

Mark Box:

IT-540 WEB (Page 1 of 4)

IMPORTANT!

You must enter your SSN below in the same order as shown on your federal return.

- Name Change
- Decedent Filing
- Spouse Decedent
- Address Change
- Amended Return
- NOL Carryback

2017 LOUISIANA RESIDENT

Your legal first name	Init.	Last name	Suffix
If joint return, spouse's name	Init.	Last name	Suffix
Present home address (number and street including apartment number or rural route)			
City, Town, or APO		State	ZIP

Your SSN

Spouse's SSN

Area code and daytime telephone number

Your Date of Birth

Spouse's Date of Birth

2015 Legislation Recovery

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

Enter a "1" in box if **single**.

Enter a "2" in box if **married filing jointly**.

Enter a "3" in box if **married filing separately**.

Enter a "4" in box if **head of household**.

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

Enter a "5" in box if **qualifying widow(er)**.

6 EXEMPTIONS:

6A Yourself

65 or older

Blind

Qualifying Widow(er)

Total of 6A & 6B

6B Spouse

65 or older

Blind

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c, in the boxes here.

6C

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)

IMPORTANT!

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.**

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C

6D

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Field Flag



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Enter your Social Security Number.

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 13.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."	<input type="checkbox"/>	From Louisiana Schedule E, attached
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7	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you did not itemize your deductions on your federal return, leave Lines 8A, 8B, and 8C blank and go to Line 9.

8A	FEDERAL ITEMIZED DEDUCTIONS	<input type="text"/>	<input type="text"/>
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8A	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8B	FEDERAL STANDARD DEDUCTION	<input type="text"/>	<input type="text"/>
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8B	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.	<input type="text"/>	<input type="text"/>
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8C	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9	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.	1 <input type="text"/>	2 <input type="text"/>
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9	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables.	<input type="text"/>	<input type="text"/>
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10	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.	<input type="text"/>	<input type="text"/>
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11	<input type="text"/>	<input type="text"/>	<input type="text"/>
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12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 9	<input type="text"/>	<input type="text"/>
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12	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0."	<input type="checkbox"/>	<input type="text"/>
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13	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14	2017 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 instructions, page 14, and Refundable Child Care Credit Worksheet.	<input type="text"/>	<input type="text"/>
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14	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	<input type="text"/>	<input type="text"/>
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14A	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	<input type="text"/>	<input type="text"/>
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14B	<input type="text"/>	<input type="text"/>	<input type="text"/>
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15	2017 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 Refundable School Readiness Credit Worksheet.	5 <input type="text"/>	4 <input type="text"/>
		3 <input type="text"/>	2 <input type="text"/>

15	<input type="text"/>	<input type="text"/>	<input type="text"/>
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16	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3.	<input type="text"/>	<input type="text"/>
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16	<input type="text"/>	<input type="text"/>	<input type="text"/>
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17	LOUISIANA CITIZENS INSURANCE CREDIT – See instructions, page 3.	17A <input type="text"/>	<input type="text"/>
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17	<input type="text"/>	<input type="text"/>	<input type="text"/>
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18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 10	<input type="text"/>	<input type="text"/>
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18	<input type="text"/>	<input type="text"/>	<input type="text"/>
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19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14, and 15 through 18. Do not include amounts on Lines 14A, 14B and 17A.	<input type="text"/>	<input type="text"/>
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19	<input type="text"/>	<input type="text"/>	<input type="text"/>
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20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions, page 3.	<input type="text"/>	<input type="text"/>
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20	<input type="text"/>	<input type="text"/>	<input type="text"/>
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21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions, page 3.	<input type="text"/>	<input type="text"/>
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21	<input type="text"/>	<input type="text"/>	<input type="text"/>
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22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16	<input type="text"/>	<input type="text"/>
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22	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CONTINUE ON NEXT PAGE.



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

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Enter your Social Security Number.

