

2003 LOUISIANA Nonresident and Part-year Resident

Do Not Submit A Photocopy of Your Federal Return.

PLEASE PRINT IN BLACK INK ONLY USING ONLY CAPITAL LETTERS.

For name change, mark box.

For address change, mark box.

For decedent filing, mark box.

Form with fields for: Your first name and initial, Last name, If joint return, spouse's name and initial, Last name, Present home address, City, town, or APO, State, ZIP

SSN boxes for You and Spouse

Your Social Security Number

Spouse's Social Security Number

IMPORTANT!

You must print your SSN(s) above in same order as shown on federal return.

If this is an amended return, mark this box.

FILING STATUS: Print the appropriate number in the filing status box. It must agree with your 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(s) 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 X Yourself 65 or older Blind

B Spouse 65 or older Blind

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

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

Total of 6A & 6B

COMPUTATION OF TAX

Main computation table with rows 7-15E2, including fields for Federal Adjusted Gross Income, Louisiana Income, Net Income, and various tax credits.

Please paperclip W-2s and schedules here.



Print your Social Security Number here.

15F TOTAL PAYMENTS AND REFUNDABLE CREDITS - Add Lines 15A, 15B, 15C, 15D, and 15E2. ... 15F ▶ , , . 00

16 AMOUNT YOU OWE - If Line 14C is greater than Line 15F, subtract Line 15F from Line 14C and print the result. 16 ● , , . 00

16A INTEREST AND PENALTY FROM INTEREST AND PENALTY SCHEDULE LINE 5, PAGE 10. 16A ▶ , , . 00

16B BALANCE DUE LOUISIANA - Add Lines 16 and 16A. **Make check payable to Louisiana Department of Revenue and mail to PO Box 3550, Baton Rouge, LA 70821-3550. (Attach voucher.)** **PAY THIS AMOUNT** 16B ▶ , , . 00

17 OVERPAYMENT - If Line 15F is greater than Line 14C, subtract Line 14C from Line 15F and print the result. 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 5. 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. **Mail return to Louisiana Department of Revenue and mail to PO Box 3440, Baton Rouge, LA 70821-3440. REFUND** 19A ● , . 00

19B Amount of Line 17 you want **CREDITED** to your 2004 tax. **CREDIT** 19B ● , . 00

If you would like to make donations, please complete the following schedule.
DONATION SCHEDULE **2003 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, 2, 3, and 4 the portion of your overpayment you wish to donate. The total on Line 5 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 Louisiana Animal Welfare Commission 3 ▶ , . 00

4 Louisiana Housing Trust Fund 4 ▶ , . 00

5 Total Donations - Add Lines 1, 2, 3, and 4. Print here and on Line 18 of Form IT-540B. 5 , . 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 5/17/2004

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

MAIL PAYMENTS TO:
 Department of Revenue
 P. O. Box 3550
 Baton Rouge, LA 70821-3550

6432

For office use only.

Extension claimed Field flag

Routing code

