

LOUISIANA FILE ONLINE

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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 within 60 days.

Mark Box:

IT-540 WEB (Page 1 of 4)

IMPORTANT!

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

- Name Change
- Decedent Filing
- Spouse Decedent
- Address Change
- Amended Return
- NOL Carryback

2017 LOUISIANA RESIDENT

Your legal 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

Your SSN

Spouse's SSN

Area code and daytime telephone number

Your Date of Birth

Spouse's Date of Birth

2015 Legislation Recovery

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)

Total of 6A & 6B

6B Spouse

65 or older

Blind

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)

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

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

6D

FOR OFFICE USE ONLY

Field Flag



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Enter your Social Security Number.

SSN input boxes

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

Wages input box

Mark this box and enter zero "0" on Line 13.

Main tax form table with rows 7-13 and 14-19. Includes instructions for Federal Adjusted Gross Income, itemized deductions, federal income tax, and various Louisiana credits.

Input boxes for lines 7 through 19, including currency formatting and a "00" box for line 13.

Main tax form table with rows 14-19 and 20-22. Includes instructions for Louisiana Refundable Child Care Credit, School Readiness Credit, Earned Income Credit, and other refundable priority 2 credits.

Input boxes for lines 14 through 22, including currency formatting.

Main tax form table with rows 20-22. Includes instructions for tax liability after refundable priority 2 credits and nonrefundable priority 3 credits.

Input boxes for lines 20 through 22, including currency formatting.

CONTINUE ON NEXT PAGE.



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

4-character name input boxes

Enter your Social Security Number.

Input field for Social Security Number

23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20.	23	Input field
24	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.	24	Input field
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 and 24.	25	Input field

26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.	26	Input field
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	27	Input field

PAYMENTS	28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2017 – Attach Forms W-2 and 1099.	28	Input field
	29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2016	29	Input field
	30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2017	30	Input field
	31	AMOUNT PAID WITH EXTENSION REQUEST	31	Input field

32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 31.	32	Input field
33	OVERPAYMENT – If Line 32 is greater than Line 25, subtract Line 25 from Line 32. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 40.	33	Input field
34	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 13, and Form R-210R. If you are a farmer, check the box. <input type="checkbox"/>	34	Input field
35	ADJUSTED OVERPAYMENT – If Line 33 is greater than Line 34, subtract Line 34 from Line 33, and enter on Line 35. If Line 34 is greater than Line 33, subtract Line 33 from Line 34, and enter the balance on Line 40.	35	Input field
36	TOTAL DONATIONS – From Schedule D, Line 24	36	Input field

REFUND DUE	37	SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.	37	Input field
	38	AMOUNT OF LINE 37 TO BE CREDITED TO 2018 INCOME TAX CREDIT	38	Input field
	39	AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. If mailing to LDR, use Address 2 on the next page. Enter a “2” in box if you want to receive your refund by paper check. Enter a “3” in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check. REFUND <input type="checkbox"/>	39	Input field

DIRECT DEPOSIT INFORMATION

Type: Checking Savings

Routing Number

Account Number

Will this refund be forwarded to a financial institution located outside the United States? Yes No

COMPLETE AND SIGN RETURN ON NEXT PAGE.



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

Input field for last name

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Enter your Social Security Number.

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AMOUNTS DUE LOUISIANA	40	AMOUNT YOU OWE – If Line 25 is greater than Line 32, subtract Line 32 from Line 25.	
	41	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	
	42	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	
	43	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	
	44	INTEREST – From the Interest Calculation Worksheet, page 13, Line 5.	
	45	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 13, Line 7.	
	46	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 13, Line 7.	
	47	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 13, and Form R-210R. If you are a farmer, check the box.	<input type="checkbox"/>
	48	BALANCE DUE LOUISIANA – Add Lines 40 through 47. If mailing to LDR, use address 1 below. For electronic payment options, see page 1 of the instructions.	PAY THIS AMOUNT.

40								00
41								00
42								00
43								00
44								00
45								00
46								00
47								00
48								00

IMPORTANT!
All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip.
Do not staple.

