

Mark Box:

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

**IT-540B WEB 2020 LOUISIANA NONRESIDENT  
(Page 1 of 4) AND PART-YEAR RESIDENT**

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

Your legal first name	Init.	Last name	Suffix
If joint return, spouse's name	Init.	Last name	Suffix
Present home address (number and street or rural route)		Unit Type	Unit Number
City, Town, or APO		State	ZIP
Foreign Nation, if not United States (do not abbreviate)			

Your SSN

Spouse's SSN

Area code and daytime telephone number

MSRA  Nonresident Return  Your Date of Birth  Spouse's Date of Birth

Part-Year Return

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

**6 EXEMPTIONS:**

- 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)**.  
If the qualifying person is not your dependent, enter name here. \_\_\_\_\_

6A  Yourself  65 or older  Blind

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 number of dependents claimed on Federal Form 1040 or 1040-SR 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

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 14.

7	FEDERAL ADJUSTED GROSS INCOME – Enter the amount of your Federal Adjusted Gross Income from the NPR worksheet, Federal column, Line 12.	7	<input type="text"/>
8	LOUISIANA ADJUSTED GROSS INCOME – Enter the amount of your Louisiana Adjusted Gross Income from the NPR worksheet, Line 20.	8	<input type="text"/>
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME – Divide Line 8 by Line 7. Carry out to two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%.	9	<input type="text"/> %

If you did not itemize your deductions on your federal return, leave Lines 10A, 10B, and 10C blank and go to Line 10D.

10A	FEDERAL ITEMIZED DEDUCTIONS	10A	<input type="text"/>
10B	FEDERAL STANDARD DEDUCTION	10B	<input type="text"/>
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A.	10C	<input type="text"/>
10D	FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, mark the box. See Schedule H-NR. <input type="checkbox"/>	10D	<input type="text"/>
10E	TOTAL DEDUCTIONS – Add Lines 10C and 10D.	10E	<input type="text"/>
10F	ALLOWABLE DEDUCTIONS – Multiply Line 10E by the percentage on Line 9. Round to the nearest dollar.	10F	<input type="text"/>
11	LOUISIANA NET INCOME – Subtract Line 10F from Line 8. If less than zero, enter zero "0."	11	<input type="text"/>
12	YOUR LOUISIANA INCOME TAX – See the Tax Computation Worksheet to calculate the amount of your Louisiana income tax.	12	<input type="text"/>
13	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NR, Line 5	13	<input type="text"/>
14	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 13 from Line 12. If the result is less than zero, or you are not required to file a federal return, enter zero "0."	14	<input type="text"/>

15	2020 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 the instructions and the Refundable Care Credit Worksheet.	15	<input type="text"/>
15A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	15A	<input type="text"/>
15B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	15B	<input type="text"/>
16	2020 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 the Refundable School Readiness Credit Worksheet. 5 <input type="text"/> 4 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/>	16	<input type="text"/>
17	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F-NR, Line 9	17	<input type="text"/>
18	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15, 16, and 17. Do not include amounts on Lines 15A, and 15B.	18	<input type="text"/>

19	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS	19	<input type="text"/>
20	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS	20	<input type="text"/>



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

CONTINUE ON NEXT PAGE

Enter your Social Security Number.

SSN input boxes

Line 21: NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NR, Line 16

Line 22: ADJUSTED LOUISIANA INCOME TAX – Subtract Line 21 from Line 19.

Line 23: CONSUMER USE TAX. Includes checkboxes for "No use tax due." and "Amount from the Consumer Use Tax Worksheet."

Line 24: TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 22 and 23.

Line 25: OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 20.

Line 26: REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6

PAYMENTS section (Lines 27-31): AMOUNT OF LOUISIANA TAX WITHHELD FOR 2020, AMOUNT OF CREDIT CARRIED FORWARD FROM 2019, AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING, AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2020, AMOUNT PAID WITH EXTENSION REQUEST.

Line 32: TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 31.

Line 33: OVERPAYMENT – If Line 32 is greater than Line 24, subtract Line 24 from Line 32. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. Otherwise, go to Line 40.

