

State of Louisiana
Department of Revenue

Louisiana Composite Partnership Return

Partnership name, address and ZIP _____ _____ _____	Revenue account number _____ Taxable period beginning _____ Taxable period ended _____						
	<table style="width:100%; border: none;"> <tr> <td style="text-align: right; padding-right: 10px;">Month</td> <td style="text-align: right; padding-right: 10px;">Day</td> <td style="text-align: right;">Year</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">Month</td> <td style="text-align: right; padding-right: 10px;">Day</td> <td style="text-align: right;">Year</td> </tr> </table>	Month	Day	Year	Month	Day	Year
Month	Day	Year					
Month	Day	Year					

Summary of tax paid on behalf of partners	
1) Total distributive share for RESIDENT partners included with the Louisiana Composite Partnership Return	_____
2) Total Louisiana Composite Return tax paid on behalf of qualified RESIDENT partners	_____
3) Total distributive share for NONRESIDENT partners included with the Louisiana Composite Partnership Return	_____
4) Total Louisiana Composite Return tax paid on behalf of qualified NONRESIDENT partners	_____
5) Total tax paid (add Lines 2 and 4)	_____

Computation of amount due	
6) Tax due (Line 5 above)	_____
7) Interest – see instructions	_____
8) Penalty – see instructions	_____
9) Amount due (add Lines 6, 7 and 8 above)	_____
Make payment to: Louisiana Department of Revenue P.O Box 4998 Baton Rouge, LA 70821 – 4998	
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