DO NOT SEND CASH.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 39.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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PAID PREPARER USE ONLY	Print/Type Preparer's Name		Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ►			Firm's EIN ►	
	Firm's Address ►			Telephone ►	

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

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**Individual Income Tax Return
Calendar year return due 5/15/2018**

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Social Security Number, PTIN, or FEIN of paid preparer



{ Address }

1 **Mail Balance Due Return with Payment**
TO: Department of Revenue
P. O. Box 3550
Baton Rouge, LA 70821-3550

2 **Mail All Other Individual Income Tax Returns**
TO: Department of Revenue
P. O. Box 3440
Baton Rouge, LA 70821-3440

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Enter your Social Security Number.

SCHEDULE C – 2017 NONREFUNDABLE PRIORITY 1 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.	
1A	Enter the total of Net Tax Liability Paid to Other States from Form R-10606.	1A <input type="text"/>
1B	Enter the Credit for Taxes Paid to Other States from Form R-10606.	1B <input type="text"/>

2	CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 4 for definitions of these disabilities.																					
2A	<table border="1" style="width: 100%;"> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Deaf</th> <th style="width: 15%;">Loss of Limb</th> <th style="width: 15%;">Mentally Incapacitated</th> <th style="width: 15%;">Blind</th> </tr> <tr> <td>Yourself</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spouse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dependent *</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Deaf	Loss of Limb	Mentally Incapacitated	Blind	Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2D <input type="text"/>
	Deaf	Loss of Limb	Mentally Incapacitated	Blind																		
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
2B	Spouse																					
2C	Dependent *																					
2D	Enter the total number of qualifying individuals. Only one credit is allowed per person.	2D <input type="text"/>																				
2E	Multiply Line 2D by \$72.	2E <input type="text"/>																				
*	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.	3A <input type="text"/>
3B	Multiply Line 3A by 29 percent. Round to the nearest dollar.	3B <input type="text"/>
4	CREDIT FOR CERTAIN FEDERAL TAX CREDITS	
4A	Enter the amount of eligible federal credits.	4A <input type="text"/>
4B	Multiply Line 4A by 7 percent. Enter the result or \$18, whichever is less. This credit is limited to \$18.	4B <input type="text"/>

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 5.

	Credit Description	Credit Code	Amount of Credit Claimed
5		<input type="text"/>	5 <input type="text"/>
6		<input type="text"/>	6 <input type="text"/>
7		<input type="text"/>	7 <input type="text"/>
8		<input type="text"/>	8 <input type="text"/>
9	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1B, 2E, 3B, 4B and 5 through 8. Also, enter this amount on Form IT-540, Line 12.	<input type="text"/>	9 <input type="text"/>

Description	Code
Education Credit Act 125 Recovery	099
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115

Description	Code
Bone Marrow	120
Law Enforcement Education	125
First Time Drug Offenders	130
Bulletproof Vest	135

Description	Code
Nonviolent Offenders	140
Owner of Newly Constructed Accessible Home	145
Qualified Playgrounds	150

Description	Code
Debt Issuance	155
Donations of Materials, Equipment, Advisors, Instructors	175
Other	199



SCHEDULE D – 2017 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 35 of Form IT-540 to the organizations or funds listed below. Enter on Lines 2 through 23, the portion of the overpayment you wish to donate. The total on Line 24 cannot exceed the amount of your overpayment on Line 35 of Form IT-540.

