r name IT-540B			-2S, EXTENSION								_				
ange, 2007 L r dece- Your first name	OUISIANA N			NT A	AND F		T-'	YE	AF	R	łΕ	SII	DE	_	
nt filing, irk box. Your first name	9	init.	Last name			Suffix	> L	L		Ш		_			our Social ecurity Num
ouse pedent,	spouse's name	Init.	Last name			Suffix	·								pouse's Soc ecurity Num
rk box. Present home a	address (number and street includin	g apartme	nt number or rural route)										ANT		
rk box.	APO			State	ZIP	'	Y							ove in t deral re	he same turn.
										If this	is ar	n ame	ended i	eturn, m	ark this bo
	S: Print the appropriate number t. It must agree with your feder			e EVEI	MPTIONS:					If an e	exten	sion	is attac	ched, ma	rk this box
	"1" in box if single. "2" in box if married filing	n iointl	y. 6A		Yourself		65	or			Blind				
Print a	"3" in box if married filing "4" in box if head of house	g sepa	rately. ≭					der						Tota	al of
Print a	"5" in box if qualifying w	idow(e	r).	3	Spouse			or der			Blind			6A 8	6B
6C DEPENDENTS - Prin	g person is not your dependent, t dependent information be	low.													
If you have more than 6	6 dependents, attach a stateme Last Name		ial Security Num		nformation. Relationsh	nip to yo	u	Bi	rth D	ate (N	/IM/DI	D/YY	YY)		
														6C	П
															Print the no
														6	C of Fede
														1	040A.
															_
					6D TO	TAL EXE	MPT	IONS	– Tot	tal of 6	A, 6E	3, and	d 6C.	6D	Ш
If you are not required return, indic	I to file a federal cate wages here.		$, \square \square$	00		Mark th	is b	ох а	nd e	nter z	ero	"0" d	on Lir	ne 17.	
	GROSS INCOME – Print the worksheet, Federal column, Lii					7	T	T],				, [П	. 00
	D GROSS INCOME – Print the						Т	Т	1	П	T			П	00
9 RATIO OF LOUISIANA	worksheet, Louisiana column, ADJUSTED GROSS INCOME Carry out to two decimal place	TO FE	DERAL ADJUSTED	GROSS	INCOME -				,	T	Ť	Ŧ	, <u> </u>	Ħ	%
The percentage cannot	exceed 100%									9	_	_	٠.	ш	
	your deductions on your let	ierai rei	urn, leave Lines To	A, IUD,	100,										
If you did not itemize and 10D blank and go	to Line 10E.						7		_		'n	т			
and 10D blank and go	of to Line 10E. EDUCTIONS – Leave blank if your all itemized deductions from F	ou did no ederal F	ot itemize. If you did it form 1040, Schedule	emize, p A, Line 2	rint 29 1	10A],	Ē	L		, [1	Ţ	. 0	0
and 10D blank and go 10A FEDERAL ITEMIZED DE the amount of your fede 10B FEDERAL STANDARD	o to Line 10E. EDUCTIONS – Leave blank if yo	ederal F f you die	form 1040, Schedule	A, Line 2	29 1],				, [, [I	I	. 0 . 0	0
and 10D blank and go 10A FEDERAL ITEMIZED DE the amount of your fede 10B FEDERAL STANDARD itemize and your filing s 10C EXCESS FEDERAL IT	o to Line 10E. EDUCTIONS – Leave blank if ye real itemized deductions from F DEDUCTION – Leave blank is status is: 1 or 3, print \$5,350; 2	ederal F f you did 2 or 5, p	d not itemize. If you rint \$10,700; 4 print	A, Line 2 did \$7,850. ze.	29 1	10В],],				, [, [I I T	T T] . 0] . 0	0