Line 34: UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.

Line 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.

Line 36: TOTAL DONATIONS – From Schedule D-NR, Line 19

REFUND DUE section (Lines 37-39): SUBTOTAL, AMOUNT OF LINE 37 TO BE CREDITED TO 2021 INCOME TAX, AMOUNT TO BE REFUNDED. Includes checkboxes for "REFUND" and "CREDIT".

DIRECT DEPOSIT INFORMATION

Direct Deposit Information fields: Type (Checking/Savings), Will this refund be forwarded to a financial institution located outside the United States? (Yes/No), Routing Number, Account Number.



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

COMPLETE AND SIGN RETURN ON NEXT PAGE

Enter your Social Security Number.

SSN input boxes

Table with 2 columns: Description of amounts due (lines 40-47) and numerical input boxes for each line. Includes 'AMOUNTS DUE LOUISIANA' label on the left and 'PAY THIS AMOUNT.' on line 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.

Signature lines: Your Signature, Date (mm/dd/yyyy), Spouse's Signature (If filing jointly, both must sign.), Date (mm/dd/yyyy)

PAID PREPARER USE ONLY section with fields for Preparer's Name, Signature, Date, Firm's Name, FEIN, Address, and Telephone.

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

4-letter name input boxes

Individual Income Tax Return Calendar year return due 5/15/2021

Address { 1, 2

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 input boxes

PTIN, FEIN, or LDR Account Number of Paid Preparer

For Office Use Only.

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Enter your Social Security Number.

### 2020 Nonresident and Part-Year Resident (NPR) Worksheet

See instructions for completing the NPR worksheet.		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	<b>Adjusted Gross Income</b> – Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on Form IT-540B, Line 7. The amount shown in the <b>Federal column</b> should agree with Federal Form 1040 or 1040-SR, Line 11.		
Additions	13 Interest and dividend income from other states and their political subdivisions		
	14 Recapture of START contributions		
	15 Add back of donation to school tuition organization credit		
	16 Add back of pass-through entity loss		
	17 Total - Add Lines 12 through 16.		

**EXEMPT INCOME** - Enter on Lines 18A through 18F the amount of any exempt income included in Line 12 in the Louisiana column. Enter the description and associated code, along with the dollar amount. See the instructions.

Exempt Income Description		Code	Amount
18A		E	
18B		E	
18C		E	
18D		E	
18E		E	
18F		E	
19	<b>Total Exempt Income</b> – Add Lines 18A through 18F.		
20	<b>LOUISIANA ADJUSTED GROSS INCOME.</b> Subtract Line 19 from Line 17. Also, enter this amount on Form IT-540B, Line 8.		

Description - See instructions.	Code
Interest and Dividends on U.S. Government Obligations	01E
Louisiana State Employees' Retirement Benefits Taxpayer date retired: <input type="text"/> Spouse date retired: <input type="text"/>	02E
Louisiana State Teachers' Retirement Benefits Taxpayer date retired: <input type="text"/> Spouse date retired: <input type="text"/>	03E
Federal Retirement Benefits Taxpayer date retired: <input type="text"/> Spouse date retired: <input type="text"/>	04E
Other Retirement Benefits – Provide name or statute: _____ Taxpayer date retired: <input type="text"/> Spouse date retired: <input type="text"/>	05E
Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity: _____	06E

Description - See the instructions.	Code
Native American Income	08E
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
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Entity Level Taxes Paid to Other States	23E
Pass - Through Entity Exclusion	24E
IRC Code 280C Expense	25E
COVID-19 Educational Expenses	26E
Other, see instructions. Identify: _____	49E



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### 2020 Louisiana School Expense Deduction Worksheet

Your Name	Your Social Security Number
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- I. This worksheet should be used to calculate the three School Expense Deductions listed below. These deductions may only be taken for school expenses paid in Louisiana during the time a person was a Louisiana resident. 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 <i>(add amounts in each column)</i>						
If column 2 or 3 in Section II was checked, multiply by:	50%	50%	50%	50%	50%	50%
<b>Deduction per Student</b> – 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 total <b>Elementary and Secondary School Tuition Deduction</b> here and on the NPR Worksheet, code 17E.	\$
Enter the total <b>Educational Expenses for Home-Schooled Children Deduction</b> here and on the NPR Worksheet, code 18E.	\$
Enter the total <b>Educational Expenses for a Quality Public Education Deduction</b> here and on the NPR Worksheet, code 19E.	\$



**ATTACH TO RETURN IF COMPLETED.**

Enter your Social Security Number.