1	Adjusted Overpayment – From IT-540, Line 35		1	<input type="text"/>
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DONATIONS OF LINE 1

2	The Military Family Assistance Fund	2	<input type="text"/>
3	Coastal Protection and Restoration Fund	3	<input type="text"/>
4	The START Program	4	<input type="text"/>
5	Wildlife Habitat and Natural Heritage Trust Fund	5	<input type="text"/>
6	Louisiana Cancer Trust Fund	6	<input type="text"/>
7	Louisiana Pet Overpopulation Advisory Council	7	<input type="text"/>
8	Louisiana Food Bank Association	8	<input type="text"/>
9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	9	<input type="text"/>
10	Louisiana Association of United Ways/LA 2-1-1	10	<input type="text"/>
11	American Red Cross	11	<input type="text"/>
12	Louisiana National Guard Honor Guard for Military Funerals	12	<input type="text"/>

DONATIONS OF LINE 1

13	The Louisiana Youth Leadership Seminar Corporation	13	<input type="text"/>
14	Lighthouse for the Blind in New Orleans	14	<input type="text"/>
15	The Louisiana Association for the Blind	15	<input type="text"/>
16	Louisiana Center for the Blind	16	<input type="text"/>
17	Affiliated Blind of Louisiana, Inc.	17	<input type="text"/>
18	Louisiana State Troopers Charities, Inc.	18	<input type="text"/>
19	Friends of Palmetto State Park	19	<input type="text"/>
20	The American Rose Society	20	<input type="text"/>
21	The Extra Mile	21	<input type="text"/>
22	Louisiana Naval War Memorial Commission; U.S.S. KIDD	22	<input type="text"/>
23	Children's Therapeutic Services at the Emerge Center	23	<input type="text"/>

24	TOTAL DONATIONS – Add Lines 2 through 23. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540, Line 36.	24	<input type="text"/>
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SCHEDULE E – 2017 ADJUSTMENTS TO INCOME

Enter your Social Security Number.

SSN input boxes

Table with 2 columns: Line number and Description. Lines 1, 2, 2A, 3.

Form for entering amounts for lines 1, 2, 2A, 3.

EXEMPT INCOME – Enter on Lines 4A through 4H the amount of exempt income included in Line 1 above. Enter description and associated code, along with the dollar amount. See instructions beginning on page 6.

Main Exempt Income table with columns: Description, Code, Amount. Rows 4A-4H, 4I-4K, 5A-5C.

Table with 2 columns: Description and Code. Rows for Interest and Dividends, Louisiana State Employees' Retirement Benefits, etc.

Table with 2 columns: Description and Code. Rows for START Savings Program Contribution, Military Pay Exclusion, etc.



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2017 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 for more information.

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 above 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.	\$



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Enter your Social Security Number. 

SCHEDULE F – 2017 REFUNDABLE PRIORITY 2 CREDITS ...CONTINUED

Description	Code	Description	Code	Description	Code	Description	Code
Ad Valorem Offshore Vessels	52F	Milk Producers	58F	School Readiness Child Care Directors and Staff	66F	Retention and Modernization	70F
Telephone Company Property	54F	Technology Commercialization	59F	School Readiness Business – Supported Child Care	67F	Conversion of Vehicle to Alternative Fuel	71F
Prison Industry Enhancement	55F	Historic Residential	60F	School Readiness Fees and Grants to Resource and Referral Agencies	68F	Digital Interactive Media & Software	73F
Urban Revitalization	56F	School Readiness Child Care Provider	65F			Solar Energy Systems – Leased	74F
Mentor-Protégé	57F					Other Refundable Credit	80F












*** Schedule G omitted on purpose ***

SCHEDULE H – 2017 MODIFIED FEDERAL INCOME TAX DEDUCTION

1	Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet, page 2.	1	
2	Enter the amount of federal disaster credits allowed by IRS. See instructions beginning on page 10.	2	
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540, Line 9, and mark box 2 on Line 9 to indicate that your income tax deduction has been increased.	3	

SCHEDULE I – 2017 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 10.

Credit Description	Credit Code	Amount of Credit Claimed
1	 F	1 
2	 F	2 
3	 F	3 
4	 F	4 
5	 F	5 
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540, Line 27.	
		6 

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





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Enter your Social Security Number.

SSN input boxes

SCHEDULE J – 2017 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

Table with 5 rows for child care credits, including Federal Child Care Credit, Louisiana Nonrefundable Child Care Credit, and Louisiana Nonrefundable School Readiness Credit.

Additional Nonrefundable Priority 3 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 11.

