

LOUISIANA FILE ONLINE

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Are you due a refund? If you file this paper return, it will take up to 14 weeks to get your refund check. With [Louisiana File Online](#) and direct deposit, you can receive your refund within 45 days.

Mark Box:

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

2018 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 number of dependents claimed on Federal Form 1040 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.

Input boxes for Social Security Number

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

Input boxes for wages

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

Line 7: FEDERAL ADJUSTED GROSS INCOME - If your Federal Adjusted Gross Income is less than zero, enter "0."

From Louisiana Schedule E, attached

Input boxes for Line 7

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

Line 8A: FEDERAL ITEMIZED DEDUCTIONS

Input boxes for Line 8A

Line 8B: FEDERAL STANDARD DEDUCTION

Input boxes for Line 8B

Line 8C: EXCESS FEDERAL ITEMIZED DEDUCTIONS - Subtract Line 8B from Line 8A.

Input boxes for Line 8C

Line 9: FEDERAL INCOME TAX - See instructions. If your federal income tax has been decreased by the foreign tax credit, see instructions for optional deduction. If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H.

Input boxes for Line 9

Line 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.

Input boxes for Line 10

Line 11: YOUR LOUISIANA INCOME TAX - Enter the amount from the tax table that corresponds with your filing status.

Input boxes for Line 11

Line 12: NONREFUNDABLE PRIORITY 1 CREDITS - From Schedule C, Line 9

Input boxes for Line 12

Line 13: TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS - Subtract Line 12 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0."

Input boxes for Line 13

Line 14: 2018 LOUISIANA REFUNDABLE CHILD CARE CREDIT - Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See instructions, page 14, and Refundable Child Care Credit Worksheet, page 17.

Input boxes for Line 14

Line 14A: Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.

Input boxes for Line 14A

Line 14B: Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.

Input boxes for Line 14B

Line 15: 2018 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT - Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See Refundable School Readiness Credit Worksheet, page 18.

Input boxes for Line 15

Line 16: EARNED INCOME CREDIT - See Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3.

Input boxes for Line 16

Line 17: LOUISIANA CITIZENS INSURANCE CREDIT - See instructions, page 3.

Input boxes for Line 17

Line 18: OTHER REFUNDABLE PRIORITY 2 CREDITS - From Schedule F, Line 10

Input boxes for Line 18

Line 19: TOTAL REFUNDABLE PRIORITY 2 CREDITS - Add Lines 14, and 15 through 18. Do not include amounts on Lines 14A, 14B, and 17A.

Input boxes for Line 19

Line 20: TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS - See instructions, page 3.

Input boxes for Line 20

Line 21: OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS - See instructions, page 3.

Input boxes for Line 21

Line 22: NONREFUNDABLE PRIORITY 3 CREDITS - From Schedule J, Line 16

Input boxes for Line 22

CONTINUE ON NEXT PAGE.



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

Input boxes for last name

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Enter your Social Security Number.

9-digit Social Security Number entry boxes.

23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20.	23													.00
24A	CONSUMER USE TAX for purchases before July 1, 2018	<input type="checkbox"/>	No use tax due.	24A											.00
24B	CONSUMER USE TAX for purchases on or after July 1, 2018	<input type="checkbox"/>	Amount from the Consumer Use Tax Worksheet.	24B											.00
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23, 24A, and 24B.	25													.00

26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.	26													.00
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	27													.00

PAYMENTS

28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2018 – Attach Forms W-2 and 1099.	28													.00
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2017	29													.00
30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2018	30													.00
31	AMOUNT PAID WITH EXTENSION REQUEST	31													.00

32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 31.	32													.00
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													.00
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													.00
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													.00
36	TOTAL DONATIONS – From Schedule D, Line 21	36													.00

REFUND DUE

37	SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.	37													.00
38	AMOUNT OF LINE 37 TO BE CREDITED TO 2019 INCOME TAX CREDIT	38													.00
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.	39													.00

DIRECT DEPOSIT INFORMATION

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

Routing Number Account Number

COMPLETE AND SIGN RETURN ON NEXT PAGE.



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

4-character name entry boxes.

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Enter your Social Security Number.

AMOUNTS DUE LOUISIANA	40	AMOUNT YOU OWE – If Line 25 is greater than Line 32, subtract Line 32 from Line 25.	40	
	41	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	41	
	42	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	42	
	43	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	43	
	44	INTEREST – From the Interest Calculation Worksheet, page 13, Line 5.	44	
	45	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 13, Line 7.	45	
	46	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 13, Line 7.	46	
	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"/>	47	
	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.	48	

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 FEIN ➤	
	Firm's Address ➤			Telephone ➤	

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

**Individual Income Tax Return
Calendar year return due 5/15/2019**

{ 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

PTIN, FEIN, or LDR Account Number of Paid Preparer



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Enter your Social Security Number.

SCHEDULE C – 2018 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.

1B Enter the Credit for Taxes Paid to Other States from Form R-10606.

1A , , .

1B , , .

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.

	Deaf	Loss of Limb	Mentally Incapacitated	Blind		
2A Yourself	<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.	<input type="text"/>
2B Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2E Multiply Line 2D by \$72.	<input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
2C Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

* 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 29 percent. Round to the nearest dollar.

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

4A Enter the amount of eligible federal credits.

4B Multiply Line 4A by 7 percent. Enter the result or \$18, whichever is less. This credit is limited to \$18.

3A , .

3B , .

4A , , .

4B .

