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**WEB**

Print your Social Security Number here.

Name(s) as shown on Form IT-540B
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**If you would like to make donations, please complete the following schedule.**  
**DONATION SCHEDULE** **1999 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 5 the portion of your overpayment you wish to donate. The total on Line 6 cannot exceed the amount of overpayment on Line 19.

1	Wildlife Habitat and Natural Heritage Trust Fund .....	1	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2	Louisiana Senior Citizens' Trust Fund .....	2	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3	Louisiana Chapter of Ducks Unlimited .....	3	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4	Louisiana Breast Cancer Task Force .....	4	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5	Children's Trust Fund .....	5	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
6	Total Donations - Add Lines 1 through 5. Print here and on Line 20 of Form IT-540B. ....	6		<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

**6054**

**Taxpayer copy**

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2	Louisiana Senior Citizens' Trust Fund .....	2	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3	Louisiana Chapter of Ducks Unlimited .....	3	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4	Louisiana Breast Cancer Task Force .....	4	▶	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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6	Total Donations - Add Lines 1 through 5. Print here and on Line 20 of Form IT-540B. ....	6		<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

**6054**

**Please submit this copy.**