Table for Additional Nonrefundable Priority 3 Credits with columns: Credit Description, Credit Code, Amount of Credit Claimed.

IMPORTANT! Only these codes can be claimed on Lines 6 through 11.

Table with 2 columns: Description, Code. Includes Atchafalaya Trace, Organ Donation, Household Expense for Physically and Mentally Incapable Persons, etc.

Table with 2 columns: Description, Code. Includes Ad Valorem Natural Gas Credit Carried Forward, New Jobs Credit, Refunds by Utilities, etc.

Table with 2 columns: Description, Code. Includes Research and Development, Cane River Heritage, LA Community Economic Dev., etc.

Table with 2 columns: Description, Code. Includes Biomed/University Research, Tax Equalization, Manufacturing Establishments, etc.

CONTINUE ON NEXT PAGE.



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Enter your Social Security Number.

SSN input field

SCHEDULE J – 2017 NONREFUNDABLE PRIORITY 3 CREDITS ...CONTINUED

Transferable, Nonrefundable Priority 3 Credits

Enter credit description, associated code, along with the dollar amount of credit claimed and the State Certification Number from Form R-6135. See instructions beginning on page 11.

Main table with columns: Credit Description, Credit Code, Amount of Credit Claimed. Rows 12-15 for individual credits, 16 for total.

IMPORTANT! Only these codes can be claimed on Lines 12 through 15.

Table with 2 columns: Description, Code. Rows: Motion Picture Investment (251), Research and Development (252), Historic Structures (253).

Table with 2 columns: Description, Code. Rows: Digital Interactive Media (254), Capital Company (257), LCDFI (258).

Table with 2 columns: Description, Code. Rows: New Markets (259), Brownfields Investor (260), Motion Picture Infrastructure (261).

Table with 2 columns: Description, Code. Rows: Angel Investor (262), Other (299).



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2017 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540)

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

Your Federal Adjusted Gross Income must be \$25,000 or less in order to complete this form. See instructions on page 14.

- Care Provider Information Schedule** – Complete columns A through E for each person or organization that provided care to your child. You may use Federal Form W-10, supplied by your provider, to obtain the information. If your care provider does not provide a Federal Form W-10, complete those parts of the Care Provider Information Schedule for which you have the information. If your child attended a child care facility that participated in the Quality Start program, you must enter the facility license number from Form R-10614 in column D. You must follow the same rules of “Due Diligence” as the IRS requires if you do not have all of the care provider information. See IRS 2017 Publication 503 for information on “Due Diligence.” If additional lines are required for Lines 1 or 2, attach a schedule. **Falsification of any information provided on this form constitutes fraud and can result in criminal penalties.**

A	B	C	D	E
Care provider's name	Address (number, street, apartment number, city, state, and ZIP)	Identifying number (SSN or EIN)	Facility license number	Amount paid (See instructions.)
				.00
				.00
				.00
				.00
				.00

- For each child under age 13, enter their name in column F, their Social Security Number in column G, and the amount of Qualified Expenses you incurred and paid in 2017 in column H. See the definitions on page 14 for information on Qualified Expenses.

F	G	H
Qualifying person's name First Last	Qualifying person's Social Security Number	Qualified expenses you incurred and paid in 2017 for the person listed in column (F)
		.00
		.00
		.00
		.00
		.00