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**SCHEDULE C-NR – 2020 NONREFUNDABLE PRIORITY 1 CREDITS**

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

	Credit Description	Credit Code	Amount of Credit Claimed
1			1
2			2
3			3
4			4
5	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1 through 4. Also, enter this amount on Form IT-540B, Line 13.		5

Description	Code
Premium Tax	100
Small Town Health Professionals	115

Description	Code
Bone Marrow	120
Qualified Playgrounds	150

Description	Code
Debt Issuance	155
Conversion of Vehicle to Alternative Fuel	185

Description	Code
Other	199



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Enter your Social Security Number.

**SCHEDULE D-NR – 2020 DONATION SCHEDULE**

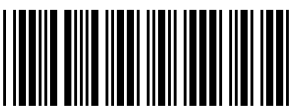
Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 35 of Form IT-540B to the organizations or funds listed below. Enter on Lines 2 through 18, the portion of the overpayment you wish to donate. The total on Line 19 cannot exceed the amount of your overpayment on Line 35 of Form IT-540B.

1	<b>Adjusted Overpayment-</b> From IT-540B, Line 35	1	<input type="text"/>
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<b>DONATIONS OF LINE 1</b>	2	<b>The Military Family Assistance Fund</b>	2	<input type="text"/>
	3	<b>Coastal Protection and Restoration Fund</b>	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"/>

<b>DONATIONS OF LINE 1</b>	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"/>
	13	Louisiana State Troopers Charities, Inc.	13	<input type="text"/>
	14	Friends of Palmetto State Park	14	<input type="text"/>
	15	Children's Therapeutic Services at the Emerge Center	15	<input type="text"/>
	16	Louisiana Horse Rescue Association	16	<input type="text"/>
	17	Louisiana Coalition Against Domestic Violence	17	<input type="text"/>
	18	Dreams Come True, Inc.	18	<input type="text"/>

19	<b>TOTAL DONATIONS</b> – Add Lines 2 through 18. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540B, Line 36.	19	<input type="text"/>
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Enter your Social Security Number.

SSN input boxes

SCHEDULE F-NR – 2020 REFUNDABLE PRIORITY 2 CREDITS

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

Table with 3 columns: Credit Description, Credit Code, Amount of Credit Claimed. Includes a pre-filled row for Louisiana School Readiness Child Care Directors and Staff Credit.

Transferable, Refundable Priority 2 Credits

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

Table with 3 columns: Credit Description, Credit Code, Amount of Credit Claimed. Includes rows for Musical and Theatrical Production and OTHER REFUNDABLE PRIORITY 2 CREDITS.

Table with 2 columns: Description, Code. Includes Ad Valorem Offshore Vessels, Telephone Company Property, Prison Industry Enhancement, Mentor-Protégé.

Table with 2 columns: Description, Code. Includes Milk Producers, Technology Commercialization, Historic Residential, School Readiness Child Care Provider.

Table with 2 columns: Description, Code. Includes School Readiness Child Care Directors and Staff, School Readiness Business – Supported Child Care, School Readiness Fees and Grants to Resource and Referral Agencies, Retention and Modernization.

Table with 2 columns: Description, Code. Includes Digital Interactive Media & Software, COVID-19 Pandemic ATC License, Other Refundable Credit.



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 **ATTACH TO RETURN IF COMPLETED.**

Enter your Social Security Number.

