

LOUISIANA FILE ONLINE

Fast. Easy. Absolutely Free.

revenue.louisiana.gov/fileonline

Are you due a refund? If you file this paper return, it will take 12 to 16 weeks to get your refund check. With [Louisiana File Online](#) and direct deposit, you can receive your refund in 7 to 10 days.

IMPORTANT!
You must enter your SSN below in the same order as shown on your federal return.

2012 LOUISIANA RESIDENT

Mark Box:

Name Change

Decedent Filing

Spouse Decedent

Amended Return

NOL Carryback

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

Your

Spouse's

Area code and daytime telephone number

Your Date of Birth (mmddyyyy)

Spouse's Date of Birth (mmddyyyy)

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

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

6 EXEMPTIONS:

- 6A Yourself 65 or older Blind Qualifying Widow(er)
 - 6B Spouse 65 or older Blind
- Total of 6A & 6B

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c, in the boxes here.

6C

| First Name | Last Name | Social Security Number | Relationship to you | Birth Date (mm/dd/yyyy) |
|------------|-----------|------------------------|---------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

6D



6350

WEB

63503 66 12312012

Enter your Social Security Number.

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

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

| | | | | | |
|---|---|--------------------------|-------------------------------------|---|---|
| 7 | FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0." | <input type="checkbox"/> | From Louisiana Schedule E, attached | 7 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|--------------------------|-------------------------------------|---|---|

If you did not itemize your deductions on your federal return, leave Lines 8A, 8B, and 8C blank and go to Line 9.

| | | | | | |
|----|--|--------------------------|--|----|---|
| 8A | FEDERAL ITEMIZED DEDUCTIONS | | | 8A | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8B | FEDERAL STANDARD DEDUCTION | | | 8B | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8C | EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A. | | | 8C | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9 | FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by IRS, mark the box. See instructions for Schedule H. | <input type="checkbox"/> | | 9 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 10 | YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables. | | | 10 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 11 | YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status. | | | 11 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | | | | |
|---------------------------|---|---|--|----|---|---|
| NONREFUNDABLE TAX CREDITS | 12A | FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040A, Line 29, or Federal Form 1040, Line 48. This amount will be used to compute your 2012 Louisiana Nonrefundable Child Care Credit. | | | 12A | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 12B | 2012 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet. | | | 12B | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 12C | AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2008 THROUGH 2011 – See Nonrefundable Child Care Credit Worksheet. | | | 12C | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 12D | 2012 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundable School Readiness Credit Worksheet. | | | 12D | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | 5 <input type="text"/> 4 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/> | | | | |
| | 12E | AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2008 THROUGH 2011 – See Nonrefundable School Readiness Credit Worksheet. | | | 12E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 13 | EDUCATION CREDIT | | | 13 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 14 | OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 11 | | | 14 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 15 | TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 12B through 14. | | | 15 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| | | | | | |
|----|---|--|--|----|---|
| 16 | ADJUSTED LOUISIANA INCOME TAX – Subtract Line 15 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0." | | | 16 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 17 | CONSUMER USE TAX You must mark one of these boxes. | <input type="checkbox"/> No use tax due. | <input type="checkbox"/> Amount from the Consumer Use Tax Worksheet, Line 2. | 17 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 18 | TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17. | | | 18 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

WEB



Enter the first 4 characters of your last name in these boxes.

CONTINUE ON NEXT PAGE. **6351**



PLEASE PAPERCLIP W-2S AND SCHEDULES

Enter your Social Security Number.

SSN input boxes

Table with 3 columns: Line number, Description, and Amount. Includes sections for Refundable Tax Credits (19-23) and Payments (24-28).

Input boxes for lines 19-23, each with a comma separator and .00 ending.

Table with 3 columns: Line number, Description, and Amount. Includes sections for Payments (24-28) and Refundable Tax Credits (29-33).

Input boxes for lines 24-28, each with a comma separator and .00 ending.

Table with 3 columns: Line number, Description, and Amount. Includes sections for Refundable Tax Credits (29-33) and Payments (34-36).

Input boxes for lines 29-33, each with a comma separator and .00 ending.

Table with 3 columns: Line number, Description, and Amount. Includes sections for Refundable Tax Credits (34-36).

Input boxes for lines 34-36, each with a comma separator and .00 ending.