3	Add the amounts in column H, Line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. Enter this amount here and on Form IT-540, Line 14A.	3	.00																												
4	Enter your earned income. See the definitions on page 14.	4	.00																												
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see IRS Publication 503). All other filing statuses, enter the amount from Line 4.	5	.00																												
6	Enter the smallest of Lines 3, 4, or 5. Enter this amount on Form IT-540, Line 14B.	6	.00																												
7	Enter your Federal Adjusted Gross Income from Form IT-540, Line 7, or Schedule E, Line 1 if filed.	7	.00																												
8	Enter on Line 8 the decimal amount shown below that applies to the amount on Line 7. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>If Line 7 is:</th> <th>over</th> <th>but not over</th> <th>decimal amount</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td></td> <td>\$15,000</td> <td>.35</td> </tr> <tr> <td>\$15,000</td> <td></td> <td>\$17,000</td> <td>.34</td> </tr> <tr> <td>\$17,000</td> <td></td> <td>\$19,000</td> <td>.33</td> </tr> <tr> <td>\$19,000</td> <td></td> <td>\$21,000</td> <td>.32</td> </tr> <tr> <td>\$21,000</td> <td></td> <td>\$23,000</td> <td>.31</td> </tr> <tr> <td>\$23,000</td> <td></td> <td>\$25,000</td> <td>.30</td> </tr> </tbody> </table>	If Line 7 is:	over	but not over	decimal amount	\$0		\$15,000	.35	\$15,000		\$17,000	.34	\$17,000		\$19,000	.33	\$19,000		\$21,000	.32	\$21,000		\$23,000	.31	\$23,000		\$25,000	.30	8	X . _____
If Line 7 is:	over	but not over	decimal amount																												
\$0		\$15,000	.35																												
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\$21,000		\$23,000	.31																												
\$23,000		\$25,000	.30																												
9	Multiply Line 6 by the decimal amount on Line 8.	9	.00																												
10	Multiply Line 9 by 50 percent and enter this amount on Line 11.	10	X .50																												
11	Enter this amount on Form IT-540, Line 14.	11	.00																												



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2017 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540)

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

R.S. 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under R.S. 47:297.4. To qualify for this credit, the taxpayer must have Federal Adjusted Gross Income of \$25,000 or less and must have incurred child care expenses for a **qualified dependent under age six** who attended a child care facility that is participating in the Quality Start Rating program administered by the Louisiana Department of Education. The qualifying child care facility must have provided the taxpayer with Form R-10614 which verifies the facility's name, the facility license number, the LA Revenue Account number, the Quality Star Rating, and the rating award date. You must enter the facility license number in column D on Line 1 of the 2017 Louisiana Refundable Child Care Credit Worksheet to receive this credit.

Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT 540, Line 14.

1. Enter the amount of 2017 Louisiana Refundable Child Care Credit on the Louisiana Refundable Child Care Credit Worksheet, page 17, Line 11 1 _____ **.00**

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2017, shown on Form R-10614, determine the applicable percentage for the School Readiness Credit from the chart shown below:

(A) Quality Rating	(B) Percentages for Star Rating
Five Star	200% (2.0)
Four Star	150% (1.5)
Three Star	100% (1.0)
Two Star	50% (.50)
One Star	0% (.00)

2. Enter the number of your qualified dependents **under age six** who attended a:

Five Star Facility _____ and multiply the number by 2.0 (i) _____ . _____

Four Star Facility _____ and multiply the number by 1.5 (ii) _____ . _____

Three Star Facility _____ and multiply the number by 1.0 (iii) _____ . _____

Two Star Facility _____ and multiply the number by .50 (iv) _____ . _____

3. Add lines (i) through (iv) and enter the result. Be sure to include the decimal. 3 _____ . _____

4. Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and enter the result here and on Form IT-540, Line 15. 4 _____ **.00**

On Form IT-540, Line 15 enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown on Line 2 above for the associated star rated facility.

2017 Louisiana Earned Income Credit Worksheet

R.S. 47:297.8 allows a refundable credit for resident individuals who claimed and received a Federal Earned Income Credit (EIC). The Federal EIC is available for certain individuals who work, have a valid Social Security Number, and have a qualifying child, or are between ages 25 and 64. These individuals cannot be a qualifying child or dependent of another person.

Complete only if you claimed a Federal Earned Income Credit (EIC)

1. Federal Earned Income Credit – Enter the amount from Federal Form 1040EZ, Line 8a, OR Federal Form 1040A, Line 42a , OR Federal Form 1040, Line 66a. 1 _____ **.00**

2. Multiply Line 1 above by 3.5 percent, round to the nearest dollar, and enter the result on Line 3. 2 **X .035**

3. Enter this amount on Form IT-540, Line 16 3 _____ **.00**