**SCHEDULE H-NR – 2020 MODIFIED FEDERAL INCOME TAX DEDUCTION**

1	Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet.		1	<input type="text"/>	.00
2	Enter the amount of federal disaster credits allowed by IRS. <i>See the instructions</i>		2	<input type="text"/>	.00
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540B, Line 10D, and mark the box on Line 10D to indicate that your income tax deduction has been increased.		3	<input type="text"/>	.00

**SCHEDULE I-NR – 2020 REFUNDABLE PRIORITY 4 CREDITS**

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

	Credit Description	Credit Code		Amount of Credit Claimed	
1		<input type="text"/> F	1	<input type="text"/>	.00
2		<input type="text"/> F	2	<input type="text"/>	.00
3		<input type="text"/> F	3	<input type="text"/>	.00
4		<input type="text"/> F	4	<input type="text"/>	.00
5		<input type="text"/> F	5	<input type="text"/>	.00
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540B, Line 26.		6	<input type="text"/>	.00

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





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Enter your Social Security Number.

Input field for Social Security Number

SCHEDULE J-NR – 2020 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 the instructions

Table for additional nonrefundable priority 3 credits with columns for Credit Description, Credit Code, and Amount of Credit Claimed.

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

Table listing eligible codes for lines 6 through 11, including descriptions like Atchafalaya Trace, Organ Donation, and various research and development credits.

CONTINUE ON NEXT PAGE.



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 ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. 

**SCHEDULE J-NR – 2020 NONREFUNDABLE PRIORITY 3 CREDITS ...CONTINUED**

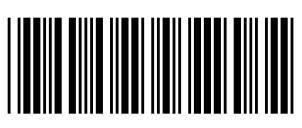
**Transferable, Nonrefundable Priority 3 Credits**

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

	Credit Description	Credit Code	Amount of Credit Claimed
12	<input type="text"/>	<input type="text"/>	12 <input type="text"/> , <input type="text"/> , <input type="text"/> .00
12A	<input type="text"/>		
13	<input type="text"/>	<input type="text"/>	13 <input type="text"/> , <input type="text"/> , <input type="text"/> .00
13A	<input type="text"/>		
14	<input type="text"/>	<input type="text"/>	14 <input type="text"/> , <input type="text"/> , <input type="text"/> .00
14A	<input type="text"/>		
15	<input type="text"/>	<input type="text"/>	15 <input type="text"/> , <input type="text"/> , <input type="text"/> .00
15A	<input type="text"/>		
16	TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on Form IT-540B, Line 21.		16 <input type="text"/> , <input type="text"/> , <input type="text"/> .00

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

Description	Code	Description	Code	Description	Code	Description	Code
Motion Picture Investment	251	Digital Interactive Media	254	New Markets	259	Angel Investor	262
Research and Development	252	Capital Company	257	Brownfields Investor	260	Other	299
Historic Structures	253	LCDFI	258	Motion Picture Infrastructure	261		



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2020 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540B)

Your Name	Social Security Number
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Your Federal Adjusted Gross Income must be \$25,000 or less and your child care expenses must have been incurred in Louisiana in order to complete this form. See the instructions

1. Care Provider Information Schedule – Complete columns A through E for each person or organization that provided the 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 2020 Publication 503 for information on “Due Diligence.” Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses. 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. The Child Care Credit may only be taken for child care expenses incurred in Louisiana during the time a person was a Louisiana resident.

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

2. 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 2020 in column H. See the definitions in the instructions 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 2020 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-540B, Line 15A.	3		.00																												
4	Enter your earned income. See the definitions in the instructions	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. Also, enter this amount on Form IT-540B, Line 15B.	6		.00																												
7	Enter your Federal Adjusted Gross Income from Form IT-540B, Line 7.	7		.00																												
8	Enter on Line 8 the decimal amount shown below that applies to the amount on Line 7. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%">If Line 7 is:</th> <th style="width:20%">over</th> <th style="width:20%">but not over</th> <th style="width:20%">decimal amount</th> </tr> </thead> <tbody> <tr><td>\$0</td><td></td><td>\$15,000</td><td style="text-align:right">.35</td></tr> <tr><td>\$15,000</td><td></td><td>\$17,000</td><td style="text-align:right">.34</td></tr> <tr><td>\$17,000</td><td></td><td>\$19,000</td><td style="text-align:right">.33</td></tr> <tr><td>\$19,000</td><td></td><td>\$21,000</td><td style="text-align:right">.32</td></tr> <tr><td>\$21,000</td><td></td><td>\$23,000</td><td style="text-align:right">.31</td></tr> <tr><td>\$23,000</td><td></td><td>\$25,000</td><td style="text-align:right">.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-540B, Line 15.	11		.00																												



