

**Louisiana Department of Revenue**  
 Post Office Box 91011  
 Baton Rouge, LA 70821-9011

|  |   |
|--|---|
| LA Corporation<br>Income Tax<br>Return for <b>2024</b> | LA Corporation<br>Franchise Tax<br>Return for <b>2025</b> |
| <b>Mark box if:</b>                                    |   |
| Calendar Year Filer                                    | <input type="checkbox"/>                                  |
| Fiscal Year Filer <i>(Enter dates below.)</i>          | <input type="checkbox"/>                                  |
| Short Period Return <i>(Enter dates below.)</i>        | <input type="checkbox"/>                                  |
| <b>Income (mmdyy)</b>                                  | <b>Franchise (mmdyy)</b>                                  |
| Begun <input type="text"/>                             | Begun <input type="text"/>                                |
| Ended <input type="text"/>                             | Ended <input type="text"/>                                |

**Mark box if:**

- Name Change
- Address Change
- Amended Return
- Amended Due to IRS Audit
- Entity Not Required to File Franchise Tax
- Entity Not Required to File Income Tax
- First Time Filing of This Form
- Final Return
- Timely Requested Extension for Federal Income Tax

**Enter your LDR Account Number here (Not FEIN):**

|   |  |             |   |
|---|--|-------------|---|
| <input type="text"/> |  |             | For office use only. <input type="checkbox"/> |
| Legal Name  |  |             |   |
| Trade Name  |  |             |   |
| Mailing Address   |  |             |   |
| Unit Type   |  | Unit Number |   |
| City  |  | State       | ZIP   |
| Foreign Nation, if not United States <i>(Do not abbreviate.)</i>  |  |             |   |

|   |  |
|---|--|
| A. Federal Employer Identification Number   | <input type="text"/>                                     |
| B. Total business interest expense  | <input type="text"/>                                     |
| C. Total business interest expense deduction  | <input type="text"/>                                     |
| D. Income tax apportionment percentage  | <input type="text"/> %                                   |
| E. Gross revenues   | <input type="text"/>                                     |
| F. Total assets   | <input type="text"/>                                     |
| G. NAICS code   | <input type="text"/>                                     |
| H. Enter the state abbreviation for location of the principal place of business.            | <input type="text"/>                                     |
| I. Does the income of this corporation include the income of any disregarded entities?      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| J. Was the income of this corporation included in a consolidated federal income tax return? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| K. If answered yes to J, enter FEIN of consolidated federal income tax return.              | <input type="text"/>                                     |
| L. Do the books of the corporation contain intercompany debt?                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| M. Enter the code for the federal form filed.   | <input type="text"/>                                     |
| N. Enter the code for the type of entity.   | <input type="text"/>                                     |
| O. Pass-Through Entity Tax Election   | <input type="checkbox"/>                                 |

| Computation of Income Tax - See instructions.            |                      |
|--|----------------------|
| 1A. Louisiana net income before loss adjustments         | <input type="text"/> |
| 1B. Subchapter S corporation exclusion                   | <input type="text"/> |
| Loss carryforward [\$.00]                                |                      |
| 1C. less federal tax refund applicable to loss [\$.00]   | <input type="text"/> |
| Attach schedule.   |                      |
| 1C1. Loss carryforward utilized                          | <input type="text"/> |
| 1D. Louisiana taxable income                             | <input type="text"/> |
| 2. Louisiana income tax                                  | <input type="text"/> |
| 3. Nonrefundable income tax credits from Schedule NRC-P1 | <input type="text"/> |
| 4. Income tax after priority 1 credits                   | <input type="text"/> |

| Computation of Franchise Tax - See instructions.                               |                        |
|--|------------------------|
| 5A. Total capital stock, surplus, & undivided profits                          | <input type="text"/>   |
| 5B. Franchise tax apportionment percentage                                     | <input type="text"/> % |
| 5C. Franchise taxable base   | <input type="text"/>   |
| 6. Amount of assessed value of real and personal property in Louisiana in 2024 | <input type="text"/>   |
| 7. Louisiana franchise tax   | <input type="text"/>   |
| 8. Nonrefundable franchise tax credits from Schedule NRC-P1                    | <input type="text"/>   |
| 9. Franchise tax after priority 1 credits                                      | <input type="text"/>   |

