

Print your Social Security Number here. _____

15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2003.	15D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
15E AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING. Enter name of partnership _____	15E	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
15F AMOUNT OF ESTIMATED PAYMENTS FOR 2004	15F	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
15G AMOUNT PAID WITH EXTENSION REQUEST.	15G	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
15H TOTAL REFUNDABLE CREDITS AND PAYMENTS - Add Lines 15A through 15G and print the result here.	15H	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
16 OVERPAYMENT - If Line 15H is less than or equal to Line 14, enter zero, "0," and skip Lines 17A through 20. If Line 15H is greater than Line 14, then subtract Line 14 from Line 15H and print the result here.	16	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
DONATIONS - If you wish to donate any or all of your overpayment on Line 16, list the amount(s) below.														
17A WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	17A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
17B LOUISIANA CANCER TRUST FUND - PROSTATE CANCER	17B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
17C LOUISIANA ANIMAL WELFARE COMMISSION	17C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
17D LOUISIANA HOUSING TRUST FUND	17D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
18 AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO START	18	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
19 AMOUNT OF LINE 16 TO BE REFUNDED TO YOU - See mailing address below. (Less amounts entered on Lines 17A through 18.)	REFUND 19	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
20 AMOUNT OF LINE 16 TO BE CREDITED TO 2005 INCOME TAX (Less amounts entered on Lines 17A through 19.)	CREDIT 20	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
21 AMOUNT YOU OWE - If Line 14 is equal to Line 15H, enter zero, "0." If Line 14 is greater than Line 15H, then subtract Line 15H from Line 14 and print the result here.	21	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
22 INTEREST - From Line 5 of the Interest Calculation Worksheet, page 24	22	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
23 DELINQUENT FILING PENALTY - From Line 7 of the Delinquent Filing Penalty Calculation Worksheet, page 24 ..	23	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
24 DELINQUENT PAYMENT PENALTY - See instructions for the Delinquent Payment Penalty, page 24.	24	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
25 UNDERPAYMENT PENALTY - See instructions for Underpayment Penalty, page 24 and/or Form R-210.	25	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
26 BALANCE DUE LOUISIANA - Add Lines 21, 22, 23, 24, and 25 and print the result here. Make check payable to: Louisiana Department of Revenue. Mail to P.O. Box 3550, Baton Rouge, LA 70821-3550. For electronic payment options, see page 2. DO NOT SEND CASH.	PAY THIS AMOUNT. 26	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

DO NOT SUBMIT A PHOTOCOPY OF THIS RETURN.

Please sign here. Mark this box if an extension is attached and place extension as first page of submitted form.

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. 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 in order to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted.

Your signature	Date	Your occupation	Signature of paid preparer other than taxpayer	
Spouse's signature (If filing jointly, both must sign.)	Date	Spouse's occupation	Telephone number of paid preparer ()	Date


Area code and daytime telephone number <input type="text"/>	MAIL PAYMENTS TO: Department of Revenue P. O. Box 3550 Baton Rouge, LA 70821-3550	Social Security Number, PTIN, or FEIN of PAID preparer <input type="text"/>
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Individual Income Tax Return
Calendar year returns due 5/16/2005.

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

Do Not Submit A PHOTOCOPY OF YOUR FEDERAL RETURN.

6541	For office use only				
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Extension claimed	<input type="checkbox"/> Field flag	<input type="text"/>
<input type="checkbox"/> Routing code	<input type="text"/>				<input type="text"/>