COMPLETE AND SIGN RETURN ON NEXT PAGE.



Enter the first 4 characters of your last name in these boxes.

4-character name input boxes

WEB

6352



PLEASE PAPERCLIP W-2S AND SCHEDULES

Enter your Social Security Number.

SSN input boxes

AMOUNTS DUE LOUISIANA

Table with 2 columns: Line number and Description. Lines 37-46 include categories like 'AMOUNT YOU OWE', 'ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND', 'INTEREST', 'DELINQUENT FILING PENALTY', 'UNDERPAYMENT PENALTY', and 'BALANCE DUE LOUISIANA'.

Payment amount input boxes for lines 37 through 46, each ending in .00

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 and Date fields for taxpayer, spouse, and paid preparer.

Enter the first 4 characters of your last name in these boxes.

4-character name input boxes

Individual Income Tax Return Calendar year return due 5/15/2013

FOR OFFICE USE ONLY

Field Flag input boxes

9-digit Social Security Number, PTIN, or FEIN input boxes

Social Security Number, PTIN, or FEIN of paid preparer

SPEC CODE input boxes



{ Address }

Address list with 2 entries: 1. Mail Balance Due Return with Payment; 2. Mail All Other Individual Income Tax Returns.

WEB

6353



ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

SSN input boxes

SCHEDULE D – 2012 DONATION SCHEDULE

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 32 of Form IT-540 to the organizations or funds listed below. Enter on Lines 2 through 19, the portion of the overpayment you wish to donate. The total on Line 20 cannot exceed the amount of your overpayment on Line 32 of Form IT-540.

Line 1: Adjusted Overpayment- From IT-540, Line 32. Amount: 00

Table with 20 rows for donations. Includes organizations like The Military Family Assistance Fund, Coastal Protection and Restoration Fund, etc. Total on Line 20: 00.

DONATIONS OF LINE 1



WEB

6355

SCHEDULE E – 2012 ADJUSTMENTS TO INCOME

Enter your Social Security Number.

| | | |
|----|---|--------------------------|
| 1 | FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. Check box if amount is less than zero. | <input type="checkbox"/> |
| 2 | INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS | |
| 2A | RECAPTURE OF START CONTRIBUTIONS <input type="checkbox"/> | |
| 3 | TOTAL – Add Lines 1, 2, and 2A. | |

| | |
|----|--|
| 1 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2A | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

EXEMPT INCOME – Enter 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 23.

| Exempt Income Description | | Code | Amount |
|---------------------------|--|--|---|
| 4A | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4B | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4C | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4D | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4E | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4F | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4G | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4H | | <input type="text"/> <input type="text"/> E | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4I | EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – Add Lines 4A through 4H. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4J | FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see instructions. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4K | EXEMPT INCOME – Subtract Line 4J from Line 4I. <input type="checkbox"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5A | LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPENSE ADJUSTMENT – Subtract Line 4K from Line 3. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5B | IRC 280C EXPENSE ADJUSTMENT | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5C | LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| Description - See instructions beginning on page 24. | Code |
|--|------|
| Interest and Dividends on US Government Obligations | 01E |
| Louisiana State Employees' Retirement Benefits Taxpayer date retired: _____ Spouse date retired _____ | 02E |
| Louisiana State Teachers' Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____ | 03E |
| Federal Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____ | 04E |
| Other Retirement Benefits Provide name or statute: _____ Taxpayer date retired: _____ Spouse date retired: _____ | 05E |
| Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity: _____ | 06E |
| Taxable Amount of Social Security | 07E |
| Native American Income | 08E |

| Description - See instructions beginning on page 24. | Code |
|--|------|
| START Savings Program Contribution | 09E |
| Military Pay Exclusion | 10E |
| Road Home | 11E |
| Recreation Volunteer | 13E |
| Volunteer Firefighter | 14E |
| Voluntary Retrofit Residential Structure | 16E |
| Elementary and Secondary School Tuition | 17E |
| Educational Expenses for Home-Schooled Children | 18E |
| Educational Expenses for Quality Public Education | 19E |
| Capital Gain from Sale of Louisiana Business | 20E |
| Other, see instructions, page 25. Identify: _____ | 49E |



WEB

2012 Louisiana School Expense Deduction Worksheet

| | |
|-----------|-----------------------------|
| Your Name | Your Social Security Number |
|-----------|-----------------------------|

