

For name change, mark box.
 For decedent filing, mark box.
 Spouse decedent, mark box.
 For address change, mark box.

IT-540
2007 LOUISIANA RESIDENT

Your first name	Init.	Last name	Suffix
If joint return, spouse's name	Init.	Last name	Suffix
Present home address (number and street including apartment number or rural route)			
City, town, or APO		State	ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Your Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spouse's Social Security Number

IMPORTANT!
 You must print your SSN(s) above in the same order as shown on your federal return.

If this is an amended return, mark this box.
 If an extension is attached, mark this box.

FILING STATUS: Print the appropriate number in the filing status box. It must agree with your federal return.

Print a "1" in box if **single**.
 Print a "2" in box if **married filing jointly**.
 Print a "3" in box if **married filing separately**.
 Print a "4" in box if **head of household**.
 Print a "5" in box if **qualifying widow(er)**.
 * If the qualifying person is not your dependent, print name here.

6 EXEMPTIONS:

6A Yourself 65 or older Blind
 6B Spouse 65 or older Blind

Total of 6A & 6B

6C DEPENDENTS – Print dependent information below.
 If you have more than 6 dependents, attach a statement to your return with the required information.

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (MM/DD/YYYY)

6C
 Print the number from Line 6C of Federal Form 1040 or 1040A.

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C. 6D

If you are not required to file a federal return, indicate wages here. , . 00

Mark this box and enter zero "0" on Line 16.

7 FEDERAL ADJUSTED GROSS INCOME - Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If Louisiana Schedule E is used, print the amount from Line 5C. Mark the box showing Schedule E was used. If your Federal Adjusted Gross Income is less than zero, print "0."
 From Louisiana Schedule E, attached
 7 , , . 00

Do not complete Lines 8A through 8D if you did not itemize your deductions on your federal return, or if Line 29 from your Federal Schedule A is blank.

8A FEDERAL ITEMIZED DEDUCTIONS – Leave blank if you did not itemize. If you did itemize, print the amount of your federal itemized deductions from Federal Form 1040, Schedule A, Line 29. 8A , , . 00
8B FEDERAL STANDARD DEDUCTION – Leave blank if you did not itemize. If you did itemize and your filing status is: 1 or 3, print \$5,350; 2 or 5, print \$10,700; 4, print \$7,850. 8B , , . 00
8C EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A and print the result here. Leave blank if you did not itemize. 8C , , . 00
8D 57.5% EXCESS FEDERAL ITEMIZED DEDUCTION – Multiply Line 8C by .575. Print the result here. Round up to the nearest dollar. – Leave blank if you did not itemize. 8D , , . 00

9 FEDERAL INCOME TAX – See instructions, page 19. If federal income tax has been decreased by a federal disaster credit allowed by IRS, mark box. See instructions for Schedule H on page 24. 9 , , . 00
10 YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8D and 9 from Line 7. If less than zero, print "0". Use this figure to find your tax in the tax tables. 10 , , . 00
11 YOUR LOUISIANA INCOME TAX – Print the amount from the tax table that corresponds with your filing status. 11 , , . 00



WEB



Print your Social Security Number.

SSN input boxes

NONREFUNDABLE TAX CREDITS

Form section for Nonrefundable Tax Credits (Lines 12A-18)

REFUNDABLE TAX CREDITS AND PAYMENTS

Form section for Refundable Tax Credits and Payments (Lines 19-30)



COMPLETE AND SIGN RETURN ON NEXT PAGE.

File electronically!



www.revenue.louisiana.gov

Print your Social Security Number.

SSN input boxes

WEB

Amount of Line 30 you wish to donate to:

Table with 48 rows for donation amounts, including THE MILITARY FAMILY ASSISTANCE FUND, THE START PROGRAM, WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND, etc.

DO NOT SEND CASH.

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information.

Signature table with columns for Your signature, Date, Your occupation, Signature of paid preparer other than taxpayer, Spouse's signature, Date, Spouse's occupation, Telephone number of paid preparer, Date.

Area code and daytime telephone number input boxes

Address 1: Mail Balance Due Return with Payment TO: Department of Revenue P. O. Box 3550 Baton Rouge, LA 70821-3550
Address 2: Mail All Other Individual Income Tax Returns TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3440

Social Security Number, PTIN, or FEIN of paid preparer input boxes

Individual Income Tax Return Calendar year return due 5/15/2008.

DO NOT SUBMIT A PHOTOCOPY OF YOUR FEDERAL RETURN UNLESS REQUIRED.



FOR OFFICE USE ONLY: Routing code, Extension claimed, Field flag, and other input boxes.

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2007 ADJUSTMENTS TO INCOME

LOUISIANA SCHEDULE E

1	FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If less than zero, print "0."	1							00
2	INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS – Print the amount of interest and dividend income not reported on your federal return that is taxable to Louisiana. See instructions, page 21.	2							00
2A	RECAPTURE OF START CONTRIBUTIONS - See instructions, page 21.	2A							00
3	TOTAL – Add Lines 1, 2, and 2A and print the result.	3							00

EXEMPT INCOME – Print on Lines 4A through 4H the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. See instructions beginning on page 21.