SCHEDULE C – 2017 NONREFUNDABLE PRIORITY 1 CREDITS

1	CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states must be submitted with this schedule.	
1A	Enter the total of Net Tax Liability Paid to Other States from Form R-10606.	1A <input type="text"/>
1B	Enter the Credit for Taxes Paid to Other States from Form R-10606.	1B <input type="text"/>

2	CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 4 for definitions of these disabilities.																					
2A	<table border="1" style="width: 100%;"> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Deaf</th> <th style="width: 10%;">Loss of Limb</th> <th style="width: 10%;">Mentally Incapacitated</th> <th style="width: 10%;">Blind</th> </tr> <tr> <td>Yourself</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spouse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dependent *</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Deaf	Loss of Limb	Mentally Incapacitated	Blind	Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2D <input type="text"/>
	Deaf	Loss of Limb	Mentally Incapacitated	Blind																		
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
2B	Spouse																					
2C	Dependent *																					
2D	Enter the total number of qualifying individuals. Only one credit is allowed per person.	2D <input type="text"/>																				
2E	Multiply Line 2D by \$72.	2E <input type="text"/>																				
*	List dependent names here. >																					

3	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS	
3A	Enter the value of computer or other technological equipment donated. Attach Form R-3400.	3A <input type="text"/>
3B	Multiply Line 3A by 29 percent. Round to the nearest dollar.	3B <input type="text"/>
4	CREDIT FOR CERTAIN FEDERAL TAX CREDITS	
4A	Enter the amount of eligible federal credits.	4A <input type="text"/>
4B	Multiply Line 4A by 7 percent. Enter the result or \$18, whichever is less. This credit is limited to \$18.	4B <input type="text"/>

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 5.

	Credit Description	Credit Code	Amount of Credit Claimed
5		<input type="text"/>	5 <input type="text"/>
6		<input type="text"/>	6 <input type="text"/>
7		<input type="text"/>	7 <input type="text"/>
8		<input type="text"/>	8 <input type="text"/>
9	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1B, 2E, 3B, 4B and 5 through 8. Also, enter this amount on Form IT-540, Line 12.	<input type="text"/>	9 <input type="text"/>

Description	Code
Education Credit Act 125 Recovery	099
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	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	145
Qualified Playgrounds	150

Description	Code
Debt Issuance	155
Donations of Materials, Equipment, Advisors, Instructors	175
Other	199





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SCHEDULE E – 2017 ADJUSTMENTS TO INCOME

Enter your Social Security Number.

SSN input boxes

Table with 2 columns: Line number and Description. Lines 1, 2, 2A, 3.

Form grid for entering amounts for lines 1, 2, 2A, 3.

EXEMPT INCOME – Enter on Lines 4A through 4H the amount of exempt income included in Line 1 above. Enter description and associated code, along with the dollar amount. See instructions beginning on page 6.

Main Exempt Income table with columns: Description, Code, Amount. Rows 4A-4H, 4I-4K, 5A-5C.

Table with 2 columns: Description and Code. Rows for Interest and Dividends, Louisiana State Employees' Retirement Benefits, etc.

Table with 2 columns: Description and Code. Rows for START Savings Program Contribution, Military Pay Exclusion, Road Home, etc.



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2017 Louisiana School Expense Deduction Worksheet

Your Name	Your Social Security Number
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- I. This worksheet should be used to calculate the three School Expense Deductions listed below. 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					
B					
C					
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.					
	A	B	C	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 Student – 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 Elementary and Secondary School Tuition Deduction here and on IT-540, Schedule E, code 17E.	\$
Enter the Educational Expenses for Home-Schooled Children Deduction here and on IT-540, Schedule E, code 18E.	\$
Enter the Educational Expenses for a Quality Public Education Deduction here and on IT-540, Schedule E, code 19E.	\$



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SCHEDULE F – 2017 REFUNDABLE PRIORITY 2 CREDITS ...CONTINUED

Description	Code	Description	Code	Description	Code	Description	Code
Ad Valorem Offshore Vessels	52F	Milk Producers	58F	School Readiness Child Care Directors and Staff	66F	Retention and Modernization	70F
Telephone Company Property	54F	Technology Commercialization	59F	School Readiness Business – Supported Child Care	67F	Conversion of Vehicle to Alternative Fuel	71F
Prison Industry Enhancement	55F	Historic Residential	60F	School Readiness Fees and Grants to Resource and Referral Agencies	68F	Digital Interactive Media & Software	73F
Urban Revitalization	56F	School Readiness Child Care Provider	65F			Solar Energy Systems – Leased	74F
Mentor-Protégé	57F					Other Refundable Credit	80F

*** Schedule G omitted on purpose ***

SCHEDULE H – 2017 MODIFIED FEDERAL INCOME TAX DEDUCTION

1	Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet, page 2.	1	<input type="text"/>
2	Enter the amount of federal disaster credits allowed by IRS. See instructions beginning on page 10.	2	<input type="text"/>
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540, Line 9, and mark box 2 on Line 9 to indicate that your income tax deduction has been increased.	3	<input type="text"/>

SCHEDULE I – 2017 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 10.