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2004 ADJUSTMENTS TO INCOME **LOUISIANA SCHEDULE E**

<p>1 FEDERAL ADJUSTED GROSS INCOME - Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 36, OR Federal Telefile worksheet, Line "I." If less than zero, print "0."</p>	1	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>2 INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS - Print the amount of interest and dividend income not reported on your federal return that is taxable to Louisiana. See instructions, page 19.</p>	2	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>2A RECAPTURE OF START CONTRIBUTIONS - See instructions, page 19.</p>	2A	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>3 TOTAL - Add Lines 1, 2, and 2A and print the result here.</p>	3	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4 NONTAXABLE INCOME - Print on each line below the amount of income included in Line 1 above that is not taxable by Louisiana. If less than zero, print "0." Please see instructions for Lines 4A through 4M, beginning on page 19.</p>	4	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4A INTEREST AND DIVIDENDS ON U. S. GOVERNMENT OBLIGATIONS</p>	4A	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4B LOUISIANA STATE EMPLOYEES' RETIREMENT BENEFITS (Date retired: _____)</p>	4B	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4C LOUISIANA STATE TEACHERS' RETIREMENT BENEFITS (Date retired: _____)</p>	4C	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4D1 FEDERAL RETIREMENT BENEFITS (Date retired: _____)</p>	4D1	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4D2 OTHER RETIREMENT BENEFITS (Date retired: _____) You must print the name of the retirement system whose benefits you are receiving that are specifically exempt from Louisiana income tax. Print name below.</p>	4D2	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4E ANNUAL RETIREMENT INCOME EXEMPTION FOR TAXPAYERS 65 or OVER. See instructions for worksheet and computation, page 20. You must print the name of pension(s) or annuity(ies) below.</p>	4E	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4F TAXABLE AMOUNT OF SOCIAL SECURITY BENEFITS Print the amount shown on your Federal Form 1040, Line 20b, OR Federal Form 1040A, Line 14b.</p>	4F	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4G NATIVE AMERICAN INCOME - See instructions, page 20.</p>	4G	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4H OTHER: List the source and amount of other income that Louisiana cannot tax. Do not list active federal or military income or income earned in another state. (See instructions, page 20.) Note: Credit for taxes paid to other states is claimed on Nonrefundable Tax Credits, Schedule G, Line 1. Part-year residents should use Form IT-540B. Nonresident professional athletes should use Form IT-540B-NRA.</p>	4H	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4I START SAVINGS PROGRAM CONTRIBUTION See instructions, page 20.</p>	4I	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4J MILITARY PAY EXCLUSION - See instructions, page 20.</p>	4J	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4K TOTAL - Add Lines 4A through 4J and print the result here.</p>	4K	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4L FEDERAL TAX APPLICABLE TO EXEMPT INCOME See instructions, page 20. This amount cannot exceed the amount on Line 8 of Form IT-540.</p>	4L	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>4M NONTAXABLE INCOME - Subtract Line 4L from Line 4K and print the result here.</p>	4M	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>5 LOUISIANA ADJUSTED GROSS INCOME - Subtract Line 4M from Line 3. Print the result here and on Line 7 of Form IT-540. Mark the box on Line 7 of Form IT-540 indicating that Schedule E was used.</p>	5	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	,	<input style="width: 20px; height: 20px;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>



2004 REFUNDABLE TAX CREDITS

SCHEDULE F

1	INVENTORY TAX CREDIT - See instructions, page 21.	1	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS - See instructions, page 21.	2	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES - See instructions, page 21.	3	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT - See instructions, page 21.	4	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5	TOTAL - Add Lines 1, 2, 3, and 4. Print the result here and on Line 15B of Form IT-540.	5	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

