R-6922 (1/10)

Louisiana Composite Partnership Return

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

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

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

PLEASE PRINT OR TYPE.

Partnership Name		
Address		
City	State	ZIP

FOR OFFICE USE ONLY. Field flag

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 amount of income tax paid on behalf of qualified Resident partners with this Composite Partnership filing. (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 amount of income tax paid on behalf of qualified Nonresident partners with this Composite Partnership filing. (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 Print the name of the partnership. _____		.00
7	Estimated payments for 2009.		.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	

SPEC CODE

2750

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Resident Partners

PLEASE PRINT OR TYPE.

Partnership Name
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 Rate ..... **X** .06

C. Total amount of income tax paid on behalf of qualified resident partners (Multiply the partner's share of Line A by Line B.) ..... _____

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Nonresident Partners

PLEASE PRINT OR TYPE.

Partnership Name

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 ..... **X** .06

C. Total amount of income tax paid on behalf of qualified nonresident partners (Multiply the partner's share of Line A by Line B.) .... _____

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