

# 2005 LOUISIANA Nonresident and Part-year Resident

PLEASE PRINT IN BLACK INK ONLY USING CAPITAL LETTERS.

For name change, mark box.

For decedent filing, mark box.

Spouse decedent, mark box.

For address change, mark box.

Your first name	MI	Last name	Suffix
If joint return, spouse's name	MI	Last name	Suffix
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"/>	Your Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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.

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:

A  Yourself  65 or older  Blind

B  Spouse  65 or older  Blind

C Number of dependents (Print number from Line 6C of federal return Form 1040 or 1040A, and print dependent name(s) below.)

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

Total of 6A & 6B

6C

6D

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

,  .

Mark this box and enter zero, "0," on 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 37. If your federal adjusted gross income is less than zero, print "0." .....7  ,  ,  .

8 LOUISIANA INCOME - Print the amount of income from your federal return that is taxable to Louisiana. See instructions, page 9 and attach a schedule with your name(s) and Social Security Number(s). .....8  ,  ,  .

9 RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME - Divide Line 8 by Line 7. Carry out to two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%. .....9  .  %

10A LESS FEDERAL INCOME TAX - If federal income tax deduction increased by federal disaster credit(s), and/or federal casualty loss deduction, mark box.  See instructions, page 9. ....10A  ,  ,  .

10B ALLOWABLE FEDERAL INCOME TAX DEDUCTION - Multiply Line 10A by the ratio on Line 9. ....10B  ,  ,  .

11 LOUISIANA NET INCOME - Subtract Line 10B from Line 8 and print the result here. If less than zero, print "0." .....11  ,  ,  .

12 YOUR LOUISIANA INCOME TAX - Print the amount from the Tax Computation Worksheet, Line "I," page 9. ....12  ,  ,  .

13 FEDERAL CHILD CARE CREDIT - Print the amount from your 2005 Federal Form 1040A, Line 29, or 2005 Federal Form 1040, Line 48. Important! See instructions, page 10. This amount will be used to compute your 2005 Louisiana Child Care Credit. ....13  ,  .

**NONREFUNDABLE TAX CREDITS**  
13A OTHER NONREFUNDABLE TAX CREDITS - From Schedule G-NR, Line 10 .....13A  ,  ,  .

13B AMOUNT OF NONREFUNDABLE LOUISIANA CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS. See Child Care Credit Worksheet, page 15. ....13B  ,  .

13C 2005 NONREFUNDABLE LOUISIANA CHILD CARE CREDIT - Your Federal AGI must be GREATER THAN \$25,000 in order to claim a credit on this line. See Child Care Credit Worksheet, page 15. ....13C  ,  .

13D TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 13A, 13B, and 13C and print the result here. ....13D  ,  ,  .

14A ADJUSTED LOUISIANA INCOME TAX - Subtract Line 13D from Line 12 and print the result here. If less than zero, print "0." .....14A  ,  ,  .

14B CONSUMER USE TAX - You must mark one of these boxes.  No use tax due.  Amount from Consumer Use Tax Worksheet, Line 2, page 13. ....14B  ,  ,  .

14C TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 14A and 14B and print the result here. ....14C  ,  ,  .

**REFUNDABLE CREDITS AND PAYMENTS**  
15A 2005 REFUNDABLE LOUISIANA CHILD CARE CREDIT - Your Federal AGI must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. - See Child Care Credit Worksheet, page 15. ....15A  ,  .

15B OTHER REFUNDABLE CREDITS - From Schedule F-NR, Line 9 .....15B  ,  .

15C AMOUNT OF TAX WITHHELD FOR 2005 - Attach W-2 Form(s). ....15C  ,  ,  .



Complete and sign back of return.

66407                      66    12312005

Please paperclip W-2s, extension, and schedules here.







Attach to return if completed. Print your Social Security Number here. →

**2005 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.

\*1C List dependent name(s) here. \_\_\_\_\_

	Deaf	Loss of limb	Mentally incapacitated	Blind	
<b>1A</b> Yourself .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>1B</b> Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>1C</b> Dependent * .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**1D** Print the total number of qualifying individuals. Only one credit is allowed per person. ....1D

**1E** Multiply Line 1D by \$100 and print the result here. ....1E  ,    .

**2 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS**

**2A** Print the value of computer equipment donated. Attach Form R-3400. See instructions, page 11. ....2A     ,     .

**2B** Multiply Line 2A by 40% (.40) and print the result here. Round to nearest dollar. ....2B     ,     .

**3 CREDIT FOR CERTAIN FEDERAL CREDITS**

**3A** See instructions, page 11. ....3A  ,    ,     .

**3B** Multiply Line 3A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25. ....3B   .

**OTHER NONREFUNDABLE CREDITS**

**SCHEDULE G - NR**

Enter credit description and associated code, along with dollar amount of credit claimed.

CREDIT DESCRIPTION	CODE	AMOUNT OF CREDIT CLAIMED
<b>4</b> MOTION PICTURE INVESTMENTS	<b>2 5 1</b>	.....4 <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"/>
<b>5</b> _____	<input type="text"/> <input type="text"/> <input type="text"/>	.....5 <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"/>
<b>6</b> _____	<input type="text"/> <input type="text"/> <input type="text"/>	.....6 <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"/>
<b>7</b> _____	<input type="text"/> <input type="text"/> <input type="text"/>	.....7 <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"/>
<b>8</b> _____	<input type="text"/> <input type="text"/> <input type="text"/>	.....8 <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"/>
<b>9</b> _____	<input type="text"/> <input type="text"/> <input type="text"/>	.....9 <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"/>
<b>10</b> TOTAL NONREFUNDABLE CREDITS – Add Lines 1E, 2B, 3B, and 4 through 9. Print the result here and enter this amount on Line 13A of Form IT-540B.		.....10 <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"/>

Description	Code
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140

Description	Code
Qualified Playgrounds	150
Debt Issuance	155
Atchafalaya Trace	200
Organ Donation	202
Household Expense	204
Vehicle Alternative Fuel	206
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212

Description	Code
New Markets	214
Brownfields Investor	216
Dedicated Research	220
LCDFI Credit	222
Motion Picture Investment	251
Research and Development	252
Historic Structures	253
Digital Interactive Media	254
Technology Commercialization	255

Description	Code
Motion Picture Resident	256
Capital Company	257
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Quality Jobs	320
Other	500

