



- Extension attached
- If your name has changed, mark circle.
- If your address has changed, mark circle.
- If amended return, mark circle.
- If final return, mark circle.

You **must** enter your Revenue Account Number here

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FOR OFFICE USE ONLY.

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Field flag

Partnership Name				
Address				
City		State		ZIP

Income Taxable Period

Calendar year ending _____

Summary of tax paid on behalf of partners			
1	Total distributive share for RESIDENT partners included with the Louisiana Composite Partnership Return (Total of Line A for resident partners)		.00
2	Total Louisiana Composite Return tax paid on behalf of qualified RESIDENT partners (Total of Line C for resident partners)		.00
3	Total distributive share for NONRESIDENT partners included with the Louisiana Composite Partnership Return (Total of Line A for nonresident partners)		.00
4	Total Louisiana Composite Return tax paid on behalf of qualified NONRESIDENT partners (Total of Line C for nonresident partners)		.00
5	Total tax paid (Add Lines 2 and 4.)		.00
Computation of amount due			
6	Tax due (Line 5 above)		.00
7	Interest—See instructions.		.00
8	Penalty—See instructions.		.00
9	Amount due (Add Lines 6, 7, and 8 above.)		.00
Make payment to Louisiana Department of Revenue.			Do not send cash.

Under 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.

Signature		Date	
Signature of paid preparer other than taxpayer			
Social Security Number, PTIN, or FEIN of paid preparer			