**IMPORTANT!**

All three (3) pages of this return MUST be mailed in along with completed schedules and any barcode page that prints with your return when completed online. **Do not send cash.**



| FOR OFFICE USE ONLY                 |                      |
|-------------------------------------|----------------------|
| <input type="checkbox"/> Field Flag | <input type="text"/> |



Enter your LDR Account Number here. ▶

| Net Amount Due  |                      |                          |                          |
|---|----------------------|--------------------------|--------------------------|
|   | Col. 1 - Income Tax  | Col. 2 - Franchise Tax   | Col. 3 - Total           |
| 26. Net overpayment   | <input type="text"/> | 26. <input type="text"/> | 26. <input type="text"/> |
| 27. Amount of overpayment you want to donate to The Military Family Assistance Fund | <input type="text"/> | <input type="text"/>     | 27. <input type="text"/> |
| 28. Amount of overpayment to be credited to 2025 income tax                         | <input type="text"/> | <input type="text"/>     | 28. <input type="text"/> |
| 29. Amount of overpayment to be credited to 2026 franchise tax                      | <input type="text"/> | <input type="text"/>     | 29. <input type="text"/> |
| 30. Amount of overpayment to be refunded  | <input type="text"/> | <input type="text"/>     | 30. <input type="text"/> |

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at [www.revenue.louisiana.gov/LaTap](http://www.revenue.louisiana.gov/LaTap).

Under the 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 preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                       |  |                  |                   |
|-----------------------|--|------------------|-------------------|
| Signature of Officer  |  | Title of Officer |                   |
| Print Name of Officer |  | Telephone        | Date (mm/dd/yyyy) |
| Email Address         |  |                  |                   |

|                                       |                       |  |                      |                   |   |
|---------------------------------------|-----------------------|--|----------------------|-------------------|---|
| <b>PAID<br/>PREPARER<br/>USE ONLY</b> | Print Preparer's Name |  | Preparer's Signature | Date (mm/dd/yyyy) | Check <input type="checkbox"/> if Self-employed |
|                                       | Firm's Name ▶         |  |                      | Firm's FEIN ▶     |   |
|                                       | Firm's Address ▶      |  |                      | Telephone ▶       |   |

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PTIN, FEIN, or LDR Account Number of Paid Preparer

For Office Use Only.



**IMPORTANT!**

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|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

| Schedule NRC-P1 – Nonrefundable Priority 1 Credits  |      |                                    |                                       |
|---|------|------------------------------------|---------------------------------------|
| Description   | Code | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 1.  |      |                                    |                                       |
| 2.  |      |                                    |                                       |
| 3.  |      |                                    |                                       |
| 4.  |      |                                    |                                       |
| 5.  |      |                                    |                                       |
| 6.  |      |                                    |                                       |
| 7. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 6.<br>Enter here and on Form CIFT-620, Line 3.    |      |                                    |                                       |
| 8. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 6.<br>Enter here and on Form CIFT-620, Line 8. |      |                                    |                                       |

| Description | Code |
|-------------|------|
| Premium Tax | 100  |
| Bone Marrow | 120  |

| Description           | Code |
|-----------------------|------|
| Qualified Playgrounds | 150  |
| Debt Issuance         | 155  |

| Description                 | Code |
|-----------------------------|------|
| Donations to Public Schools | 170  |
| Other                       | 199  |

| Schedule RC-P4 – Refundable Priority 4 Credits  |      |                                    |                                       |
|---|------|------------------------------------|---------------------------------------|
| Description   | Code | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 1.  | F    |                                    |                                       |
| 2.  | F    |                                    |                                       |
| 3.  | F    |                                    |                                       |
| 4.  | F    |                                    |                                       |
| 5.  | F    |                                    |                                       |
| 6. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 5.<br>Enter the result here and on Form CIFT-620, Line 16B, Col. 1. |      |                                    |                                       |
| 7. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5.<br>Enter here and on Form CIFT-620, Line 16B, Col. 2.         |      |                                    |                                       |

| Description            | Code |
|------------------------|------|
| Inventory Tax          | 50F  |
| Ad Valorem Natural Gas | 51F  |



