

2004 LOUISIANA Nonresident and Part-year Resident

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.

Name and address information table with fields for first name, last name, joint return, present home address, city, town, or APO, state, and ZIP.

Your Social Security Number input field.

Your Social Security Number

Spouse's Social Security Number input field.

Spouse's Social Security Number

IMPORTANT!

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

Filing status input 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:

- A X Yourself
B Spouse
C Number of dependents
D Total exemptions

Total of 6A & 6B

6C input box

6D input box

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

Wages input fields.

Mark this box and enter zero, "0," on Line 14A.

Marking box.

Main tax calculation lines 7 through 13, including Federal Adjusted Gross Income, Louisiana Income, Ratio of Louisiana Income to Federal Adjusted Gross Income, Federal Income Tax, Allowable Federal Income Tax Deduction, Louisiana Net Income, Your Louisiana Income Tax, and Federal Child Care Credit.

NONREFUNDABLE TAX CREDITS

Nonrefundable tax credit lines 13A through 14C, including Amount of Nonrefundable Louisiana Child Care Credit, Other Nonrefundable Tax Credits, and Total Income Tax and Consumer Use Tax.

REFUNDABLE CREDITS AND PAYMENTS

Refundable credit lines 15A through 15C, including 2004 Refundable Louisiana Child Care Credit and Amount of Tax Withheld for 2004.



Signature box.

Complete and sign back of return.



Print your Social Security Number here.

12 digit Social Security Number input boxes

Table with 2 columns: Description and Amount. Rows include 15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2003, 15E AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING, 15F AMOUNT OF ESTIMATED PAYMENTS FOR 2004, 15G AMOUNT PAID WITH EXTENSION REQUEST, 15H TOTAL REFUNDABLE CREDITS AND PAYMENTS, 16 OVERPAYMENT, 17 TOTAL DONATIONS, 18 AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO START, 19 AMOUNT OF LINE 16 TO BE REFUNDED TO YOU, 20 AMOUNT OF LINE 16 TO BE CREDITED TO 2005 INCOME TAX, 21 AMOUNT YOU OWE, 22 INTEREST, 23 DELINQUENT FILING PENALTY, 24 DELINQUENT PAYMENT PENALTY, 25 UNDERPAYMENT PENALTY, 26 BALANCE DUE LOUISIANA.

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.

Signature table with columns: Your signature, Date, Your occupation, Signature of paid preparer other than taxpayer, Spouse's signature, Date, Spouse's occupation, Telephone number of paid preparer, Date.

Area code and daytime telephone number

10 digit phone number input boxes

Social Security Number, PTIN, or FEIN of PAID preparer

10 digit Social Security Number, PTIN, or FEIN input boxes

Please provide phone number. It may quicken your refund.

Individual Income Tax Return Calendar year returns due 5/16/2005.

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

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

For office use only

Office use only section with routing code, extension claimed, field flag, and other input boxes.



6546

Attach to return if completed.

Print your Social Security Number here.

--	--	--	--	--	--	--	--	--	--

If you would like to make a donation(s), please complete the following schedule.
2004 DONATION SCHEDULE **SCHEDULE D-NR**

Print on Lines 1, 2, 3, and 4 the portion of your overpayment shown on Line 16 you wish to donate. The total on Line 5 cannot exceed the amount of the overpayment on Line 16 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 the result here and on Line 17 of Form IT-540B.	5		,		,		.	00

2004 REFUNDABLE TAX CREDITS **SCHEDULE F-NR**

1	INVENTORY TAX CREDIT - See instructions, page 11.	1		,		,		.	00
2	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS - See instructions, page 11.	2		,		,		.	00
3	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES - See instructions, page 11.	3		,		,		.	00
4	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT - See instructions, page 11.	4		,		,		.	00
5	TOTAL - Add Lines 1, 2, 3, and 4. Print the result here and on Line 15B of Form IT-540B.	5		,		,		.	00

