

2007 LOUISIANA NONRESIDENT PROFESSIONAL ATHLETE

For name change, mark box.

PLEASE PRINT IN BLACK INK ONLY, USING CAPITAL LETTERS.

For decedent filing, mark box.

Spouse decedent, mark box.

For address change, mark box.

Your first name	Init.	Last name	Suffix
If joint return, spouse's name	Init.	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"/>
<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

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.

If an extension is attached, 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 here.

6 EXEMPTIONS:

- 6A Yourself 65 or older Blind
- 6B Spouse 65 or older Blind

Total of 6A & 6B

6C DEPENDENTS – Print dependent information below.
If you have more than 6 dependents, attach a statement to your return with the required information.

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (MM/DD/YYYY)

6C

Print the number from Line 6C of Federal Form 1040 or 1040A.

6D

TOTAL EXEMPTIONS
Total of 6A, 6B, and 6C.

7	FEDERAL ADJUSTED GROSS INCOME - Print the amount from your federal Form 1040, Line 37, OR federal Form 1040A, Line 21, OR federal Form 1040EZ, Line 4. If your federal adjusted gross income is less than zero, print "0."	7	\$	.00
8A	LOUISIANA INCOME - Print the amount of earned compensation from Schedule NRA-1, Line 5, page 14.	8A	\$	.00
8B	OTHER LOUISIANA-SOURCED INCOME - Print the amount of other income that was earned in Louisiana. See instructions, page 6.	8B	\$	.00
8C	TOTAL AMOUNT OF LOUISIANA INCOME - Add Lines 8A and 8B and print the result here.	8C	\$	.00
9	RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME - Divide Line 8C by Line 7. Carry out two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%.	9		%
If you did not itemize your deductions on your federal return, leave Lines 10A, 10B, 10C, and 10D blank and go to Line 10E.				
10A	FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. If you did itemize, print the amount of your federal itemized deductions from Federal Form 1040, Schedule A, Line 29.	10A	\$	.00
10B	FEDERAL STANDARD DEDUCTION - Leave blank if you did not itemize. If you did itemize and your filing status is: 1 or 3, print \$5,350; 2 or 5, print \$10,700; 4 print \$7,850.	10B	\$	.00
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. Subtract Line 10B from Line 10A and print the balance here. If zero or less, print "0."	10C	\$	.00
10D	57.5% EXCESS FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. Multiply Line 10C by .575. Round to the nearest dollar.	10D	\$	.00
10E	FEDERAL INCOME TAX - See instructions, page 6. If federal income tax has been decreased by a federal disaster credit allowed by IRS, complete Schedule H-NRA, and mark box. See instructions, page 9.	<input type="checkbox"/> 10E	\$	.00
10F	TOTAL DEDUCTIONS - Add Lines 10D and 10E.	10F	\$	.00
10G	ALLOWABLE DEDUCTIONS - Multiply Line 10F by the ratio on Line 9.	10G	\$.00