Enter your LDR Account Number here. ▶

| Schedule NRC-P3 – Part I – Nonrefundable Priority 3 Credits |                      |                                    |                                       |
|---|----------------------|------------------------------------|---------------------------------------|
| Description   | Code                 | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 1.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 2.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 3.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 4.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 5.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 6.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |

| Description                  | Code |
|------------------------------|------|
| New Jobs Credit              | 224  |
| Eligible Re-Entrants         | 228  |
| Apprenticeship (2007)        | 236  |
| Tax Equalization             | 305  |
| Manufacturing Establishments | 310  |
| Other                        | 399  |
| Refunds by Utilities         | 412  |

| Description                             | Code |
|---|------|
| Donation to School Tuition Organization | 424  |
| QMC Music Job Creation Credit           | 454  |
| Neighborhood Assistance                 | 457  |
| Research and Development                | 458  |
| Ports of Louisiana Import Export Cargo  | 459  |

| Description   | Code |
|---|------|
| LA Import   | 460  |
| LA Work Opportunity                                       | 461  |
| Youth Jobs  | 462  |
| Apprenticeship (2022)                                     | 463  |
| Donation to Qualified Foster Care Charitable Organization | 464  |
| Inventory Tax Credit Carried Forward and ITEP             | 500  |

| Description                                   | Code |
|---|------|
| Ad Valorem Natural Gas Credit Carried Forward | 502  |
| Atchafalaya Trace                             | 504  |
| Cane River Heritage                           | 506  |
| Ports of Louisiana Investor                   | 508  |
| Enterprise Zone                               | 510  |
| Recycling Credit                              | 550  |
| Other   | 599  |

| Schedule NRC-P3 – Part II – Transferable, Nonrefundable Priority 3 Credits   |                      |                                    |                                       |
|--|----------------------|------------------------------------|---------------------------------------|
| Description  | Code                 | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 7.   | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 7A.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 8.   | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 8A.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 9.   | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 9A.  | <input type="text"/> | <input type="text"/>               | <input type="text"/>                  |
| 10. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 9. Enter here and on Form CIFT-620, Line 14, Column 1.    |                      | <input type="text"/>               | <input type="text"/>                  |
| 11. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 9. Enter here and on Form CIFT-620, Line 14, Column 2. |                      | <input type="text"/>               | <input type="text"/>                  |

**IMPORTANT! These codes must be claimed on Lines 7 through 9.**

| Description               | Code |
|---------------------------|------|
| Motion Picture Investment | 251  |
| Research and Development  | 252  |
| Historic Structures       | 253  |

| Description                   | Code |
|-------------------------------|------|
| Capital Company               | 257  |
| LCDFI                         | 258  |
| Motion Picture Infrastructure | 261  |

| Description    | Code |
|----------------|------|
| Angel Investor | 262  |
| Other          | 299  |



Enter your LDR Account Number here. ▶

| Schedule RC-P2 – Part I – Refundable Priority 2 Credits |   |  |   |
|---|---|--|---|
| Description   | Code  | Column A<br>Corporation Income Tax   | Column B<br>Corporation Franchise Tax   |
| 1.  | <input type="text"/> <input type="text"/> F | <input type="text"/> | <input type="text"/> |
| 2.  | <input type="text"/> <input type="text"/> F | <input type="text"/>                      | <input type="text"/> |
| 3.  | <input type="text"/> <input type="text"/> F | <input type="text"/>                      | <input type="text"/> |
| 4.  | <input type="text"/> <input type="text"/> F | <input type="text"/>                      | <input type="text"/> |
| 5.  | <input type="text"/> <input type="text"/> F | <input type="text"/>                      | <input type="text"/> |

