

2001 LOUISIANA Resident

PLEASE PRINT IN BLACK INK ONLY USING CAPITAL LETTERS.

For information on filing your return electronically via the internet, go to www.rev.state.la.us

WEB

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 APO | 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.

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|------|--|--|------|----------------------|---|----------------------|---|----------------------|------|--|----------------------|----------------------|----------------------|----|----------------------|----------------------|---|----------------------|---|----------------------|----|
| 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 MODIFIED FEDERAL INCOME TAX - See instructions and worksheet on page 23. | | 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 owed <input type="checkbox"/> Amount from Consumer Use Tax 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 2001 - Attach Form(s) W-2. | | 14A | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | 00 | | | | | | | | | | |
| 14B | PAYMENTS ON 2001 DECLARATIONS, CREDITS CARRIED FORWARD FROM 2000, AND PAYMENTS WITH EXTENSIONS. | | 14B | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | 00 | | | | | | | | | | |
| 14C1 | INVENTORY TAX CREDIT-See instructions. ... 14C1 | | 14C1 | <input type="text"/> | , | <input type="text"/> | . | 00 | 14C2 | <input type="text"/> | , | <input type="text"/> | . | 00 | 14C | <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 the Interest and Penalty Calculation Worksheet, page 12. | 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.) | | 17A | <input type="text"/> | , | <input type="text"/> | . | 00 | 17A1 | Amount of Line 16 you want CONTRIBUTED to START. See instructions, page 12. ... 17A1 | <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 2002 tax. | CREDIT | 17C | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | 00 | | | | | | | | | | |

Signature required on back

| | | |
|-------|----|----------|
| 62091 | 66 | 12312001 |
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Please paperclip W-2s and schedules here.



