

2000 LOUISIANA Resident

WEB

PLEASE PRINT IN ALL CAPITAL LETTERS.

Please use black ink only.

If your name has changed, mark this box.

Your first name and initial	Last name
If joint return, spouse's name and initial	Last name
Present home address (number and street including apartment number or rural route)	
City, town, or post office	State ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Social Security Number
Spouse's Social Security Number

If your address has changed, mark this box.

IMPORTANT!

You must print your SSN(s) above.

If this is an amended return, mark this box.

FILING STATUS: Print the appropriate number in the filing status box. It must agree with 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)**.

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

6 EXEMPTIONS: You must claim an exemption for yourself on Line 6A even if someone else claimed you on their federal tax return.

A Yourself 65 or older Blind

B Spouse 65 or older Blind

C. Number of dependents (Print number from Line 6C of federal return, print names below.) 6C

D. Total exemptions (Total of 6A, 6B, and 6C.) 6D

Total of 6A & 6B

If you are not required to file a federal return, indicate wages here, , . 00 mark this box, and go to Line 13A.

Please paperclip W-2s and schedules here.

7	FEDERAL ADJUSTED GROSS INCOME - Print the amount from your federal Form 1040, Line 33, OR federal Form 1040A, Line 19, OR federal Form 1040EZ, Line 4, OR federal Telefile worksheet, Line "I". If Louisiana Schedule E is used, print the amount from Line 5. Mark the box showing Schedule E was used. If your federal adjusted gross income is less than zero, print "0".	<input type="checkbox"/> From Louisiana Schedule E, attached	7	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
8	Less amount from Line 3B of the Excess Itemized Deductions Worksheet (on back of page). (Leave blank if you did not itemize or if Line 28 from your federal Schedule A is blank).		8	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
9	LESS FEDERAL INCOME TAX - See instructions.		9	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
10	YOUR LOUISIANA TAX TABLE INCOME - Subtract Lines 8 and 9 from Line 7. If less than zero, print "0". Use this figure to find your tax in the tax tables.		10	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
11	YOUR LOUISIANA INCOME TAX - Print the amount from the tax table that corresponds with your filing status.		11	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
12	LESS: Credits from Louisiana Schedule A.		12	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
13A	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 12 from Line 11. If not required to file a federal return, or if less than zero, print "0".		13A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
13B	CONSUMER USE TAX - You must mark one of these boxes.	<input type="checkbox"/> No use tax due. <input type="checkbox"/> Amount from worksheet	13B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
13C	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 13A and 13B.		13C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
14A	TOTAL LOUISIANA INCOME TAX WITHHELD IN 2000 - Attach Form(s) W-2.		14A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
14B	PAYMENTS ON 2000 DECLARATIONS, CREDITS CARRIED FORWARD FROM 1999, AND PAYMENTS WITH EXTENSIONS.		14B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
14C	INVENTORY TAX CREDIT - See instructions.		14C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
14D	TOTAL PAYMENTS - Add Lines 14A, 14B, and 14C.		14D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
15	BALANCE DUE LOUISIANA - If Line 13C is larger than Line 14D, subtract Line 14D from Line 13C and print amount here. If return is delinquent, see instructions.	PAY THIS AMOUNT.	15	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
16	OVERPAYMENT - If Line 14D is larger than Line 13C, subtract Line 13C from Line 14D and print balance. This is the amount Louisiana owes you.		16	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
17A	Amount of Line 16 you want DONATED. Print the total from Schedule D, Line 5. (Attach Schedule D.)	DONATIONS	17A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
17B	Amount of Line 16 you want REFUNDED to you.	REFUND	17B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
17C	Amount of Line 16 you want CREDITED to 2001 tax.	CREDIT	17C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00

Signature required on back

Print your Social Security Number here. [] [] [] [] [] [] [] [] [] []

Do not complete this worksheet if you did not itemize your deductions on your federal return, or if Line 28 from your federal Schedule A is blank.

EXCESS ITEMIZED DEDUCTIONS WORKSHEET

1 FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. If you did itemize, print the amount of your federal itemized deductions from federal Form 1040, Schedule A, Line 28. 1 [] , [] [] [] , [] [] [] [] . 00
2 FEDERAL STANDARD DEDUCTION - Leave blank if you did not itemize. If you did itemize and your filing status is: 1, print \$4,400; 2 or 5, print \$7,350; 3, print \$3,675; 4, print \$6,450. 2 [] , [] [] [] [] [] [] [] . 00
3A EXCESS FEDERAL ITEMIZED DEDUCTIONS Subtract Line 2 from Line 1 - Leave blank if you did not itemize. 3A [] , [] [] [] , [] [] [] [] . 00
3B 50% Excess federal itemized deduction - Multiply Line 3A by .50 (Enter here and on Line 8 on front of return.) Round up to the nearest dollar. - Leave blank if you did not itemize. 3B [] , [] [] [] , [] [] [] [] . 00

TAX CREDITS 2000 LOUISIANA SCHEDULE A

PART 1 - CREDIT FOR TAXES PAID TO OTHER STATES - Complete this part only if you paid net income taxes to another state and you were a resident of Louisiana for the entire year. A copy of the return filed with the other state(s) must be submitted with this schedule. Print the amount of net income tax paid to another state. Round to the nearest dollar. 1 [] , [] [] [] , [] [] [] [] . 00

PART 2 - CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions 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 [] []
2E Multiply Line 2D by \$100 and print the result here. 2E [] , [] [] [] [] [] [] [] . 00

PART 3 - CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS
3A Print the value of computer equipment donated. Attach Form R-3400. 3A [] , [] [] [] , [] [] [] [] . 00
3B Multiply Line 3A by 40% (.40) and print the result here. Round to nearest dollar. 3B [] , [] [] [] , [] [] [] [] . 00

PART 4 - SPECIAL ALLOWABLE CREDIT
4A See instructions. 4A [] , [] [] [] , [] [] [] [] . 00
4B Multiply Line 4A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25. 4B [] [] [] [] . 00

PART 5 - OTHER CREDITS - See instructions. Attach authorization and proof of payment. 5 [] , [] [] [] , [] [] [] [] . 00

PART 6 - TOTAL CREDITS AGAINST LOUISIANA TAX Add Lines 1, 2E, 3B, 4B, and 5. Print here and on Line 12 of Form IT-540. 6 [] , [] [] [] , [] [] [] [] . 00

Please sign here. [] Mark this box if this is your first time to file. Do Not Submit A Photocopy Of This Return.

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.

Table with 4 columns: Signature, Date, Occupation, and Signature of paid preparer. Includes rows for taxpayer and spouse.

Area code and daytime telephone number [] [] [] [] [] [] [] [] [] []

Social Security Number, PTIN, or FEIN of PAID preparer [] [] [] [] [] [] [] [] [] []

Individual Income Tax Return Calendar year returns due 5/15/2001

MAIL TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3440

6110 [] [] [] [] [] [] [] [] [] [] For office use only. Extension claimed [] Field flag [] Routing code [] [] [] [] [] []