



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

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

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PLEASE PRINT OR TYPE.

Partnership Name		
Address		
City	State	ZIP

FOR OFFICE USE ONLY.	Field flag												
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Income Taxable Period

Calendar/Fiscal year ending

Summary of tax paid on behalf of partners		
1	Total distributive income for RESIDENT partners included with the Louisiana Composite Partnership Return (Total from Line A of Resident Partners Schedule)	.00
2	Total amount of income tax paid on behalf of qualified Resident partners with this Composite Partnership filing. (Total from Line C of Resident Partners Schedule)	.00
3	Total distributive income for NONRESIDENT partners included with the Louisiana Composite Partnership Return (Total from Line A of Nonresident Partners Schedule)	.00
4	Total amount of income tax paid on behalf of qualified NONRESIDENT partners with this Composite Partnership filing. (Total from Line C of Nonresident Partners Schedule)	.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 2011.	.00
8	Amount paid with extension request	.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	.00
13	Delinquent Filing Penalty	.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

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Louisiana Composite Partnership Return

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

Resident Partners Schedule

PLEASE PRINT OR TYPE.

Partnership Name
Revenue Account Number

1	2	3	4	5	6
Partner Number	Name and address of partner	Partner ID number <small>(Social Security Number or Revenue Account Number)</small>	Included in Composite Return <small>(Yes/No)</small>	Distributable Losses	Distributable Income

A. Total distributive income for resident partners included with the Louisiana Composite Return (DO NOT NET DISTRIBUTABLE LOSSES)	_____
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.)	_____





LDR
Contributing to a better quality of life

Louisiana Composite Partnership Return

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

Nonresident Partners Schedule

PLEASE PRINT OR TYPE.

Partnership Name

Revenue Account Number

1	2	3	4	5	6	7
Partner Number	Name and address of partner	Partner ID number <small>(Social Security Number or Revenue Account Number)</small>	Nonresident Partner Agreement Filed <small>(Yes/No)</small>	Included in Composite Return <small>(Yes/No)</small>	Distributable Losses	Distributable Income

A. Total distributive income for nonresident partners included with the Louisiana Composite Return
 (DO NOT NET DISTRIBUTABLE LOSSES)

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.)