and 10D blank and go 10A FEDERAL ITEMIZED DE the amount of your fede 10B FEDERAL STANDARD itemize and your filing s 10C EXCESS FEDERAL IT Subtract Line 10B from	o to Line 10E. EDUCTIONS – Leave blank if your paral itemized deductions from F DEDUCTION – Leave blank is status is: 1 or 3, print \$5,350; 2	f you did 2 or 5, p ave blan e here.	orm 1040, Schedule d not itemize. If you rint \$10,700; 4 print k if you did not itemi lf zero or less, print	A, Line 2 did \$7,850. ze. "0."	1	10B],		 - ,		, [, []]],	I I I] . 0] . 0	0 0
and 10D blank and go 10A FEDERAL ITEMIZED DE the amount of your fede 10B FEDERAL STANDARD itemize and your filing s 10C EXCESS FEDERAL IT Subtract Line 10B from 10D 57.5% EXCESS FEDEI Multiply Line 10C by .5: 10E FEDERAL INCOME TA	EDUCTIONS – Leave blank if your paral itemized deductions from F DEDUCTION – Leave blank is status is: 1 or 3, print \$5,350; 2 EMIZED DEDUCTIONS – Leave blank is the balance of the balan	f you did 2 or 5, p ave blan e here. 6 – Leav ollar	orm 1040, Schedule d not itemize. If you rint \$10,700; 4 print k if you did not itemi If zero or less, print the blank if you did not ral income tax	A, Line 2 did \$7,850. ze. "0." ot itemize	1	10B]],],		, [, []],],	I I I	. 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
and 10D blank and go 10A FEDERAL ITEMIZED DE the amount of your fede 10B FEDERAL STANDARD itemize and your filing s 10C EXCESS FEDERAL IT Subtract Line 10B from 10D 57.5% EXCESS FEDEI Multiply Line 10C by .5' 10E FEDERAL INCOME TA has been decreased by Schedule H-NR, and m	EDUCTIONS – Leave blank if your praintenance of the property o	ederal F f you did 2 or 5, p ave blan e here. 6 – Leav ollar If fedel red by If e 20	orm 1040, Schedule d not itemize. If you rint \$10,700; 4 print k if you did not itemi lf zero or less, print re blank if you did no	A, Line 2 did \$7,850. ze. "0."	1	10B	I0E] ,],		, [, [],		. 0	J · L
and 10D blank and go 10A FEDERAL ITEMIZED DE the amount of your fede 10B FEDERAL STANDARD itemize and your filing s 10C EXCESS FEDERAL IT Subtract Line 10B from 10D 57.5% EXCESS FEDEI Multiply Line 10C by .5' 10E FEDERAL INCOME TA has been decreased by Schedule H-NR, and m	EDUCTIONS – Leave blank if your all itemized deductions from Foundations in DEDUCTION – Leave blank is status is: 1 or 3, print \$5,350; itemized DEDUCTIONS – Leave blank is status is: 1 or 3, print \$5,350; itemized DEDUCTIONS – Leave Line 10A and print the balance RAL ITEMIZED DEDUCTIONS 75. Round up to the nearest downward wark box. See instructions, page 17 or a federal disaster credit allowark box. See instructions, page	ederal F f you did 2 or 5, p ave blan e here. S – Leav ollar If fedel red by If e 20	orm 1040, Schedule d not itemize. If you rint \$10,700; 4 print k if you did not itemi If zero or less, print the blank if you did not ral income tax RS, complete	A, Line 2 did \$7,850. ze. "0." ot itemize	1	100	10E 10F]],],],		, [, []],			. 00