2004 NONREFUNDABLE TAX CREDITS

SCHEDULE G

1	CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES - Complete this part only if you paid income tax liabilities to other states 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 the paid income tax liabilities to the other state(s). Round to the nearest dollar.	1	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
2	CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions, page 21 for definitions of these disabilities.																																	
	<table border="0"> <tr> <td></td> <td>Deaf</td> <td>Loss of limb</td> <td>Mentally incapacitated</td> <td>Blind</td> <td></td> </tr> <tr> <td>2A Yourself</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>2B Spouse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>2C Dependent *</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>		Deaf	Loss of limb	Mentally incapacitated	Blind		2A Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2B Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2C Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	Deaf	Loss of limb	Mentally incapacitated	Blind																														
2A Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
2B Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
2C Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
	*2C List dependent name(s) here. _____																																	
	2D Print the total number of qualifying individuals. Only one credit is allowed per person.	2D	<input type="text"/>	<input type="text"/>																														
	2E Multiply Line 2D by \$100 and print the result here.	2E	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
3	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS																																	
	3A Print the value of computer equipment donated. Attach Form R-3400.	3A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
	3B Multiply Line 3A by 40% (.40) and print the result here. Round to nearest dollar.	3B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
4	CREDIT FOR CERTAIN FEDERAL CREDITS																																	
	4A See instructions, page 21.	4A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
	4B Multiply Line 4A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25.	4B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
5	CREDIT FOR GASOLINE AND SPECIAL FUELS TAXES PAID TO OPERATE A COMMERCIAL FISHING VESSEL	5	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
6	FAMILY RESPONSIBILITY CREDIT (LIMITED TO \$200)	6	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
7	CREDIT FOR SMALL TOWN DOCTORS AND DENTISTS	7	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
8	BONE MARROW DONOR EXPENSE CREDIT	8	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
9	CREDIT FOR EDUCATIONAL EXPENSES RELATED TO DEGREE IN LAW ENFORCEMENT (LIMITED TO \$750)	9	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
10	CREDIT FOR EMPLOYMENT OF CERTAIN FIRST-TIME DRUG OFFENDERS	10	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
11	CREDIT FOR PURCHASE OF A BULLETPROOF VEST (LIMITED TO \$100)	11	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								
12	CREDIT FOR MAINTAINING A HOUSEHOLD FOR CERTAIN DISABLED DEPENDENTS	12	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>																								



Print your Social Security Number here.

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2004 NONREFUNDABLE TAX CREDITS (continued) SCHEDULE G

13	CREDIT FOR EMPLOYMENT IN A QUALIFIED MOTION PICTURE PRODUCTION	13	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
14	CREDIT FOR EMPLOYMENT OF THE PREVIOUSLY UNEMPLOYED	14	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
15	MOTION PICTURE INVESTOR TAX CREDIT	15	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
16	CREDIT FOR DONATIONS TO ASSIST QUALIFIED PLAYGROUNDS	16	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
17	LOUISIANA BASIC SKILLS TRAINING TAX CREDIT	17	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
18	RESEARCH AND DEVELOPMENT TAX CREDIT	18	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
19	NEW MARKETS TAX CREDIT	19	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
20	CREDIT FOR DEBT ISSUANCE COSTS	20	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
21	CREDIT FOR REHABILITATION OF HISTORIC STRUCTURES	21	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
22	LOUISIANA CAPITAL COMPANIES CREDIT	22	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
23	CREDIT FOR DONATIONS TO THE DEDICATED RESEARCH INVESTMENT FUND	23	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
24	CREDIT FOR INSURANCE COMPANY PREMIUM TAX	24	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
25	TECHNOLOGY COMMERCIALIZATION CREDIT	25	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
26	ATCHAFALAYA TRACE HERITAGE AREA DEVELOPMENT ZONE TAX EXEMPTION	26	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
27	LOUISIANA BIOMEDICAL RESEARCH AND UNIVERSITY RESEARCH AND DEVELOPMENT PARKS ..	27	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
28	CREDIT FOR TAX EQUALIZATION	28	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
29	CREDIT FOR CERTAIN MANUFACTURING ESTABLISHMENTS	29	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
30	ENTERPRISE ZONE CREDIT	30	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
31	QUALITY JOBS PROGRAM CREDIT	31	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
32	CREDIT FOR CONVERTING VEHICLES TO ALTERNATIVE FUELS USAGE	32	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □
33	TOTAL NONREFUNDABLE CREDITS - Add Lines 1, 2E, 3B, 4B, and 5 through 32. Print the result here and enter this amount on Line 11C of Form IT-540.	33	□	,	□ □ □	,	□ □ □	,	□ □ □	.	□ □