- I.** This worksheet should be used to calculate the three School Expense Deductions listed below. Refer to Revenue Information Bulletin 12-008 and 09-019 on LDR's website.
- 1. Elementary and Secondary School Tuition** – R.S. 47:297.10 provides a deduction for amounts paid during the tax year for tuition and fees required for your dependent child's enrollment in a nonpublic elementary or secondary school that complies with the criteria set forth in *Brumfield v. Dodd* and Section 501(c)(3) of the Internal Revenue Code or to any public elementary or secondary laboratory school that is operated by a public college or university. The school can verify that it complies with the criteria. The deduction is equal to the actual amount of tuition and fees paid per dependent, limited to \$5,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks and other supplies **required** by the school.
 - 2. Educational Expenses for Home-Schooled Children** – R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to \$5,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
 - 3. Educational Expenses for a Quality Public Education** – R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to \$5,000. The amounts that can be deducted include amounts paid for uniforms, textbooks and other supplies **required** by the school.
- II.** On the chart below, list the name of each qualifying dependent and the name of the school the student attends. If the student is home-schooled, enter "home-schooled." Enter an "X" in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

| Student | Name of Qualifying Dependent | Name of School | Deduction as described in Section I | | |
|---------|------------------------------|----------------|-------------------------------------|---|---|
| | | | 1 | 2 | 3 |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |

- III.** Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item required by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of cancelled checks, receipts and other documentation in order to support the amount of qualifying expenses. **If you checked column 1 in Section II, skip the 50% calculation below; however, the deduction is still limited to \$5,000.**

| Qualifying Expense | List the amount paid for each student as listed in Section II. | | | | | |
|---|--|-----|-----|-----|-----|-----|
| | A | B | C | D | E | F |
| Tuition and Fees | | | | | | |
| School Uniforms | | | | | | |
| Textbooks, or Other Instructional Materials | | | | | | |
| Supplies | | | | | | |
| Total (add amounts in each column) | | | | | | |
| If column 2 or 3 in Section II was checked, multiply by: | 50% | 50% | 50% | 50% | 50% | 50% |
| Deduction per Student – Enter the result or \$5,000 whichever is less. | | | | | | |

- IV.** Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

| | |
|--|----|
| Enter the Elementary and Secondary School Tuition Deduction here and on IT-540, Schedule E, code 17E. | \$ |
| Enter the Educational Expenses for Home-Schooled Children Deduction here and on IT-540, Schedule E, code 18E. | \$ |
| Enter the Educational Expenses for a Quality Public Education Deduction here and on IT-540, Schedule E, code 19E. | \$ |



 **ATTACH TO RETURN IF COMPLETED.**

Enter your Social Security Number. 

SCHEDULE F – 2012 REFUNDABLE TAX CREDITS

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses.

1A Yourself Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or State Identification _____ State of issue _____

1B Spouse Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or State Identification _____ State of issue _____

1C Dependents: List dependent names.

Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____

1D Enter the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals. **1D**

Additional Refundable Credits

Enter description and associated code, along with the dollar amount. See instructions beginning on page 26.

| Credit Description | | Code | Amount of Credit Claimed |
|--------------------|--|------------------------|--------------------------|
| 2 | | <input type="text"/> F | 2 <input type="text"/> |
| 3 | | <input type="text"/> F | 3 <input type="text"/> |
| 4 | | <input type="text"/> F | 4 <input type="text"/> |
| 5 | | <input type="text"/> F | 5 <input type="text"/> |
| 6 | | <input type="text"/> F | 6 <input type="text"/> |
| 7 | OTHER REFUNDABLE TAX CREDITS – Add Lines 1D, and 2 through 6. Also, enter this amount on Form IT-540, Line 23. | | 7 <input type="text"/> |

| Description | Code | Description | Code | Description | Code | Description | Code |
|-----------------------------|------|------------------------------------|------|--|------|---|------|
| Inventory Tax | 50F | Mentor-Protégé | 57F | Wind and Solar Energy Systems | 64F | Sugarcane Trailer Conversion | 69F |
| Ad Valorem Natural Gas | 51F | Milk Producers | 58F | School Readiness Child Care Provider | 65F | Retention and Modernization | 70F |
| Ad Valorem Offshore Vessels | 52F | Technology Commercialization | 59F | School Readiness Child Care Directors and Staff | 66F | Conversion of Vehicle to Alternative Fuel | 71F |
| Telephone Company Property | 54F | Historic Residential | 60F | School Readiness Business – Supported Child Care | 67F | Research and Development | 72F |
| Prison Industry Enhancement | 55F | Angel Investor | 61F | School Readiness Fees and Grants to Resource and Referral Agencies | 68F | Digital Interactive Media & Software | 73F |
| Urban Revitalization | 56F | Musical and Theatrical Productions | 62F | | | Other Refundable Credit | 80F |