6843

68437 66 12312007

	Print your Social Security Number	er. (F								
11	LOUISIANA NET INCOME – Subtract Line 10G from Line 8. If less than zero, print "0."					1.	П				00
11 12	YOUR LOUISIANA INCOME – Subtract Line 10d from Line 6. It less than zero, print 0		,			j ,					00
NO	NREFUNDABLE TAX CREDITS										
13A	FEDERAL CHILD CARE CREDIT – Print the amount from your 2007 Federal Form 1040A, Line 29,				Г	÷	Н	Г			
13B	or 2007 Federal Form 1040, Line 47. Important! See instructions, page 17. This amount will be used to compute your 2007 Louisiana Nonrefundable Child Care Credit	13	BA	Ш	,	┿	ዞ	. [00	ı	_
	(AGI) must be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 25.			13	в	▋,	Ш			٠Į	00
130	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS – See Nonrefundable Child Care Credit Worksheet, page 25			13	c],				.[00
14	EDUCATION CREDIT – A credit of \$25 is available for each qualified dependent who attended school from kindergarten through 12th grade for at least part of the year. Multiply the number of qualified dependents by \$25 and print the result.			1	4],				.[00
15	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G-NR. Line 10		١.			1.				.[00
		Г	ĺ			ĺ	П		Ħ	i	00
16 17	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 13B through 15 and print the result	H	,			」 ,	H	_	=	÷	=
17	If less than zero, print "0."	L	,	Щ		.	Ш		╛	٠Į	00
18	CONSUMER USE TAX		Ι,],	Ш			١,	00
19	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 17 and 18 and print the result		١.			1.			П	.[00
RE	FUNDABLE TAX CREDITS AND PAYMENTS		,			,				1	
20	2007 REFUNDABLE LOUISIANA CHILD CARE CREDIT – Your Federal Adjusted Gross Income (AGI) must be equal to or less than \$25,000 to claim the credit on this line. See Refundable Child Care Credit Instructions, page 23.			2	0	1.	П			.[00
	20A Print the qualified expense amount from the Refundable Child Care Credit Worksheet, page 24, Line 3.				, [.[00		
	20B Print the amount from the Refundable Child Care Credit Worksheet, page 24, Line 6.	20	В		,	Ļ	Ц	.[00		_
21	LOUISIANA CITIZENS INSURANCE CREDIT – See instructions, page 18		,	Ц	_],	Н		4	1	00
22	OTHER REFUNDABLE TAX CREDITS – From Schedule F–NR, Line 5		,	Ш		,	Ш		╝	٠Į	00
23	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2007 – Attach W-2 Form(s)	L	,	Ц		,	Ц		╛	إ.	00
24	AMOUNT OF CREDIT CARRIED FORWARD FROM 2006		,			」 ,	Ш			١.	00
25	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING – See instructions, page 18. Enter name of partnership		,],				.[00
26	AMOUNT OF ESTIMATED PAYMENTS FOR 2007		,],	Ц		4	إ٠	00
27	AMOUNT PAID WITH EXTENSION REQUEST		,	Ш		,	Ш			٠Į	00
28	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 20, 21 through 27 and print the result. Do not include amounts on Line 20A and 20B.		١,],				.[00
29	OVERPAYMENT – If Line 28 is equal to Line 19, print zero "0" on Lines 29 through 43 and go to Line 44. If Line 28 is greater than Line 19, subtract Line 19 from Line 28 and print the result here. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. If Line 28 is less than Line 19, print zero "0" on Lines 29 through 42 and go to Line 43	Г				1	П		_		00
30	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 26 and	F	,	H		╡"	H	一	Ħ	j	00
31	Form R-210NR. If you are a farmer, see instructions on page 18 and check the box		,			」 ,	믬	_	=	٠ <u>[</u>	
	from Line 29 and print the result. If Line 30 is greater than Line 29, print zero "0" here, subtract Line 29 from Line 30, and print the balance on Line 43		,			」 ,			╝	١,	00





COMPLETE AND SIGN RETURN ON NEXT PAGE.

