

Louisiana Department of Revenue Fiduciary Income Tax Declaration for Electronic Filing

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO). For calendar year 2023, or tax year beginning ______, 2023. ending ______, 2024

, 2020, ending,						, 20	PLEASE PRINT OR TYPE			
Name of Estate or Trust										
Louisiana Revenue Account Number						Fe	Federal Employer Identification Number (FEIN)			
Address of Estate or Trust						Un	Unit Type Unit Number			
City		State		ZI	þ	For	Foreign Nation, if n		f not United States (do not abbreviate)	
Part 1 - Tax Return Information <i>(whole dollars only)</i>										
1								.00		
2	Refund (Form IT-541, Line 25)					2		.00		
3	Total amount due (Form IT-541, Line 30)							.00		
4	Amount of payment remitted electronically							.00		
Part II - Declaration of Fiduciary (Sign only after Part I is completed.)										
lines of the Louisiana 2023 Fiduciary Income tax return. To the best of my knowledge and belief, the estate's or trust's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the estate's or trust's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate's or trust's return is accepted, and, if rejected, the reason(s) for the rejection. I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer. Signature of Officer Date (mm/dd/yyyy) Title										
Cigi		Date (mm/dd/yyyy)								
Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer										
I declare that I have reviewed the above estate's or trust's return and that the entries on LA8453-F are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The fidu- ciary or trustee will have signed this form before I submit the return. I will give the fiduciary or trustee a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate's or trust's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's Use Only										
	D'S Signature				Check if		ERO's SS	ERO's SSN or PTIN		
							employed			
Firm's Name (or yours if self-employed)								FEIN		
City State ZIP						ZIP		Phone Number		
Paid Preparer's Use only										
	parer's Signature	Date (mm/dd/yyyy)	Check if self-employed				arer's SSN or PTIN			
Firm's Name (or yours if self-employed)								FEIN		
City			<u> </u>		State	ZIP		Phone N	umber	