Additional Nonrefundable Priority 1 Credits

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

	Credit Description	Credit Code	Amount of Credit Claimed
5		<input type="text"/>	<input type="text"/> , <input type="text"/> . <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"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
8		<input type="text"/>	<input type="text"/> , <input type="text"/> . <input type="text"/> <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"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>

Description	Code
Education Credit Act 125 Recovery	099
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110

Description	Code
Small Town Health Professionals	115
Bone Marrow	120
Law Enforcement Education	125
First Time Drug Offenders	130

Description	Code
Bulletproof Vest	135
Nonviolent Offenders	140
Owner of Newly Constructed Accessible Home Act 125 Recovery	145
Qualified Playgrounds	150

Description	Code
Debt Issuance	155
Donations of Materials, Equipment, Advisors, Instructors Act 125 Recovery	175
Conversion of Vehicle to Alternative Fuel	185
Other	199



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Enter your Social Security Number.

SCHEDULE D – 2018 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 20, the portion of the overpayment you wish to donate. The total on Line 21 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"/> <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"/>
---	---	--	---

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

DONATIONS OF LINE 1	12	Louisiana National Guard Honor Guard for Military Funerals	12	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	13	Louisiana State Troopers Charities, Inc.	13	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	14	Friends of Palmetto State Park	14	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	15	The American Rose Society	15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	16	The Extra Mile	16	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	17	Louisiana Naval War Memorial Commission; U.S.S. KIDD	17	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	18	Children's Therapeutic Services at the Emerge Center	18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	19	Louisiana Horse Rescue Association	19	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	20	Louisiana Coalition Against Domestic Violence	20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

21	TOTAL DONATIONS – Add Lines 2 through 20. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540, Line 36.		21 <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"/>
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SCHEDULE E – 2018 ADJUSTMENTS TO INCOME

Enter your Social Security Number.

SSN input boxes

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

Form with 2 columns: Line number and Amount. Lines 1-3.

EXEMPT INCOME – Enter on Lines 4A through 4G the amount of exempt income included in Line 1 above.

Main table for Exempt Income with columns: Description, Code, and Amount. Lines 4A-5C.

Table with 2 columns: Description and Code. Lists various retirement and benefit categories.

Table with 2 columns: Description and Code. Lists various exclusion and adjustment categories.



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2018 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 Bulletins 09-019 and 12-008 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 canceled 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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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

SCHEDULE F – 2018 REFUNDABLE PRIORITY 2 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 or State Identification State of issue
1B Spouse Date of Birth (MM/DD/YYYY) Driver's License number 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 72 percent of the amount of fees paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses. See instructions, page 9. 1D

Additional Refundable Priority 2 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions on page 9.

Table with 3 columns: Credit Description, Credit Code, Amount of Credit Claimed. Rows 2-6.

Transferable, Refundable Priority 2 Credits

Enter the State Certification Number from Form R-6135, along with the dollar amount of credit claimed. See instructions on page 9.

Table with 3 columns: Credit Description, Credit Code, Amount of Credit Claimed. Rows 7-10.

SEE CREDIT CODES ON NEXT PAGE





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Enter your Social Security Number.

Input field for Social Security Number

SCHEDULE F – 2018 REFUNDABLE PRIORITY 2 CREDITS ...CONTINUED

Table with 2 columns: Description, Code. Rows include Ad Valorem Offshore Vessels (52F), Telephone Company Property (54F), Prison Industry Enhancement (55F), Mentor-Protégé (57F).

Table with 2 columns: Description, Code. Rows include Milk Producers (58F), Technology Commercialization (59F), Historic Residential (60F), School Readiness Child Care Provider (65F).

Table with 2 columns: Description, Code. Rows include School Readiness Child Care Directors and Staff (66F), School Readiness Business – Supported Child Care (67F), School Readiness Fees and Grants to Resource and Referral Agencies (68F), Retention and Modernization (70F).

Table with 2 columns: Description, Code. Rows include Conversion of Vehicle to Alternative Fuel Act 125 Recovery (71F), Digital Interactive Media & Software (73F), Other Refundable Credit (80F).

*** Schedule G omitted on purpose ***

SCHEDULE H – 2018 MODIFIED FEDERAL INCOME TAX DEDUCTION

Table with 2 columns: Line number, Description. Lines 1-3 describe federal income tax liability, disaster credits, and total deduction instructions.

Input fields for lines 1, 2, and 3, each with a dollar sign, commas, and a cents box (00).

SCHEDULE I – 2018 REFUNDABLE PRIORITY 4 CREDITS

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

Table with 2 columns: Line number, Credit Description. Lines 1-5 are blank, line 6 is 'TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540, Line 27.'

Input fields for credit code (F) and amount of credit claimed for lines 1-6, each with a dollar sign, commas, and a cents box (00).

Table with 2 columns: Description, Code. Rows include Inventory Tax (50F), Ad Valorem Natural Gas (51F).



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Enter your Social Security Number.

SSN input boxes

SCHEDULE J – 2018 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

Table with 5 rows for child care credits, including Federal Child Care Credit and Louisiana Nonrefundable Child Care 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 listing eligible codes and descriptions for lines 6 through 11, such as Atchafalaya Trace, Organ Donation, and various research credits.

CONTINUE ON NEXT PAGE.



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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

SSN input boxes

SCHEDULE J – 2018 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 12-15A for individual credits, and row 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.

2018 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 2018 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 2018 in column H. See the definitions on page 14 for information on Qualified Expenses.

F		G	H
Qualifying person's name		Qualifying person's Social Security Number	Qualified expenses you incurred and paid in 2018 for the person listed in column (F)
First	Last		
			.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																												
\$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																												
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																											





ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2018 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 2018 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 2018 Louisiana Refundable Child Care Credit found 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 2018, 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.

2018 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 1040, Line 17a. 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**