	Print your Social Security Number.												
Am	ount of Line 31 you wish to donate to:								_		ı G	7	
32	THE MILITARY FAMILY ASSISTANCE FUND -	- See instructio	ons, page 18.		32		<u> </u>	느	느	Щ	- L	9	
33	THE START PROGRAM – See instructions, page	ge 18			33		<u> </u>	L	Ļ	Ц	. 0	0	
34	WILDLIFE HABITAT AND NATURAL HERITAGE	E TRUST FUN	D – See instructions, page 18		34	_	<u> </u>	Ļ	Ļ	Ц	. 0	0	
35	LOUISIANA CANCER TRUST FUND - Prostate	e Cancer – <i>See</i>	e instructions, page 18		35	_	_ ,	Ļ	늗		. 0	0	
36	LOUISIANA ANIMAL WELFARE COMMISSION	– See instruct	tions, page 18.		36	_	,	F	늗		- ⁰	0	
37	LOUISIANA HOUSING TRUST FUND - See in	structions, pag	e 18		37	_	_ ,	H	늗	Н	. [0	9	
38	COMMUNITY-BASED PRIMARY HEALTH CAR	RE FUND – Se	e instructions, page 18		38		<u>,</u>	<u> </u>	<u> </u>	Н	. [0	<u> </u>	00
39	TOTAL DONATIONS - Add Lines 32 through 38	B. Print the res	ult here		3	9	Щ	<u> </u>	,	Ц	_	₫.	00
40	SUBTOTAL – Subtract amount printed on Line 3 amount of overpayment available for credit or re	39 from Line 3 efund.	1 to determine the	40	Ц	,	Щ	Ļ	,	Ц		▋.	00
41	AMOUNT TO BE CREDITED TO 2008 INCOME that you wish to credit to 2008.	ETAX – Print	the amount of overpayment	. CREDIT 41	Ц	7	Щ		,	Ц		₫.	00
42	AMOUNT TO BE REFUNDED – Subtract Line 4 See Address 2 below.			REFUND42	Ш	,	Ш		,			╝.	00
43	AMOUNT YOU OWE – If Line 19 is greater that and print the result. If you entered an amount a an overpayment, go to Line 44. Print zero "0" or	the regult of	indernayment nenalty exceeding	43		,			,].	00
44	ADDITIONAL DONATION TO THE MILITARY F	AMILY ASSIS	TANCE FUND	44		,	Щ	Ţ	,			₫.	00
45	INTEREST – From the Interest Calculation Work	sheet, page 20	3, Line 5	45	Ц	,	Щ	Ļ	,	Ц	4	╡.	00
46	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation V	Vorksheet, pag	e 26, Line 7	46	Ш	,	Ш		,			╝.	00
47	DELINQUENT PAYMENT PENALTY – From Del Worksheet, page 26, Line 7					,			,].	00
48	UNDERPAYMENT PENALTY - See instructions Form R-210NR. If you are a farmer, see instructions	for Underpaymons on page 1	ent Penalty, page 26 and 8 and check the box.	48		,			,].	00
					Н		_	+			_	-	
49	BALANCE DUE LOUISIANA - Add Lines 43 throws For electronic payment options, see page 2 Mail to: LOUISIANA DEPARTMENT OF REVEI		PAY THIS AI	MOUNT. 49	Ц	,	Щ		,	Ц	Щ	١.	00
	man to: EddiciAtVABELATIMENT OF THEVEL	10 L, 1 0 box	osso, batom Houge, En 70021 o	330.	DO	N	ОТ	SE	N D) C	AS	н.	
Ιd	eclare that I have examined this return, and	to the best of	of my knowledge, it is true and	complete. Declara	ation (of pa	aid prep	arer	is ba	ased	on all	avai	ilable
info	rmation. If I made a contribution to the START S istance in order to properly identify the START	avings Progra	m, I consent that my Social Secur	ity Number may be	e giver	ı to th	ne Louis	siana (Office	e of S	tuden	t Fina	ıncial
	ir signature	Date	Your occupation	Signature of paid									
Spo	use's signature (If filing jointly, both must sign.)	Date	Spouse's occupation	Telephone numb	er of p	aid p	reparer				Dat	9	
							Socia	l Sec		Nun	nher	PTIN	l or
Area	a code and daytime telephone number 🥎	7	Mail Balance Due Return wit TO: Department of Revenue	h Payment							prepa		, 01
	υ υ	ш	P. O. Box 3550 Baton Rouge, LA 70821-	3550								Т	\Box
- II	ndividual Income Tax Return	Mail	All Other Individual Income		\exists								
	Calendar year return due 5/15/2008.	2	TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3			(OI	F YOU	R FE	DER	A PH		
FOR OFFICE USE ONLY													
	Extension Field												
	WEB		Routing	claimed	fla	ag					68	845	
	**		code										

