

PLEASE PRINT IN BLACK INK ONLY USING ONLY CAPITAL LETTERS.

If your name has changed, mark this 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 (number and street including apartment number or rural route), City, town, or APO, State, ZIP

Grid for Social Security Number (SSN) and Spouse's Social Security Number

Your Social Security Number

Spouse's Social Security Number

IMPORTANT!

You must print your SSN(s) above.

If this is an amended return, mark this box.

If your address has changed, 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 X Yourself
B Spouse
C Number of dependents
D Total exemptions

Total of 6A & 6B

6C

6D

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 16A.

Form with lines 7-11 for income and adjustments, including fields for amounts and percentages.

If you did not itemize your deductions on your federal return, leave Lines 12A, 12B, 12C, and 12D blank and go to Line 12E.

Form with lines 12A-12D for federal itemized deductions and standard deduction.

12E LESS MODIFIED FEDERAL INCOME TAX - See instructions and worksheet on page 10.

12F TOTAL DEDUCTIONS - Add Lines 12D and 12E.

12G ALLOWABLE DEDUCTIONS - Multiply Line 12F by the ratio on Line 11.

13 LOUISIANA NET INCOME - Subtract Line 12G from Line 10.

14 YOUR LOUISIANA INCOME TAX - Print the amount from the tax computation worksheet, page 8.

15 LESS CREDITS - Attach schedule and explanation.

16A ADJUSTED LOUISIANA INCOME TAX - Subtract Line 15 from Line 14.

16B CONSUMER USE TAX - You must mark one of these boxes. No use tax due. Amount from Consumer Use Tax Worksheet, page 11.

16C TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16A and 16B.



6215

62158

66 12312001

Print your Social Security Number here.

[Social Security Number input boxes]

WEB

16D TOTAL INCOME TAX AND CONSUMER USE TAX - Print from Line 16C. 16D
17A TOTAL LOUISIANA INCOME TAX WITHHELD IN 2001 - Attach Form(s) W-2. 17A
17B PAYMENTS ON 2001 DECLARATIONS, CREDITS CARRIED FORWARD FROM 2000, AND PAYMENTS WITH EXTENSIONS. 17B
17C1 INVENTORY TAX CREDIT-See instructions... 17C1
17C2 CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES- R.S. 47:6014. 17C2
17D TOTAL PAYMENTS - Add Lines 17A, 17B, and 17C. 17D
18 BALANCE DUE LOUISIANA - If Line 16D is larger than Line 17D, subtract Line 17D from Line 16D and print amount here. PAY THIS AMOUNT. 18
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
20 Amount of Line 19 you want DONATED. Print the total from Schedule D below, Line 5. 20
20A Amount of Line 19 you want CONTRIBUTED to START. See instructions, Page 9..... 20A
21A Amount of Line 19 you want REFUNDED to you. REFUND. 21A
21B Amount of Line 19 you want CREDITED to your 2002 tax. CREDIT. 21B

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

DONATION SCHEDULE

2001 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 of Form IT-540B.

1 Wildlife Habitat and Natural Heritage Trust Fund ..... 1
2 Louisiana Cancer Trust Fund - Prostate Cancer ..... 2
3 Louisiana Breast Cancer Task Force ..... 3
4 Children's Trust Fund ..... 4
5 Total Donations - Add Lines 1 through 4. Print here and on Line 20 of Form IT-540B. .... 5

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 [Area code input boxes]

Social Security Number, PTIN, or FEIN of PAID preparer [SSN input boxes]

Please provide phone number. It may quicken your refund.

Individual Income Tax Return
Calendar year returns due 5/15/2002

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

6216

For office use only.

Extension claimed Field flag Routing code [Input boxes]