

★ **IT-540B**  
**2002 LOUISIANA Nonresident and Part-year Resident**

PLEASE PRINT IN BLACK INK ONLY USING ONLY CAPITAL LETTERS.

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



Please paperclip W-2s and schedules here.

If you are not required to file a federal return, indicate wages here, ,  . 00 mark this box, and go to Line 14A.

7 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 35, OR federal Telefile worksheet, Line "I". If your federal adjusted gross income is less than zero, print "0".	7	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
8 LOUISIANA INCOME - Print the amount from your federal return that is taxable to Louisiana. See instructions and attach a schedule.	8	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
9 RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME (Divide Line 8 by Line 7. Carry out two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%.)	9	<input type="text"/>	.	<input type="text"/>	%				

If you did not itemize your deductions on your federal return, leave Lines 10A, 10B, 10C, and 10D blank and go to Line 10E.

10A FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize or if Line 28 from your federal Schedule A is blank. If you did itemize, print the amount of your federal itemized deductions from federal Form 1040, Schedule A, Line 28.	10A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
10B FEDERAL STANDARD DEDUCTION - Leave blank if you did not itemize. If you did itemize and your filing status is: 1, print \$4,700; 2 or 5, print \$7,850; 3, print \$3,925; 4, print \$6,900.	10B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
10C EXCESS FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. Subtract Line 10B from Line 10A and print the balance here. If zero or less, print "0".	10C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
10D 57.5% EXCESS FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. Multiply Line 10C by .575. Round up to the nearest dollar.	10D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
10E LESS FEDERAL INCOME TAX - See instructions.	10E	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
10F TOTAL DEDUCTIONS - Add Lines 10D and 10E.	10F	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
10G ALLOWABLE DEDUCTIONS - Multiply Line 10F by the ratio on Line 9.	10G	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
11 LOUISIANA NET INCOME - Subtract Line 10G from Line 8. If less than zero, print "0".	11	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
12 YOUR LOUISIANA INCOME TAX - Print the amount from the Tax Computation Worksheet, page 8.	12	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
13 LESS CREDITS - Attach schedule and explanation.	13	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
14A ADJUSTED LOUISIANA INCOME TAX - Subtract Line 13 from Line 12. If not required to file a federal return, or if less than zero, print "0".	14A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
14B CONSUMER USE TAX - You must mark one of these boxes. <input type="checkbox"/> No use tax due. <input type="checkbox"/> Amount from Consumer Use Tax Worksheet, page 11.	14B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00
14C TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 14A and 14B.	14C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	00

Do Not Submit A Photocopy of Your Federal Return.



6321

63214

66 12312002

Print your Social Security Number here.

14D TOTAL INCOME TAX AND CONSUMER USE TAX - Print from Line 14C. .... 14D  ,  ,  . 00

15A TOTAL LOUISIANA INCOME TAX WITHHELD IN 2002 - Attach Form(s) W-2. .... 15A ●  ,  . 00

15B PAYMENTS ON 2002 DECLARATIONS, CREDITS CARRIED FORWARD FROM 2001, AND PAYMENTS WITH EXTENSIONS. .... 15B ▶  ,  ,  . 00

15C1 INVENTORY TAX CREDIT- See instructions. 15C1  ,  . 00 ▶ 15C2 CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES- (See instructions.) 15C2  ,  . 00 15C  ,  . 00

15D PRISON INDUSTRY ENHANCEMENT PROGRAM. (See instructions.) ..... 15D ▶  ,  ,  . 00

15E TOTAL PAYMENTS - Add Lines 15A, 15B, 15C and 15D. .... 15E  ,  ,  . 00

16 BALANCE DUE LOUISIANA - If Line 14D is larger than Line 15E, subtract Line 15E from Line 14D and print amount here. If return is delinquent, see Interest and Penalty Calculation Worksheet, page 10. **Make check payable to Louisiana Department of Revenue.** ..... 16 ●  ,  ,  . 00 **PAY THIS AMOUNT.**

17 OVERPAYMENT - If Line 15E is larger than Line 14D, subtract Line 14D from Line 15E and print balance. This is the amount Louisiana owes you. .... 17 ▶  ,  ,  . 00

18 Amount of Line 17 you want DONATED. Print the total from Schedule D below, Line 3. 18 ▶  ,  . 00 18A Amount of Line 17 you want CONTRIBUTED to START. See instructions, Page 9. .... 18A ▶  ,  . 00

19A Amount of Line 17 you want REFUNDED to you. .... REFUND 19A ●  ,  . 00

19B Amount of Line 17 you want CREDITED to your 2003 tax. .... CREDIT 19B ●  ,  . 00

**If you would like to make donations, please complete the following schedule.**  
**DONATION SCHEDULE 2002 LOUISIANA SCHEDULE D**

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 17 of Form IT-540B. Print on Lines 1 and 2 the portion of your overpayment you wish to donate. The total on Line 3 cannot exceed the amount of overpayment on Line 17 of Form IT-540B.

1 Wildlife Habitat and Natural Heritage Trust Fund ..... 1 ▶  ,  . 00

2 Louisiana Cancer Trust Fund - Prostate Cancer ..... 2 ▶  ,  . 00

3 Total Donations - Add Lines 1 and 2. Print here and on Line 18 of Form IT-540B. .... 3  ,  . 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. 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 joint, 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

Social Security Number, PTIN, or FEIN of PAID preparer

Please provide phone number. It may quicken your refund.

**Individual Income Tax Return**  
**Calendar year returns due 5/15/2003**

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

**For office use only.**

Extension claimed  Field flag

Routing code

