662984

Print your Social Security Number here.

NONREFUNDABLE TAX CREDITS - SCHEDULE G-NR

1 Credit for certain disabilities

		Deaf	Loss of Limb	Mentally Incapacitated	Blind
1A	Yourself	☐	☐	☐	☐
1B	Spouse	☐	☐	☐	☐
1C	Dependent *	☐	☐	☐	☐

* 1C List Dependent name(s) here

1D Print the total number of qualifying individuals 1D.

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

2 Credit for contributions to educational institutions

2A Print the value of computer or other technological equipment donated. 2A.

2B Multiply Line 2A by 40% 2B.

3 Credit for certain federal tax credits

3A Total federal credit 3A. 2,383

3B Multiply Line 3A by 10% 3B. 25

ADDITIONAL NONREFUNDABLE TAX CREDITS - SCHEDULE G-NR

	Credit Description	Code	Amount
4			4.
5			5.
6			6.
7			7.
8			8.
9			9.
10	Total Nonrefundable Tax Credits		10. 25

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ATTACH THIS WORKSHEET TO YOUR RETURN.
4575

434-66-2984 Print your Social Security Number here.

NONRESIDENT AND PART-YEAR RESIDENT (NPR) WORKSHEET

	See instructions for completing the NPR worksheet.	Federal	Louisiana
1	Wages, salaries, tips, etc.	85,146	
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. See Stmt 2	12,462	12,462
8	Social Security benefits		
9	Other income		
10	Total income - Add the income amounts on Lines 1-9 for each column.	97,607	12,462
11	Total Adjustments to income	6,016	
12	Adjusted Gross Income - Subtract Line 11 from Line 10 for each column. Print the amount shown in the Federal column on IT-540B, Line 7.	91,591	12,462
	2007 Adjustments to Income		
	Additions		
13	Interest income and dividends from other states and their political subdivisions		
14	Recapture of START contributions		
15	Total - Add Lines 12, 13 and 14 and print the result.		12,462
	Subtractions		
16	Interest and Dividends on U.S. Government Obligations		
17	Louisiana State Employees' Retirement Benefits - Date retired:		
18	Louisiana State Teachers' Retirement Benefits - Date retired:		
19	Federal Retirement Benefits - Date retired:		
20	Other Retirement Benefits - Date retired: Provide name or status:		
21	Annual Retirement Income Exemption for Taxpayers 65 or over - Provide name of pension or annuity:		
22	Taxable Amount of Social Security - See instructions.		
23	Native American Income - See instructions.		
24	START Savings Program Contribution - See instructions.		
25	Military Pay Exclusion - See instructions.		
26	Road Home - See instructions.		
27	Teacher Deduction - See instructions.		
28	Recreation Volunteer or Volunteer Firefighter - See instructions.		
29	IRC 280(C) Wage Expense Adjustment - See instructions.		
30	Other Exempt Income - See instructions. Identify:		
31	Total Exempt Income. Add lines 16 through 30 and print here.		
32	LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 31 from Line 16 and print here and on IT-540B, Line 8.		12,462

4575 RF 10/23/07

K:\Is\RPC\IMAGES~1\104FA4~1.PI2 image 5 of 5, Width=1712 Height=2206 s=46912 Scaled 372: 3

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SODATATAG
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 Field7  #Serializer:   108042664071001003
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 Field15 RcvdDate:      02082008
 Field16 Vouchers:      0
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