| Schedule RC-P2 – Part II – Transferable, Refundable Priority 2 Credits   |  |   |                                       |
|--|--|---|---------------------------------------|
| Description  | Code   | Column A<br>Corporation Income Tax  | Column B<br>Corporation Franchise Tax |
| 6. Musical and Theatrical Production   | <input type="text"/> 6 <input type="text"/> 2 <input type="text"/> F | <input type="text"/> | <input type="text"/>                  |
| 6A. <input type="text"/>   |  | <input type="text"/>  | <input type="text"/>                  |
| 7. Musical and Theatrical Production   | <input type="text"/> 6 <input type="text"/> 2 <input type="text"/> F | <input type="text"/> | <input type="text"/>                  |
| 7A. <input type="text"/>   |  | <input type="text"/>  | <input type="text"/>                  |
| 8. Musical and Theatrical Production   | <input type="text"/> 6 <input type="text"/> 2 <input type="text"/> F | <input type="text"/> | <input type="text"/>                  |
| 8A. <input type="text"/>   |  | <input type="text"/>  | <input type="text"/>                  |
| 9. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 8.<br>Enter the result here and on Form CIFT-620, Line 11, Col. 1.     |  | <input type="text"/>  | <input type="text"/>                  |
| 10. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5.<br>Enter the result here and on Form CIFT-620, Line 11, Col. 2. |  | <input type="text"/>  | <input type="text"/>                  |

| Description                  | Code       |
|------------------------------|------------|
| Ad Valorem Offshore Vessels  | <b>52F</b> |
| Telephone Company Property   | <b>54F</b> |
| Prison Industry Enhancement  | <b>55F</b> |
| Milk Producers               | <b>58F</b> |
| Technology Commercialization | <b>59F</b> |

| Description                                      | Code       |
|--|------------|
| School Readiness Child Care Provider             | <b>65F</b> |
| School Readiness Business - Supported Child Care | <b>67F</b> |

| Description  | Code       |
|--|------------|
| School Readiness Fees and Grants to Resource and Referral Agencies | <b>68F</b> |
| Retention and Modernization  | <b>70F</b> |

| Description                            | Code       |
|--|------------|
| Digital Interactive Media and Software | <b>73F</b> |
| Restaurant Recycling of Oyster Shells  | <b>79F</b> |
| Other Refundable Credit                | <b>80F</b> |



Enter your LDR Account Number here. ► \_\_\_\_\_

All applicable schedules must be completed.

| Schedule A – Required Information   |                              |   |                 |
|---|------------------------------|---|-----------------|
| 1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?<br><br>If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN, and percentage owned of all entities. | Yes <input type="checkbox"/> | 1 |                 |
|   |                              | 2 |                 |
|   | No <input type="checkbox"/>  | 3 |                 |
|   |                              | 4 |                 |
|   |                              | 5 |                 |
|   |                              |   | <b>FEIN</b>     |
| 2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock?<br><br>If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN, and percentage owned of all entities.   | Yes <input type="checkbox"/> | 1 |                 |
|   |                              | 2 |                 |
|   | No <input type="checkbox"/>  | 3 |                 |
|   |                              | 4 |                 |
|   |                              | 5 |                 |
|   |                              |   | <b>FEIN/SSN</b> |
| 3. If you answered yes to Line 1 on Form CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.   | Yes <input type="checkbox"/> | 1 |                 |
|   |                              | 2 |                 |
|   | No <input type="checkbox"/>  | 3 |                 |
|   |                              | 4 |                 |
|   |                              | 5 |                 |
|   |                              |   | <b>FEIN</b>     |

| Schedule B – Computation of Income Tax Apportionment Percentage   |                 |                     |            |
|---|-----------------|---------------------|------------|
| Description of Items Used as Ratios   | 1. Total Amount | 2. Louisiana Amount | 3. Percent |
| 1. Net sales of merchandise and/or charges for services   |                 |                     |            |
| A. Sales  |                 |                     |            |
| B. Charges for services   |                 |                     |            |
| C. Other gross apportionable income   |                 |                     |            |
| D. Total – Add the amounts in Columns 1 and 2.  |                 |                     |            |
| 2. Certain oil & gas businesses only – Enter total wages, salaries, and other personal service compensation paid during the year. <i>See instructions.</i> <input type="checkbox"/> If ratio not used, check box. |                 |                     | ____.____% |
| 3. Certain oil & gas businesses only – Income tax property ratio – Enter percentage from Schedule C, Line 24. <i>See instructions.</i> If ratio not used, check box. <input type="checkbox"/>                     |                 |                     | ____.____% |
| 4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3. <i>See instructions.</i>  |                 |                     | ____.____% |
| 5. Total of percents in Column 3  |                 |                     | ____.____% |
| 6. Average of percents — Divide Line 5 by applicable number of ratios. Enter here and on Form CIFT-620, Line D.   |                 |                     | ____.____% |