Print your Social Security Number here. →

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11	LOUISIANA NET INCOME - Subtract Line 10G from Line 8C. If less than zero, print "0."	11	\$.00
12	YOUR LOUISIANA INCOME TAX - Print the amount from the tax computation worksheet, page 7.	12	\$	.00
13A	EDUCATION CREDIT - A credit of \$25 is available for each qualified dependent who attended school from kindergarten through 12th grade for at least part of the year. Multiply the number of qualified dependents by \$25 and print the result.	13A	\$	.00
13B	OTHER NONREFUNDABLE CREDITS - Print amount from Schedule G-NRA, Line 10.	13B	\$	.00
13C	TOTAL NONREFUNDABLE CREDITS - Add Lines 13A and 13B and print the result.	13C	\$	.00
14	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 13C from Line 12. If less than zero, print "0."	14	\$	.00
15A	TOTAL LOUISIANA INCOME TAX WITHHELD IN 2007 - Attach Form(s) W-2.	15A	\$	.00
15B	PRINT TOTAL PAYMENTS FROM: 2007 DECLARATIONS, CREDIT CARRIED FORWARD FROM 2006, PAYMENT WITH EXTENSION, AND TEAM COMPOSITE PAYMENT MADE ON YOUR BEHALF. Enter Team Name _____	15B	\$	.00
15C	CREDIT FOR LA CITIZENS PROPERTY TAX ASSESMENT: See instructions, page 7.	15C	\$	.00
15D	OTHER REFUNDABLE TAX CREDITS - From Schedule F-NRA, Line 5	15D		
15E	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 15A through 15D and print the result.	15E	\$	.00
16	OVERPAYMENT - If Line 15E is equal to Line 14, print zero "0" here and go to Line 17. If Line 15E is greater than Line 14, subtract Line 14 from Line 15E and print the result here. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. If Line 15E is less than Line 14, print zero "0" on Lines 16 through 20 and go to Line 21.	16	\$	.00
17	UNDERPAYMENT PENALTY - Print the amount from Form R-210NRA, Line 19. See instructions for Underpayment Penalty, page 15.	17	\$	.00
18	ADJUSTED OVERPAYMENT - If Line 16 is greater than Line 17, subtract Line 17 from Line 16 and print the result. If Line 17 is greater than Line 16, print zero "0" here, subtract Line 16 from Line 17, and print the balance on Line 21.	18	\$	.00
19	AMOUNT TO BE CREDITED TO 2008 INCOME TAX - Print the amount of CREDIT overpayment that you wish to credit to 2008	19	\$	.00
20	AMOUNT TO BE REFUNDED - Subtract Line 19 from Line 18 and print the result. REFUND Mail to: Louisiana Department of Revenue, P O Box 4998, Baton Rouge, LA 70821-4998.	20	\$	.00
21	AMOUNT YOU OWE - If Line 14 is larger than Line 15E, subtract Line 15E from Line 14 and print amount.	21	\$	.00
22	INTEREST - From Line 5 of the Interest Calculation Worksheet, page 15.	22	\$	.00
23	DELINQUENT FILING PENALTY - From Line 7 of the Delinquent Filing Penalty Calculation Worksheet, page 15.	23	\$	.00
24	DELINQUENT PAYMENT PENALTY - From Line 7 of the Delinquent Payment Penalty Calculation Worksheet, page 15.	24	\$	.00
25	UNDERPAYMENT PENALTY - Print the amount from Line 19 of Form R-210NRA. See instructions, page 15.	25	\$	.00
26	BALANCE DUE LOUISIANA - Add Lines 21 through 25. Make check payable to Louisiana Department of Revenue. Mail to P O Box 4998, Baton Rouge, LA 70821-4998. PAY THIS AMOUNT. ▶	26	\$	.00

Under the penalties of perjury, I declare that I have examined this return including all accompanying documents, and to the best of my knowledge, and belief, it is true, correct, and complete. Declaration of paid preparer is based on all available information.

Please sign. ▶

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

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MAIL TO: Louisiana Department of Revenue
P. O. Box 4998
Baton Rouge, LA 70821-4998

Social Security Number, PTIN, or FEIN of paid preparer

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NONRESIDENT PROFESSIONAL ATHLETE
Calendar year return due 5/15/2008.

FOR OFFICE USE ONLY											
						<input type="checkbox"/> Extension claimed	<input type="checkbox"/> Field flag				
<input type="checkbox"/> Routing code											



7811

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2007 REFUNDABLE TAX CREDITS

SCHEDULE F - NRA

1 Credit for Amounts Paid by Certain Military Servicemembers for obtaining Louisiana Hunting and Fishing Licenses. *See instructions, page 8.*

1A Yourself Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or Identification number _____ State of issue _____

1B Spouse Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or Identification number _____ State of issue _____

1C Dependents: List dependent name(s).

Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____

1D Print the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals. **1D**

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ADDITIONAL REFUNDABLE CREDITS

Enter description and associated code, along with the dollar amount. See instructions beginning on page 8.

CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF CREDIT CLAIMED															
2 _____	<table border="1"><tr><td> </td><td> </td><td>F</td></tr></table>			F	2 <table border="1"><tr><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td><td> </td></tr></table> 00												
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3 _____	<table border="1"><tr><td> </td><td> </td><td>F</td></tr></table>			F	3 <table border="1"><tr><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td><td> </td></tr></table> 00												
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4 _____	<table border="1"><tr><td> </td><td> </td><td>F</td></tr></table>			F	4 <table border="1"><tr><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td><td> </td></tr></table> 00												
		F															
5 Total Refundable Tax Credits - Add Lines 1D, 2 through 4 and print here and on Form IT-540B-NRA, Line 15D. 5		<table border="1"><tr><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td><td> </td></tr></table> 00															

Description	Code	Description	Code	Description	Code	Description	Code
Inventory Tax	50F	Telephone Company Property	54F	Mentor-Protégé	57F	Angel Investor	61F
Ad Valorem Natural Gas	51F	Prison Industry Enhancement	55F	Milk Producers	58F	Broadway South	62F
Ad Valorem Offshore Vessels	52F	Urban Revitalization	56F	Technology Commercialization	59F	Quality Jobs	63F
Sound Recording Investment	53F			Historic Residential	60F	Other Refundable	80F

2007 MODIFIED FEDERAL INCOME TAX DEDUCTION

SCHEDULE H - NRA

1 Print the amount of your federal income tax liability found on Federal Form 1040, Line 57. *See instructions, page 9.* **1**

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2 Print the amount of federal disaster credits allowed by IRS. *See instructions, page 9.* **2**

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3 Add Lines 1 and 2 and print the result here and on Form 540B-NRA, Line 10E. *Mark the box on Line 10E to indicate that your income tax deduction has been increased.* **3**

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2007 NONREFUNDABLE TAX CREDITS

SCHEDULE G - NRA

1 CREDIT FOR CERTAIN DISABILITIES – Mark an “X” in the appropriate box(es).
 Only one credit is allowed per person. **See instructions beginning on page 9 for definitions of these disabilities.**
 * **1C** List dependent name(s) here. _____

	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"/>	

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. **1E** , .

2 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

2A Print the value of computer or other technological equipment donated. Attach Form R-3400. See instructions, page 10. ... **2A** , .

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

3 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

3A See instructions, page 10. **3A** , , .

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

ADDITIONAL NONREFUNDABLE TAX CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 10.

CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF CREDIT CLAIMED
4 _____	<input type="text"/> <input type="text"/> <input type="text"/>	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"/> <input type="text"/>
5 _____	<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"/>
6 _____	<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"/>
7 _____	<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"/>
8 _____	<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"/>
9 _____	<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"/>
10 TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 1E, 2B, 3B, and 4 through 9. Print the result here and enter on Form IT-540B-NRA, Line 13B.	10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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	Description	Code	Description	Code	Description	Code
Premium Tax	100	Donations of Materials, Equipment, Advisors, Instructors	175	Basic Skills Training	212	LA Digital Interactive Media	254
Commercial Fishing	105	Other	199	Brownfields Investor	216	Motion Picture Resident	256
Family Responsibility	110	Atchafalaya Trace	200	Dedicated Research	220	Capital Company	257
Small Town Doctor/Dentist	115	Organ Donation	202	New Jobs Credit	224	LCDFI	258
Bone Marrow	120	Household Expense for Physically and Mentally Incapable Persons	204	Refunds by Utilities	226	New Markets	259
Law Enforcement Ed.	125	Vehicle Alternative Fuel	206	Eligible Re-entrants	228	Other	299
First Time Drug Offenders	130	Previously Unemployed	208	Neighborhood Assistance	230	Biomed/University Research	300
Bulletproof Vest	135	Recycling Credit	210	Cane River Heritage	232	Tax Equalization	305
Nonviolent Offenders	140			LA Community Economic Dev.	234	Manufacturing Establishments	310
Qualified Playgrounds	150			Motion Picture Investment	251	Enterprise Zone	315
Debt Issuance	155			Research and Development	252	Other	399
Employee and Dependent Health Insurance	165			Historic Structures	253		