	ATTACH TO RETURN IF COMPLETED.
2	ATTACH TO RETURN IF COMPLETED.

200		ETURN IF COMPLETED. LE TAX CREDITS	Print your Social Security Number.	CHEDULE F - NR
1	Credit for Amounts F	Paid by Certain Military Servicement	mbers for obtaining Louisiana Hunting and Fishing Licenses. See instructions, page 19	-
1A	Yourself	Date of Birth (MM/DD/YYYY)	Driver's License number	State of issue
			or Identification number	State of issue
1B	Spouse	Date of Birth (MM/DD/YYYY)	Driver's License number	State of issue
1C	Dependents: List dep	pendent name(s).	or Identification number	State of issue
	Dependent nam	ne	Date of Birth (MM/DD/YYYY)	
	Dependent nam	ne	Date of Birth (MM/DD/YYYY)	
	Dependent nam	ne	Date of Birth (MM/DD/YYYY)	
	Dependent nam	ne	Date of Birth (MM/DD/YYYY)	

ADDITIONAL REFUNDABLE CREDITS

Enter description and associated code, along with the dollar amount. See instructions beginning on page 19.

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

	CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF CREDIT CLAIMED
2		F	, , , , , , , , , , , , , , , , , , , ,
3		F 3	, , , , , , , , , , , , , , , , , , , ,
4		F 4	, , , , , , , , , , , , , , , , , , , ,
5	Total Refundable Tax Credits - Add Lines 1D, 2 through 4 and print here and on Fe	orm IT-540B, Line 22 5	, , , , , , , , , , , , , , , , , , , ,

Description	Code
Inventory Tax	50F
Ad Valorem Natural Gas	51F
Ad Valorem Offshore Vessels	52F
Sound Recording Investment	53F

Description	Code
Telephone Company Property	54F
Prison Industry Enhancement	55F
Urban Revitalization	56F

Description	Code
Mentor-Protégé	57F
Milk Producers	58F
Technology Commercialization	59F
Historic Residential	60F

Description	Code
Angel Investor	61F
Broadway South	62F
Quality Jobs	63F
Other Refundable	80F

20	07 MODIFIED FEDERAL INCOME TAX DEDUCTION			S	CF	IEI	DULE	Н	- N	IR
1	Print the amount of your federal income tax liability found on Federal Form 1040, Line 57. See instructions, page 20],			,		П].	0)0
2	Print the amount of federal disaster credits allowed by IRS. See instructions, page 20],			,].	. 0)0
3	Add Lines 1 and 2 and print the result here and on Form IT-540B, Line 10E. Mark the box on Line 10E to indicate that your income tax deduction has been increased],			,].	0)0



WEB

6847

ATTACH TO	RETURN IF	COMPLETED.

Print your Social Security Number.					