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| <b>Schedule C – Computation of Corporation Income Tax Property Ratio For Certain Oil &amp; Gas Companies</b>   |                             |                       |                             |                       |
|--|-----------------------------|-----------------------|-----------------------------|-----------------------|
|  | <b>Located Everywhere</b>   |                       | <b>Located in Louisiana</b> |                       |
|  | <b>1. Beginning of Year</b> | <b>2. End of Year</b> | <b>3. Beginning of Year</b> | <b>4. End of Year</b> |
| <b>Intangible Assets</b>   |                             |                       |                             |                       |
| 1. Cash  |                             |                       |                             |                       |
| 2. Notes and accounts receivable   |                             |                       |                             |                       |
| 3. Reserve for bad debts   | ( )                         | ( )                   |                             |                       |
| 4. Investment in U.S. govt. obligations  |                             |                       |                             |                       |
| 5. Stock and obligations of subsidiaries   |                             |                       |                             |                       |
| 6. Other investments – Attach schedule.  |                             |                       |                             |                       |
| 7. Loans to stockholders   |                             |                       |                             |                       |
| 8. Other intangible assets – Attach schedule.  |                             |                       |                             |                       |
| 9. Accumulated depreciation  | ( )                         | ( )                   |                             |                       |
| 10. Total intangible assets – Add Lines 1 through 9.   |                             |                       |                             |                       |
| <b>Real and Tangible Assets</b>  |                             |                       |                             |                       |
| 11. Inventories  |                             |                       |                             |                       |
| 12. Bldgs. and other depreciable assets  |                             |                       |                             |                       |
| 13. Accumulated depreciation   | ( )                         | ( )                   | ( )                         | ( )                   |
| 14. Depletable assets  |                             |                       |                             |                       |
| 15. Accumulated depletion  | ( )                         | ( )                   | ( )                         | ( )                   |
| 16. Land   |                             |                       |                             |                       |
| 17. Other real & tangible assets – Attach schedule.  |                             |                       |                             |                       |
| 18. Excessive reserves, assets not reflected on books, or undervalued assets                                   |                             |                       |                             |                       |
| 19. Total real and tangible assets – Add Lines 11 through 18.  |                             |                       |                             |                       |
| 20. Less real and tangible assets <b>not</b> used in production of net apportionable income – Attach schedule. |                             |                       |                             |                       |
| 21. Balance – Subtract Line 20 from Line 19.   |                             |                       |                             |                       |
| 22. Beginning of year balance  |                             |                       |                             |                       |
| 23. Total – Add Lines 21 and 22.   |                             |                       |                             |                       |
| 24. Income tax property ratio (Line 23, Column 4 ÷ Line 23, Column 2)  |                             |                       |                             | _____ %               |



