



2003 LOUISIANA Nonresident Professional Athlete

PLEASE PRINT IN BLACK INK ONLY, USING CAPITAL LETTERS.

If your name has changed, mark this box.

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

<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"/>	<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.

If this is an amended return, mark this box.

If your address has changed, mark this box.

Please paperclip W-2s and schedules here.



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 Yourself 65 or older Blind

B Spouse 65 or older Blind

C Number of dependents (Print number from Line 6C of federal return; print names below.)

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

Total of 6A & 6B

6C

6D

7	FEDERAL ADJUSTED GROSS INCOME - Print the amount from your federal Form 1040, Line 34, OR federal Form 1040A, Line 21, OR federal Form 1040EZ, Line 4, OR federal Telefile worksheet, Line "I". If your federal adjusted gross income is less than zero, print "0".	7	▶	_____	.00
8	LOUISIANA INCOME - Print the amount from Schedule NRA-1, Line 5, page 10.	8	▶	_____	.00
9	RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME Divide Line 8 by Line 7. Carry out two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%.	9	▶	_____	%
10A	LESS FEDERAL INCOME TAX - See instructions.	10A	▶	_____	.00
10B	ALLOWABLE DEDUCTION - Multiply Line 10A by the ratio on Line 9.	10B	▶	_____	.00
11	LOUISIANA NET INCOME - Subtract Line 10B from Line 8. If less than zero, print "0".	11	▶	_____	.00
12	YOUR LOUISIANA INCOME TAX - Print the amount from the tax computation worksheet, page 6.	12	▶	_____	.00
13	LESS NONREFUNDABLE CREDITS - Attach schedule and explanation.	13	▶	_____	.00
14	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 13 from Line 12. If not required to file a federal return, or if less than zero, print "0".	14	▶	_____	.00

Print your Social Security Number here. _____

15A TOTAL LOUISIANA INCOME TAX WITHHELD IN 2003 – Attach Form(s) W-2.	15A ●	_____	.00
15B PAYMENTS ON 2003 DECLARATIONS, CREDIT CARRIED FORWARD FROM 2002, PAYMENTS WITH EXTENSIONS, AND TEAM COMPOSITE PAYMENTS MADE ON YOUR BEHALF.	15B ►	_____	.00
15C TOTAL PAYMENTS – Add Lines 15A and 15B.	15C	_____	.00
16 AMOUNT YOU OWE – If Line 14 is larger than Line 15C, subtract Line 15C from Line 14 and print amount here.	16 ●	_____	.00
16A INTEREST AND PENALTY FROM INTEREST AND PENALTY SCHEDULE, LINE 5, (inside back cover).	16A	_____	.00
16B BALANCE DUE LOUISIANA – Add Lines 16 and 16A. Make check payable to Louisiana Department of Revenue and mail to P.O. Box 4998, Baton Rouge, LA 70821-4998.	16B	PAY THIS AMOUNT _____	.00
17 OVERPAYMENT – If Line 15C is larger than Line 14, subtract Line 14 from Line 15C and print balance. This is the amount Louisiana owes you.	17 ►	_____	.00
18 Amount of Line 17 you want REFUNDED to you.	18 ●	REFUND _____	.00
19 Amount of Line 17 you want CREDITED to your 2004 tax.	19 ●	CREDIT _____	.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.



Mark this box if this is your first time to file.

DO NOT SUBMIT A PHOTOCOPY OF THIS RETURN.

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 _____

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

Individual Income Tax Return
Calendar year returns due 5/17/2004