20	07 NONREFUNDABLE TAX CREDITS		SCHEDULE G - NF
1	CREDIT FOR CERTAIN DISABILITIES – Mark an "X" in the appropri Only one credit is allowed per person. See instructions beginning	on page 20 for definitions of these disabilit	ies.
	Loss of Mentally Deaf limb incapacitated Blind	* 1C List dependent name(s) here.	
	1A Yourself		
	1B Spouse	1D Print the total number of qualifying indi	ividuala
	1C Dependent ★	Only one credit is allowed per person.	
	1E Multiply Line 1D by \$100 and print the result		15 00
2	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTION		
_	2A Print the value of computer or other technological equipment donate		o 2A
	2B Multiply Line 2A by 40% (.40) and print the result. Round to the	a received deller	OD 00
3	CREDIT FOR CERTAIN FEDERAL TAX CREDITS	riedrest dollar.	
	3A See instructions, page 21	3A	
	3B Multiply Line 3A by 10% (.10). Print the result or \$25, whichever		00
	er credit description and associated code, along with the		
	CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF CREDIT CLAIMED
4		4	, , , , , , , , , , , , , , , , , , , ,
5		5	
6		6	, , , , , , , , , , , , , , , , , , , ,
-		7	00
7		/	
8		8	
9		9	, , , , , , , , , , , , , , , , , , , ,
10	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 1E, 2B, 3B, a	and 4 through 9	
	Print the result here and enter on Form IT-540B, Line 15		
_			

Description	Code
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155
Employee and Dependent Health Insurance	165

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
Vehicle Alternative Fuel	206
Previously Unemployed	208
Recycling Credit	210

Description	Code
Basic Skills Training	212
Brownfields Investor	216
Dedicated Research	220
New Jobs Credit	224
Refunds by Utilities	226
Eligible Re-entrants	228
Neighborhood Assistance	230
Cane River Heritage	232
LA Community Economic Dev.	234
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
LA Digital Interactive Media	254
Motion Picture Resident	256
Capital Company	257
LCDFI	258
New Markets	259
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399



WEB

ATTACH THIS WORKSHEET TO YOUR RETURN.

NONRESIDENT AND PART-YEAR RESIDENT (NPR) WORKSHEET						
	See instructions for completing the NPR worksheet beginning on page 10.	Federal	Louisiana			
1	Wages, salaries, tips, etc.					
2	Taxable interest					
3	Dividends					
4	Business income (or loss) and Farm income (or loss)					
5	Gains (or losses)					
6	IRA distributions, Pensions and Annuities.					
7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.					
8	Social Security benefits					
9	Other income					
10	Total Income – Add the income amounts on Lines 1 – 9 for each column.					
11	Total Adjustments to Income					
12	Adjusted Gross Income – Subtract Line 11 from Line 10 for each column. Print the amount shown in the Federal column on IT-540B, Line 7.					
	2007 Adjustments to Income					
10	Additions					
13	Interest income and dividends from other states and their political subdivisions					
14	Recapture of START contributions					
15	Total – Add Lines 12, 13, and 14 and print the result.					
16	Subtractions Interest and Dividends on U.S. Government Obligations					
17	Louisiana State Employees' Retirement Benefits – Date retired:					
	Louisiana State Teachers' Retirement Benefits – Date retired:					
18						
19	Federal Retirement Benefits – Date retired: Other Retirement Benefits – Date retired:					
20	Provide name or statute:					
21	Annual Retirement Income Exemption for Taxpayers 65 or over – Provide name of pension or annuity:					
22	Taxable Amount of Social Security – See instructions, page 11.					
23	Native American Income – See instructions, page 11.					
24	START Savings Program Contribution – See instructions, page 11.					
25	Military Pay Exclusion – See instructions, page 11.					
26	Road Home – See instructions, page 11.					
27	Teacher Deduction – See instructions, page 12.					
28	Recreation Volunteer or Volunteer Firefighter – See instructions, page 12.					
29	IRC 280(C) Wage Expense Adjustment – See instructions, page 12.					
30	Other Exempt Income – See instructions, page 12. Identify:					
31	Total Exempt Income – Add lines 16 through 30 and print here.					
32	LOUISIANA ADJUSTED GROSS INCOME . Subtract Line 31 from Line 15 and print here and on IT-540B, Line 8.					

