11 0022 (1700)										
P DR	O Extension attached	O If your name has changed, mark circle.	O If your address has changed, mark circle.	O If am	nended ret c circle.	urn,	0		al ret k circ	
Contributing to a better quality of life.				You r	nust ente	r your F	Reven	ue A	ccou	ınt
Louisiana Composite					N	umber h	ere			
Partnership Return						П				
Louisiana Department of Revenue					PLEA	SE PF	RINT	OF	RTY	PE
P. O. Box 201 Baton Rouge, LA 70821-0201		Partnership Name								
		Address								
FOR OFFICE USE ONLY. Field f	lag	City		State		2	ZIP			

Income Taxable Period

Calender 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 from Line A for resident partners)	.00
2	Total Louisiana Composite Return tax paid on behalf of qualified RESIDENT partners (Total from Line C for resident partners)	.00
3	Total distributive share for NONRESIDENT partners included with the Louisiana Composite Partnership Return (Total from Line A for nonresident partners)	.00
4	Total Louisiana Composite Return tax paid on behalf of qualified NONRESIDENT partners (Total from Line C for nonresident partners)	.00
	Computation of amount due	
5	Total tax (Add Lines 2 and 4 and print the result.)	.00
6	Amount paid on your behalf by a composite partnership filing Enter the name of the partnership	.00
7	Estimated payments for 2007.	.00
8	Amount paid with extension request - See instructions.	.00
9	Total payments (Add Lines 6, 7, and 8 and print the result.)	.00
10	Overpayment - If Line 9 is greater than Line 5, subtract Line 5 from Line 9 and print the result.	.00
11	Amount You Owe - If Line 5 is greater than Line 9, subtract Line 9 from Line 5 and print the result.	.00
12	Interest - See instructions.	.00
13	Delinquent Filing Penalty - See instructions.	.00
14	Balance Due Louisiana - Add Lines 11, 12, and 13 above and print the result.)	.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 (dd/mm/yyyy)
Signature of paid preparer other than taxpayer	
Social Security Number, PTIN, or FEIN of paid preparer	



Partnership Name



Louisiana Composite Partnership Return

Louisiana Department of Revenue P. O. Box 201 Baton Rouge, LA 70821-0201

Resident Partners

PLEASE PRINT OR TYPE.

Revenue Account Number						
Partner Number	Name and address of partner	Partner ID number (Social Security Number or Revenue Account Number)	Distributable share			
A. Total distributive share for resident partners included with the Louisiana Composite Return						
B. Tax RateX .06						
C. Total LA Composite Return Tax paid on behalf of qualified resident partners (Multiply the partner's share of Line A by Line B.)						



Partnership Name



Louisiana Composite Partnership Return

Louisiana Department of Revenue P. O. Box 201 Baton Rouge, LA 70821-0201

Page	of	
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Nonresident Partners

PLEASE PRINT OR TYPE.

Revenue Account Number							
Partner Number	Name and address of partner	Partner ID number (Social Security Number or Revenue Account Number)	Distributable share	Nonresident partner agreement filed	Included in Composite Return		
A. Total distributive share for nonresident partners included with the Louisiana Composite Return							
B. Tax Rate							
C. Total LA Composite Return Tax paid on behalf of qualified nonresident partners (Multiply the partner's share of Line A by Line B.)							