Enter your LDR Account Number here. ► \_\_\_\_\_

| Schedule D – Computation of Louisiana Net Income   |  |     |  |   |        |     |
|--|--|-----|--|---|--------|-----|
| See instructions if separate accounting method is used and check box. <input type="checkbox"/> |  |     |  |   |        |     |
|  |  |     | Totals   |   | Totals |     |
| 1A. Gross receipts   |  | .00 | 23. Energy efficient commercial buildings deduction                          |   |        | .00 |
| 1B. Less returns and allowances  |  | .00 | 24. Other deductions – Attach schedule.                                      |   |        | .00 |
| 1C. Balance – Subtract Line 1B from Line 1A.   |  | .00 | <b>25. Total deductions – Add Lines 10 through 24.</b>                       |   |        | .00 |
| 2. Less: Cost of goods sold and/or operations – Attach schedule.                               |  | .00 | <b>26. Net income from all sources – Subtract Line 25 from Line 9.</b>       |   |        | .00 |
| 3. Gross profit – Subtract Line 2 from Line 1C.  |  | .00 | 27. Allocable income from all sources:                                       |   |        |     |
| 4. Gross rents   |  | .00 | 27A. Net rents and royalties from immovable or corporeal movable property    |   |        | .00 |
| 5. Gross royalties   |  | .00 | 27B. Royalties from the use of patents, trademarks, etc.                     |   |        | .00 |
| 6. Income from estates, trusts, partnerships   |  | .00 | 27C. Income from estates, trusts, and partnerships                           |   |        | .00 |
| 7. Income from construction, repair, etc.  |  | .00 | 27D. Income from construction, repair, etc.                                  |   |        | .00 |
| 8. Other income – Attach schedule.   |  | .00 | 27E. Other allocable income  |   |        | .00 |
| <b>9. Total income – Add Lines 3 through 8.</b>  |  | .00 | 27F. Allocable expenses  | ( | )      | .00 |
| 10. Compensation of officers   |  | .00 | 27G. Net allocable income from all sources                                   |   |        | .00 |
| 11. Salaries and wages (not deducted elsewhere)  |  | .00 | 28. Net income subject to apportionment – Subtract Line 27G from Line 26.    |   |        | .00 |
| 12. Repairs  |  | .00 | 29. Net income apportioned to Louisiana                                      |   |        | .00 |
| 13. Bad debts  |  | .00 | 30. Allocable income from Louisiana sources:                                 |   |        |     |
| 14. Rent   |  | .00 | 30A. Net rents and royalties from immovable or corporeal movable property    |   |        | .00 |
| 15. Taxes and licenses – Attach schedule.  |  | .00 | 30B. Royalties from the use of patents, trademarks, etc.                     |   |        | .00 |
| 16. Interest   |  | .00 | 30C. Income from estates, trusts, and partnerships                           |   |        | .00 |
| 17. Charitable Contributions   |  | .00 | 30D. Income from construction, repair, etc.                                  |   |        | .00 |
| 18. Depreciation – Attach schedule.  |  | .00 | 30E. Other allocable income  |   |        | .00 |
| 19. Depletion – Attach schedule.   |  | .00 | 30F. Allocable expenses  | ( | )      | .00 |
| 20. Advertising  |  | .00 | 30G. Net allocable income from Louisiana sources                             |   |        | .00 |
| 21. Pension, profit sharing, stock bonus, and annuity plans                                    |  | .00 | 31. Louisiana net income before loss adjustments – Add Line 29 and Line 30G. |   |        | .00 |
| 22. Other employee benefit plans   |  | .00 |  |   |        |     |



Enter your LDR Account Number here. ► \_\_\_\_\_

**Schedule E – Reconciliation of Income Per Books with Income Per Return**

|  |  |   |  |
|--|--|---|--|
| 1. Net income per books  |  | 6. Total – Add Lines 1 through 5c.  |  |
| 2. Louisiana income tax  |  | 7. Income recorded on books this year, but not included in this return – Attach schedule. |  |
| 3. Excess of capital loss over capital gains                             |  | 8. Deductions in this tax return not charged against book income this year                |  |
| 4. Taxable income not recorded on books this year – Attach schedule.     |  | a. Depreciation   |  |
| 5. Expenses recorded on books this year, but not deducted in this return |  | b. Depletion  |  |
| a. Depreciation  |  | c. Other – Attach schedule.   |  |
| b. Depletion   |  | 9. Total – Add Lines 7 through 8c.  |  |
| c. Other – Attach schedule.  |  | 10. Net income from all sources per return – Subtract Line 9 from Line 6.                 |  |

**Schedule G – Liabilities and Capital from Balance Sheet**

| <b>Liabilities and Capital</b>   | <b>1. Beginning of Year</b> | <b>2. End of Year</b> |
|--|-----------------------------|-----------------------|
| 1. Accounts payable  |                             |                       |
| 2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred    |                             |                       |
| 3. Other current liabilities – Attach schedule.  |                             |                       |
| 4. Loans from stockholders – Attach schedule.  |                             |                       |
| 5. Due to subsidiaries and affiliates  |                             |                       |
| 6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred |                             |                       |
| 7. Other liabilities – Attach schedule.  |                             |                       |
| 8. Capital stock: a. Preferred stock   |                             |                       |
| b. Common stock  |                             |                       |
| 9. Paid-in or capital surplus  |                             |                       |
| 10. Surplus reserves – Attach schedule.  |                             |                       |
| 11. Earned surplus and undivided profits   |                             |                       |
| 12. Excessive reserves or undervalued assets   |                             |                       |
| <b>13. Totals – Add Lines 1 through 12.</b>  |                             |                       |