EXEMPT INCOME DESCRIPTION	CODE	AMOUNT
4A _____	E 4A	
4B _____	E 4B	
4C _____	E 4C	
4D _____	E 4D	
4E _____	E 4E	
4F _____	E 4F	
4G _____	E 4G	
4H _____	E 4H	
4I EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – Add lines 4A through 4H and print here.	4I	
4J FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see instructions, page 23.	4J	
4K EXEMPT INCOME – Subtract Line 4J from Line 4I and print the result.	4K	
5A LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE EXPENSE ADJUSTMENT – Subtract Line 4K from Line 3 and print the result.	5A	
5B IRC 280(C) WAGE EXPENSE ADJUSTMENT – Print the amount of your IRC 280(C) wage expense adjustment. Important! See instructions, page 23.	5B	
5C LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Print the result here and on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7 indicating that Schedule E was used.	5C	

Description	Code
Interest and Dividends on US Government Obligations	01E
Louisiana State Employees' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	02E
Louisiana State Teachers' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	03E
Federal Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	04E
Other Retirement Benefits <i>Provide name or statute: _____</i> <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	05E

Description	Code
Annual Retirement Income Exemption for Taxpayers 65 or over <i>Provide name of pension or annuity: _____</i>	06E
Taxable Amount of Social Security, <i>see instructions, page 22.</i>	07E
Native American Income, <i>see instructions, page 22.</i>	08E
START Savings Program Contribution, <i>see instructions, page 22.</i>	09E
Military Pay Exclusion, <i>see instructions, page 22.</i>	10E
Road Home, <i>see instructions, page 22.</i>	11E
Teacher Deduction, <i>see instructions, page 22.</i>	12E
Recreation Volunteer, <i>see instructions, page 22.</i>	13E
Volunteer Firefighter, <i>see instructions, page 22.</i>	14E
Other, <i>see instructions, page 22.</i> Identify: _____	15E



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2007 NONREFUNDABLE TAX CREDITS

SCHEDULE G

1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES - Complete this part only if you paid income tax liabilities to other states **and** you were a **resident of Louisiana**. See instructions, page 25. **A copy of the return filed with the other state(s) must be submitted with this schedule.**
 Print the amount of the paid income tax liabilities to the other state(s). Round to the nearest dollar. **1** , , .

2 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions on page 25 for definitions of these disabilities.
 * **2C** List dependent name(s) here. _____

	Deaf	Loss of limb	Mentally incapacitated	Blind	
2A Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2B Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2C Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2D Print the total number of qualifying individuals. Only one credit is allowed per person. **2D**

2E Multiply Line 2D by \$100 and print the result. **2E** , , .

3 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS
3A Print the value of computer or other technological equipment donated. Attach Form R-3400. See instructions, page 25. ... **3A** , , .

3B Multiply Line 3A by 40% (.40) and print the result. Round to the nearest dollar. **3B** , , .

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS
4A See instructions, page 25. **4A** , , .

4B Multiply Line 4A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25. **4B** .

ADDITIONAL NONREFUNDABLE CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 25.

CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF CREDIT CLAIMED
5 _____	<input type="text"/> <input type="text"/>	5 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
6 _____	<input type="text"/> <input type="text"/>	6 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
7 _____	<input type="text"/> <input type="text"/>	7 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
8 _____	<input type="text"/> <input type="text"/>	8 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
9 _____	<input type="text"/> <input type="text"/>	9 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
10 _____	<input type="text"/> <input type="text"/>	10 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
11 TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the result here and enter on Form IT-540, Line 14. 11	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>

Description	Code	Description	Code	Description	Code	Description	Code
Premium Tax	100	Donations of Materials, Equipment, Advisors, Instructors	175	Basic Skills Training	212	Digital Interactive Media	254
Commercial Fishing	105	Other	199	Brownfields Investor	216	Motion Picture Resident	256
Family Responsibility	110	Atchafalaya Trace	200	Dedicated Research	220	Capital Company	257
Small Town Doctor/Dentist	115	Organ Donation	202	New Jobs Credit	224	LCDFI	258
Bone Marrow	120	Household Expense for Physically and Mentally Incapable Persons	204	Refunds by Utilities	226	New Markets	259
Law Enforcement Ed.	125	Vehicle Alternative Fuel	206	Eligible Re-entrants	228	Other	299
First Time Drug Offenders	130	Previously Unemployed	208	Neighborhood Assistance	230	Biomed/University Research	300
Bulletproof Vest	135	Recycling Credit	210	Cane River Heritage	232	Tax Equalization	305
Nonviolent Offenders	140			LA Community Economic Dev.	234	Manufacturing Establishments	310
Qualified Playgrounds	150			Motion Picture Investment	251	Enterprise Zone	315
Debt Issuance	155			Research and Development	252	Other	399
Employee and Dependent Health Insurance	165			Historic Structures	253		