SCHEDULE H – 2012 MODIFIED FEDERAL INCOME TAX DEDUCTION

1 Enter the amount of your federal income tax liability found on Federal Form 1040, Line 55. **1**

2 Enter the amount of federal disaster credits allowed by IRS. **2**

3 Add Line 1 and Line 2. Also, enter this amount on Form IT-540, Line 9, and mark the box on Line 9 to indicate that your income tax deduction has been increased. **3**



File electronically!
www.revenue.louisiana.gov/fileonline

WEB

6357

Enter your Social Security Number.

SCHEDULE G – 2012 NONREFUNDABLE TAX CREDITS

| | |
|---|--|
| 1 | CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states must be submitted with this schedule. Enter the amount of the income tax liability paid to other states. Round to the nearest dollar. |
| 2 | CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 28 for definitions of these disabilities. |

1

| | 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 Enter the total number of qualifying individuals. Only one credit is allowed per person.

2E Multiply Line 2D by \$100.

2D

2E

* List dependent names here. >

3 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

| | |
|----|---|
| 3A | Enter the value of computer or other technological equipment donated. Attach Form R-3400. |
| 3B | Multiply Line 3A by 40 percent. Round to the nearest dollar. |

3A

3B

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

| | |
|----|--|
| 4A | Enter the amount of eligible federal credits. |
| 4B | Multiply Line 4A by 10 percent. Enter the result or \$25, whichever is less. This credit is limited to \$25. |

4A

4B

Additional Nonrefundable Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 28.

| | Credit Description | Credit Code | Amount of Credit Claimed |
|----|---|-------------|--------------------------|
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Also, enter this amount on Form IT-540, Line 14. | | |

| Description | Code |
|--|------|
| Premium Tax | 100 |
| Commercial Fishing | 105 |
| Family Responsibility | 110 |
| Small Town Doctor/Dentist | 115 |
| Bone Marrow | 120 |
| Law Enforcement Education | 125 |
| First Time Drug Offenders | 130 |
| Bulletproof Vest | 135 |
| Nonviolent Offenders | 140 |
| Owner of Newly Constructed Accessible Home | 145 |
| Qualified Playgrounds | 150 |
| Debt Issuance | 155 |

| Description | Code |
|---|------|
| Donations of Materials, Equipment, Advisors, Instructors | 175 |
| Other | 199 |
| Atchafalaya Trace | 200 |
| Organ Donation | 202 |
| Household Expense for Physically and Mentally Incapable Persons | 204 |
| Previously Unemployed | 208 |
| Recycling Credit | 210 |
| Basic Skills Training | 212 |
| Dedicated Research | 220 |
| New Jobs Credit | 224 |
| Refunds by Utilities | 226 |
| Eligible Re-entrants | 228 |

| Description | Code |
|--|------|
| Neighborhood Assistance | 230 |
| Cane River Heritage | 232 |
| LA Community Economic Dev. | 234 |
| Apprenticeship | 236 |
| Ports of Louisiana Investor | 238 |
| Ports of Louisiana Import Export Cargo | 240 |
| Motion Picture Investment | 251 |
| Research and Development | 252 |
| Historic Structures | 253 |
| Digital Interactive Media | 254 |
| Motion Picture Resident | 256 |
| Capital Company | 257 |

| Description | Code |
|-------------------------------|------|
| LCDFI | 258 |
| New Markets | 259 |
| Brownfields Investor | 260 |
| Motion Picture Infrastructure | 261 |
| Angel Investor | 262 |
| Other | 299 |
| Biomed/University Research | 300 |
| Tax Equalization | 305 |
| Manufacturing Establishments | 310 |
| Enterprise Zone | 315 |
| Other | 399 |