Credit Description	Credit Code	Amount of Credit Claimed
1	<input type="text"/> F	1 <input type="text"/>
2	<input type="text"/> F	2 <input type="text"/>
3	<input type="text"/> F	3 <input type="text"/>
4	<input type="text"/> F	4 <input type="text"/>
5	<input type="text"/> F	5 <input type="text"/>
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540, Line 27.	

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





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Enter your Social Security Number.

SSN input boxes

SCHEDULE J – 2017 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

Table with 5 rows for child care credits, including Federal Child Care Credit, Louisiana Nonrefundable Child Care Credit, and Louisiana Nonrefundable School Readiness Credit.

Additional Nonrefundable Priority 3 Credits

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

Table with 3 columns: Credit Description, Credit Code, and Amount of Credit Claimed. Rows 6-11.

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

Table with 2 columns: Description, Code. Includes Atchafalaya Trace, Organ Donation, Household Expense for Physically and Mentally Incapable Persons, etc.

Table with 2 columns: Description, Code. Includes Ad Valorem Natural Gas Credit Carried Forward, New Jobs Credit, Refunds by Utilities, etc.

Table with 2 columns: Description, Code. Includes Research and Development, Cane River Heritage, LA Community Economic Dev., etc.

Table with 2 columns: Description, Code. Includes Biomed/University Research, Tax Equalization, Manufacturing Establishments, etc.

CONTINUE ON NEXT PAGE.



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Enter your Social Security Number.

SSN input field

SCHEDULE J – 2017 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 instructions beginning on page 11.

Main table with columns: Credit Description, Credit Code, Amount of Credit Claimed. Rows 12-15 and 16 (Total).

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

Table with 2 columns: Description, Code. Rows: Motion Picture Investment (251), Research and Development (252), Historic Structures (253).

Table with 2 columns: Description, Code. Rows: Digital Interactive Media (254), Capital Company (257), LCDFI (258).

Table with 2 columns: Description, Code. Rows: New Markets (259), Brownfields Investor (260), Motion Picture Infrastructure (261).

Table with 2 columns: Description, Code. Rows: Angel Investor (262), Other (299).



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2017 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540)

Your Name	Social Security Number
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R.S. 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under R.S. 47:297.4. To qualify for this credit, the taxpayer must have Federal Adjusted Gross Income of \$25,000 or less and must have incurred child care expenses for a **qualified dependent under age six** who attended a child care facility that is participating in the Quality Start Rating program administered by the Louisiana Department of Education. The qualifying child care facility must have provided the taxpayer with Form R-10614 which verifies the facility's name, the facility license number, the LA Revenue Account number, the Quality Star Rating, and the rating award date. You must enter the facility license number in column D on Line 1 of the 2017 Louisiana Refundable Child Care Credit Worksheet to receive this credit.

Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT 540, Line 14.

1. Enter the amount of 2017 Louisiana Refundable Child Care Credit on the Louisiana Refundable Child Care Credit Worksheet, page 17, Line 11 1 _____ . **00**

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2017, shown on Form R-10614, determine the applicable percentage for the School Readiness Credit from the chart shown below:

(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 dependents **under age six** who attended a:

Five Star Facility _____ and multiply the number by 2.0 (i) _____ . _____

Four Star Facility _____ and multiply the number by 1.5 (ii) _____ . _____

Three Star Facility _____ and multiply the number by 1.0 (iii) _____ . _____

Two Star Facility _____ and multiply the number by .50 (iv) _____ . _____

3. Add lines (i) through (iv) and enter the result. Be sure to include the decimal. 3 _____ . _____

4. Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and enter the result here and on Form IT-540, Line 15. 4 _____ . **00**

On Form IT-540, Line 15 enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown on Line 2 above for the associated star rated facility.

2017 Louisiana Earned Income Credit Worksheet

R.S. 47:297.8 allows a refundable credit for resident individuals who claimed and received a Federal Earned Income Credit (EIC). The Federal EIC is available for certain individuals who work, have a valid Social Security Number, and have a qualifying child, or are between ages 25 and 64. These individuals cannot be a qualifying child or dependent of another person.

Complete only if you claimed a Federal Earned Income Credit (EIC)

1. Federal Earned Income Credit – Enter the amount from Federal Form 1040EZ, Line 8a, OR Federal Form 1040A, Line 42a , OR Federal Form 1040, Line 66a. 1 _____ . **00**

2. Multiply Line 1 above by 3.5 percent, round to the nearest dollar, and enter the result on Line 3. 2 **X .035**

3. Enter this amount on Form IT-540, Line 16 3 _____ . **00**



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