All applicable schedules must be completed.

| <b>Schedule F – Reconciliation of Federal and Louisiana Net Income</b><br>See Louisiana Revised Statute(s) 47:287.71, 47:287.73, and 47:287.82 for information. |          |
|---|----------|
|   | Column 1 |
| 1. Enter the total net income calculated under federal law before special deductions.   |          |
| a. Federal disallowed business interest expense <i>(See instructions.)</i>  |          |
| <b>2. Additions to federal net income:</b>  |          |
| a. Louisiana income tax   |          |
| b. Related members interest\intangible\management fee expenses or costs – From Form R-6950 <i>(See instructions.)</i>   |          |
| c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit <i>(See instructions.)</i>                           |          |
| d. Other additions – Attach schedule.   |          |
| e. Total additions – Add Lines 2a through 2d.   |          |
| <b>3. Subtractions from federal net income:</b>   |          |
| a. Bank dividends <i>(See instructions.)</i>  |          |
| b. All other dividends  |          |
| c. Interest   |          |
| d. Road Home – The amount included in federal taxable income  |          |
| e. Louisiana depletion in excess of federal depletion   |          |
| f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C  |          |
| g. Exempt amount of related members interest\intangible\management fee expenses or costs – From Form R-6950 <i>(See instructions.)</i>                          |          |
| h. Compensation for disaster services <i>(See instructions.)</i>  |          |
| i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E  |          |
| j. COVID-19 Relief Benefits   |          |
| k. Other subtractions – Attach schedule.  |          |
| l. Total subtractions – Add Lines 3a through 3k.  |          |
| 4. Louisiana net income from all sources – The amount should agree with Schedule D, Line 26.  |          |



Enter your LDR Account Number here. ► \_\_\_\_\_

See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

| <b>Schedule G-1 Computation of Franchise Tax Base</b>   |                          |
|---|--------------------------|
| 1. Capital Stock  |                          |
| 1A. Common Stock – Include paid-in or Capital Surplus   |                          |
| 1B. Preferred Stock – Include paid-in or Capital Surplus  |                          |
| 2. Total capital stock – Add Lines 1A and 1B.   |                          |
| 3. Surplus and undivided profits  |                          |
| 4. Surplus reserves – Include any excessive reserves or undervalued assets.   |                          |
| 5. Total – Add Lines 2, 3, and 4.   |                          |
| 6. Due to subsidiaries and affiliates (Do not net with receivables.)  |                          |
| 7. Deposit liabilities to affiliates – Included in the amount on Line 6   |                          |
| 8. Accounts payable less than 180 days old – Included in the amount on Line 6   |                          |
| 9. Adjusted debt to affiliates – Subtract Lines 7 and 8 from Line 6.  |                          |
| 10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.        |                          |
| 10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.          |                          |
| 11. Additional Surplus and Undivided Profits – See instructions.  |                          |
| <b>Total Franchise Taxable Base</b>   |                          |
| 12. Capital Stock – Common Stock  |                          |
| Preferred Stock   |                          |
| 13. Paid-in or capital surplus – Include items of paid-in capital in excess of par value.   |                          |
| 14. Surplus reserves – Attach schedule.   |                          |
| 15. Earned surplus and undivided profits  |                          |
| 16. Excessive reserves or undervalued assets  |                          |
| 17. Additional surplus and undivided profits – From Line 11 above   |                          |
| 18. Allowable deductions – See instructions.  | <input type="checkbox"/> |
| <b>19. Total capital, surplus and undivided profits – Add Lines 12 through 17 and subtract Line 18. Also, enter the total on Form CIFT-620, Line 5A. Round to the nearest dollar.</b> |                          |

**Note:** All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus, or undivided profits. All items of capital, surplus, and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.





