Tax Period

Use this form for:

Due Date

WEB

DEPARTMENT of REVENUE

Mail your Return and Payment to: Louisiana Department of Revenue

P.O. Box 91017

		Baton Roug	e, LA 70821-9017		06/30/2023	07/	31/2023		
Account Number				Fodoral	Employer Identific	nation Number	or.		
Legal Name				rederar	Employer Identific	Sation Number	əı		
Trade Name				PLEASE RETURN ENTIRE PAGE					
Address									
City		State	ZIP						
What is an L-1? Form L-1 is the Employer's Quarterly Return of Louisiana Withholding Tax. Every employer who withholds, or who is required to withhold Louisiana income tax from wages of employees, must file a quarterly L-1 return. Any employer who fails to withhold and pay amounts required to be withheld is personally liable for such amounts.				Lines 1-3 Enter the amount of Louisiana income tax withheld or required to be					
Each return covers one quarterly taxable period and must be filed by the filing deadline. A quarterly return must be filed even if no taxes are withheld during the quarter or if wages paid to employees were not sufficient to require withholding.									
When and how should I remit tax withheld from my employees? Payments must be made according to your mandated payment frequency. Payments for the last period of the quarter must be submitted with the L-1 return. All other payments must be submitted with an L-1V payment voucher.									
When is the L-1 Retur Quarterly and Monthly p following month after th 1st Quarter	payers should submit For the close of the calendar	quarter. The di	yment on the last day of ue dates are as follows: July 31st	amount of taxes with	econcile the payn neld. Adjustments	for prior qu	arters cannot	be made in the	
3 rd Quarter O If the due date falls on and becomes delinquely	ctober 31 st a weekend or holiday, t	4 th Quarter	January 31, 2024	for the quarter being ar	nended, report the				
1 Louisiana Withholdin April		<u> </u>	00	5 Less remittance made during quarter		<u></u>	<u> </u>	00	
2 Louisiana Withholdin May		<u> </u>	00	6 If Line 4 is greater than subtract Line 5 from Lir Pay this amount.	ie 4.		<u> </u>	00	
3 Louisiana Withholding Tax June 3					Reve	Make payment to: Louisiana Department of Revenue, or pay at www.revenue.louisiana.gov (DO NOT SEND CASH)			
4 Total 2nd Quarter Withholdings	4	<u> </u>	00	7 If Line 4 is less than Lin subtract Line 4 from Lin This is your overpayme	e 5.			00	
			and accompanying schedu ion of which preparer has a	les and statements, and to the beany knowledge.	est of my knowledge	and belief, the	y are true, correc	t, and complete.	
Signature						Date (mm/dd/yyyy)			
Print Name Title					Telephone				
provided under the box. I a firm, the firm's FEIN mu	If the paid preparer has a F ust be entered in the "Paid	TIN, that must be preparer use only	e entered in the space prov or box. Failure of paid prepone of failing to sign or prov	parer use only" box, complete the ided under the box, otherwise en arer to sign or provide an identificiting identification number.	ter the FEIN or LDR	account numb	er. If paid prepare	er represents	
PAID	Print/Type Preparer's	s Name Preparer's S		Signature	Date (ate (mm/dd/yyyy) Check ☐ if Self-emplo		Self-employed	
PREPARER USE ONLY	Firm's Name ➤					Firm's FEIN ➤			
JOE OILE	Firm's Address Mark this box if your				T	elephone >			
	busines	s box if your s has closed or opped paying w							
		rk this box if thi	Enter the	e final date wages were paid.	PTIN, FEI	N, or LDR A of Paid Pre	Account Numb parer	per	
		ended return.			Foi	r office use or	ıly.	32306	

Field Flag FOR OFFICE USE ONLY