

★ IT-540B 2000 LOUISIANA Nonresident and Part-year Resident

WEB

PLEASE PRINT IN ALL CAPITAL LETTERS.

Please use black ink only.

If your name has changed, mark this box.

Form with fields for Name, Address, and Social Security Number.

Grid for Social Security Number entry.

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.

Filing status selection box.

- 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).

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
B Spouse
C. Number of dependents
D. Total exemptions

Total of 6A & 6B

Grid for Total of 6A & 6B

Grid for Total exemptions

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

If you are not required to file a federal return, indicate wages here,

Wages entry grid with .00 and mark this box instruction.

Lines 7-11: FEDERAL ADJUSTED GROSS INCOME, LOUISIANA INCOME, ADJUSTMENTS TO INCOME, TOTAL LOUISIANA INCOME, RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME.

If you did not itemize your deductions on your federal return, leave Lines 12a, 12b, 12c, and 12d blank and go to Line 12E.

Lines 12A-16C: FEDERAL ITEMIZED DEDUCTIONS, FEDERAL STANDARD DEDUCTION, EXCESS FEDERAL ITEMIZED DEDUCTIONS, FEDERAL TAX LIABILITY, TOTAL DEDUCTIONS, ALLOWABLE DEDUCTIONS, LOUISIANA NET INCOME, YOUR LOUISIANA INCOME TAX, LESS CREDITS, ADJUSTED LOUISIANA INCOME TAX, CONSUMER USE TAX, TOTAL INCOME TAX AND CONSUMER USE TAX.

Over

6117

Please paperclip W-2s and schedules here.



Print your Social Security Number here.

16D	TOTAL INCOME TAX AND CONSUMER USE TAX - Print from Line 16C. ....	16D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17A	TOTAL LOUISIANA INCOME TAX WITHHELD IN 2000 - Attach Form(s) W-2. ....	17A	<input checked="" type="radio"/>		<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17B	PAYMENTS ON 2000 DECLARATIONS, CREDITS CARRIED FORWARD FROM 1999, AND PAYMENTS WITH EXTENSIONS. ....	17B	<input checked="" type="radio"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>
17C	INVENTORY TAX CREDIT - See instructions. ....	17C	<input checked="" type="radio"/>		<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17D	TOTAL PAYMENTS - Add Lines 17A, 17B, and 17C. ....	17D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
18	BALANCE DUE LOUISIANA - If Line 16D is larger than Line 17D, subtract Line 17D from Line 16D and print amount here. If return is delinquent, see instructions. ....	18	<input checked="" type="radio"/>	<b>PAY THIS AMOUNT.</b>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
19	OVERPAYMENT - If Line 17D is larger than Line 16D, subtract Line 16D from Line 17D and print balance. This is the amount Louisiana owes you. ....	19	<input checked="" type="radio"/>		<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
20	Amount of Line 19 you want <b>DONATED</b> . ....	20	<input checked="" type="radio"/>	<b>DONATIONS</b>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
21A	Amount of Line 19 you want <b>REFUNDED</b> to you. ....	21A	<input checked="" type="radio"/>	<b>REFUND</b>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
21B	Amount of Line 19 you want <b>CREDITED</b> to your 2001 tax. ....	21B	<input checked="" type="radio"/>	<b>CREDIT</b>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

**If you would like to make donations, please complete the following schedule.**

**DONATION SCHEDULE** **2000 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 19 of Form IT-540B. Print on Lines 1 through 4 the portion of your overpayment you wish to donate. The total on Line 5 cannot exceed the amount of overpayment on Line 19.

1	Wildlife Habitat and Natural Heritage Trust Fund .....	1	<input checked="" type="radio"/>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2	Louisiana Senior Citizens' Trust Fund .....	2	<input checked="" type="radio"/>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3	Louisiana Breast Cancer Task Force .....	3	<input checked="" type="radio"/>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4	Children's Trust Fund .....	4	<input checked="" type="radio"/>	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5	Total Donations - Add Lines 1 through 4. Print here and on Line 20 of Form IT-540B. ....	5		<input type="text"/>		<input type="text"/>	.	<input type="text"/>	<input type="text"/>

**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.

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

**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

**6118**

**For office use only.**  Extension claimed  Field flag  Routing code