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| <b>Schedule I – Computation of Corporation Franchise Tax Apportionment Percentage</b>  |                        |                            |                   |                |
|--|------------------------|----------------------------|-------------------|----------------|
| <b>Description of Items Used as Ratios</b>   | <b>1. Total Amount</b> | <b>2. Louisiana Amount</b> | <b>3. Percent</b> |                |
| 1. Net sales of merchandise, charges for services, and other revenues  |                        |                            |                   |                |
| A. Sales   |                        |                            |                   |                |
| B. Charges for services  |                        |                            |                   |                |
| C. Other revenues  |                        |                            |                   |                |
| (i) Rents and royalties  |                        |                            |                   |                |
| (ii) Dividends and interest from subsidiaries  |                        |                            |                   |                |
| (iii) Other dividends and interest   |                        |                            |                   |                |
| (iv) All other revenues  |                        |                            |                   |                |
| D. Total – If the ratio is not used, check the box. <input type="checkbox"/>   |                        |                            |                   | _____ . ____ % |
| 2. Franchise tax property ratio – Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/> |                        |                            |                   | _____ . ____ % |
| 3. Total of applicable percents in Column 3  |                        |                            | _____ . ____ %    |                |
| 4. Average of percents – Divide Line 3 by applicable number of ratios. Enter here and on Form CIFT-620, Line 5B.                                   |                        |                            | _____ . ____ %    |                |



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**Schedule J – Calculation of Income Tax**

|   |  |             |                        |
|---|--|-------------|------------------------|
| 1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/> |  |             |                        |
| 2. Calculation of tax   | <b>Column 1</b><br>Net income<br>in each bracket | <b>Rate</b> | <b>Column 2</b><br>Tax |
| a. First \$50,000 of net taxable income   |  | x 3.5% =    |                        |
| b. Next \$100,000   |  | x 5.5% =    |                        |
| c. Over \$150,000   |  | x 7.5% =    |                        |
| 3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.  |  |             |                        |
| 4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.                            |  |             |                        |

**Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax**

|   |  |             |                        |
|---|--|-------------|------------------------|
| 1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/> |  |             |                        |
| 2. Calculation of Tax   | <b>Column 1</b><br>Net income<br>in each bracket | <b>Rate</b> | <b>Column 2</b><br>Tax |
| a. First \$25,000 of net taxable income   |  | x 1.85% =   |                        |
| b. Next \$75,000  |  | x 3.5% =    |                        |
| c. Over \$100,000   |  | x 4.25% =   |                        |
| 3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.  |  |             |                        |
| 4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.                            |  |             |                        |

**Schedule K – Summary of Estimated Tax Payments**

|                                     | Check Number | Date | Income<br>Tax Amount | Franchise<br>Tax Amount |
|-------------------------------------|--------------|------|----------------------|-------------------------|
| 1. Credit from prior year return    |              |      |                      |                         |
| 2. First quarter estimated payment  |              |      |                      |                         |
| 3. Second quarter estimated payment |              |      |                      |                         |
| 4. Third quarter estimated payment  |              |      |                      |                         |
| 5. Fourth quarter estimated payment |              |      |                      |                         |
| 6. Amount of extension payment      |              |      |                      |                         |



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| <b>Schedule L – Calculation of Franchise Tax</b>  |  |
|---|--|
| 1. Enter the amount from Form CIFT-620, Line 5C or Line 6, whichever is greater. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/> |  |
| 2. Enter the amount of Line 1 or \$300,000, whichever is less.  |  |
| 3. Subtract Line 2 from Line 1 and enter the result.  |  |
| 4. Multiply the amount on Line 3 by \$2.75 for each \$1,000 or major fraction. Round to the nearest dollar. Enter the result here and on Form CIFT-620, Line 7.                   |  |

| <b>Schedule M – Analysis of Schedule G, Line 11, Column 2 – Earned Surplus and Undivided Profits per Books</b> |  |  |  |
|--|--|--|--|
| 1. Balance at beginning of year  |  | b. Stock   |  |
| 2. Net income per books  |  | c. Property  |  |
| 3. Other increases – Attach schedule.  |  | 6. Other decreases – Attach schedule.                    |  |
| 4. Total – Add Lines 1, 2, and 3.  |  | 7. Total – Add Lines 5a through 6.                       |  |
| 5. Distributions: a. Cash  |  | 8. Balance at end of year – Subtract Line 7 from Line 4. |  |

| <b>Schedule N – Additional Information Required</b>  |  |
|--|--|
| <p>1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.</p> <p>Louisiana:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Elsewhere:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>2. Indicate the date and state of incorporation. _____</p> <p>3. Indicate parishes in which property is located.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

