

Mark Box:

**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**

**FOR OFFICE USE ONLY**

Field Flag



# WEB

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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61816



Enter your Social Security Number. 

<b>AMOUNTS DUE LOUISIANA</b>	40	AMOUNT YOU OWE – If Line 25 is greater than Line 32, subtract Line 32 from Line 25.	40	
	41	<b>ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND</b>	41	
	42	<b>ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND</b>	42	
	43	<b>ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION</b>	43	
	44	INTEREST – From the Interest Calculation Worksheet, page 13, Line 5. 	44	
	45	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 13, Line 7.	45	
	46	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 13, Line 7.	46	
	47	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 13, and Form R-210R. If you are a farmer, check the box. <input type="checkbox"/>	47	
	48	BALANCE DUE LOUISIANA – Add Lines 40 through 47. If mailing to LDR, use address 1 below. For electronic payment options, see page 1 of the instructions. <b>PAY THIS AMOUNT.</b>	48	

**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.**

**DO NOT SEND CASH.**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 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 to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 39.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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<b>PAID PREPARER USE ONLY</b>	Print/Type Preparer's Name		Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ➤			Firm's EIN ➤	
	Firm's Address ➤			Telephone ➤	

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



**Individual Income Tax Return  
Calendar year return due 5/15/2018**



Social Security Number, PTIN, or FEIN of paid preparer

**{ Address }**

**1** **Mail Balance Due Return with Payment**  
TO: Department of Revenue  
P. O. Box 3550  
Baton Rouge, LA 70821-3550

**2** **Mail All Other Individual Income Tax Returns**  
TO: Department of Revenue  
P. O. Box 3440  
Baton Rouge, LA 70821-3440



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