2004 NONREFUNDABLE TAX CREDITS **SCHEDULE G-NR**

1	CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions, page 11, for definitions of these disabilities.								
	Deaf Loss of limb Mentally incapacitated Blind								
1A	Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1B	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1C	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	*1C List dependent name(s) here. _____								
	1D Print the total number of qualifying individuals. Only one credit is allowed per person.	1D	<input type="text"/>						
1E	Multiply Line 1D by \$100 and print the result here.	1E		,		,		.	00
2	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS								
2A	Print the value of computer equipment donated. Attach Form R-3400.	2A		,		,		.	00
2B	Multiply Line 2A by 40% (.40) and print the result here. Round to nearest dollar.	2B		,		,		.	00
3	CREDIT FOR CERTAIN FEDERAL CREDITS								
3A	See instructions, page 12.	3A		,		,		.	00
3B	Multiply Line 3A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25.	3B						.	00
4	CREDIT FOR GASOLINE AND SPECIAL FUELS TAXES PAID TO OPERATE A COMMERCIAL FISHING VESSEL	4		,		,		.	00
5	FAMILY RESPONSIBILITY CREDIT (LIMITED TO \$200)	5		,		,		.	00
6	CREDIT FOR SMALL TOWN DOCTORS AND DENTISTS	6		,		,		.	00
7	BONE MARROW DONOR EXPENSES CREDIT	7		,		,		.	00



Attach to return if completed.

Print your Social Security Number here.

--	--	--	--	--	--	--	--	--	--

2004 NONREFUNDABLE TAX CREDITS (continued)

SCHEDULE G-NR

8	CREDIT FOR EDUCATIONAL EXPENSES RELATED TO DEGREE IN LAW ENFORCEMENT (LIMITED TO \$750)	8								00
9	CREDIT FOR EMPLOYMENT OF CERTAIN FIRST-TIME DRUG OFFENDERS	9								00
10	CREDIT FOR PURCHASE OF A BULLETPROOF VEST (LIMITED TO \$100)	10								00
11	CREDIT FOR MAINTAINING A HOUSEHOLD FOR CERTAIN DISABLED DEPENDENTS	11								00
12	CREDIT FOR EMPLOYMENT IN A QUALIFIED MOTION PICTURE PRODUCTION	12								00
13	CREDIT FOR EMPLOYMENT OF THE PREVIOUSLY UNEMPLOYED	13								00
14	MOTION PICTURE INVESTOR TAX CREDIT	14								00
15	CREDIT FOR DONATIONS TO ASSIST QUALIFIED PLAYGROUNDS	15								00
16	LOUISIANA BASIC SKILLS TRAINING TAX CREDIT	16								00
17	RESEARCH AND DEVELOPMENT TAX CREDIT	17								00
18	NEW MARKETS TAX CREDIT	18								00
19	CREDIT FOR DEBT ISSUANCE COSTS	19								00
20	CREDIT FOR REHABILITATION OF HISTORIC STRUCTURES	20								00
21	LOUISIANA CAPITAL COMPANIES CREDIT	21								00
22	CREDIT FOR DONATIONS TO THE DEDICATED RESEARCH INVESTMENT FUND	22								00
23	CREDIT FOR INSURANCE COMPANY PREMIUM TAX	23								00
24	TECHNOLOGY COMMERCIALIZATION CREDIT	24								00
25	ATCHAFALAYA TRACE HERITAGE AREA DEVELOPMENT ZONE TAX EXEMPTION	25								00
26	LOUISIANA BIOMEDICAL RESEARCH AND UNIVERSITY RESEARCH DEVELOPMENT PARKS CREDIT	26								00
27	CREDIT FOR TAX EQUALIZATION	27								00
28	CREDIT FOR CERTAIN MANUFACTURING ESTABLISHMENTS	28								00
29	ENTERPRISE ZONE CREDIT	29								00
30	QUALITY JOBS PROGRAM CREDIT	30								00
31	CREDIT FOR CONVERTING VEHICLES TO ALTERNATIVE FUELS USAGE	31								00
32	TOTAL NONREFUNDABLE CREDITS - Add Lines 1E, 2B, 3B, and 4 through 31. Print the result here and enter this amount on Line 13C of Form IT-540B.	32								00