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**ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.**

**2020 Louisiana Refundable School Readiness Credit Worksheet** (For use with Form IT-540B)

Your Name	Social Security Number
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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, and a copy of Form R-10614 must be attached to your return. You must enter the facility license number in column D on Line 1 of the 2020 Louisiana Refundable Child Care Credit Worksheet to receive this credit. Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.

**Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT 540B, Line 15.**

1. Enter the amount of 2020 Louisiana Refundable Child Care Credit found on the Louisiana Refundable Child Care Credit Worksheet, Line 11. . . . . 1 \_\_\_\_\_ **.00**

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2020, 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-540B, Line 16. . . . . 4 \_\_\_\_\_ **.00**

On Form IT-540B, Line 16 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.





**ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.**

Your Name	Social Security Number
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**2020 Louisiana Nonrefundable Child Care Credit Worksheet** (For use with Form IT-540)

<b>1</b>	Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. <b>NOTE:</b> Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.	<b>1</b>		.00								
<b>1A</b>	<p>Enter the applicable percentage from the chart shown below.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Federal Adjusted Gross Income</th> <th style="text-align: left; border-bottom: 1px solid black;">Percentage</th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">\$25,001 – \$35,000</td> <td>30% (.30)</td> </tr> <tr> <td style="padding-left: 20px;">\$35,001 – \$60,000</td> <td>10% (.10)</td> </tr> <tr> <td style="padding-left: 20px;">over \$60,000</td> <td>10% (.10)</td> </tr> </tbody> </table>	Federal Adjusted Gross Income	Percentage	\$25,001 – \$35,000	30% (.30)	\$35,001 – \$60,000	10% (.10)	over \$60,000	10% (.10)	<b>1A</b>	<b>X</b> _____	
Federal Adjusted Gross Income	Percentage											
\$25,001 – \$35,000	30% (.30)											
\$35,001 – \$60,000	10% (.10)											
over \$60,000	10% (.10)											
<b>2</b>	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. <b>If your Federal Adjusted Gross Income is less than or equal to \$60,000</b> , this is your available Nonrefundable Child Care Credit for 2020. Proceed to Line 3.	<b>2</b>		.00								
<b>2A</b>	<b>Important! If your Federal Adjusted Gross Income is greater than \$60,000</b> , the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here. This is your available Nonrefundable Child Care Credit for 2020.	<b>2A</b>		.00								
<b>3</b>	Enter the amount of Louisiana income tax from Form IT-540, Line 19.	<b>3</b>		.00								
<b>4</b>	If Line 3 is equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Also, any available carryforward from 2015 through 2019 will be carried forward to 2021. If Line 3 is equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished with the worksheet.	<b>4</b>										
<b>Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2015 through 2019 utilized for 2020.</b>												
<b>5</b>	If Line 3 above is greater than zero, enter the amount from Line 3.	<b>5</b>		.00								
<b>6</b>	Enter the amount of any Child Care Credit Carryforward from 2015 through 2019.	<b>6</b>		.00								
<b>7</b>	Subtract Line 6 from Line 5.	<b>7</b>		.00								
<b>8</b>	If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2020 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2015 through 2019 that can be carried forward to 2021. Also, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Stop here; you are finished with the worksheet.	<b>8</b>		.00								
<b>Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2015 through 2019 plus any amount of your 2020 Child Care Credit.</b>												
<b>9</b>	If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540, Schedule J, Line 3.	<b>9</b>										
<b>10</b>	If Line 7 above is greater than zero, enter the amount from Line 7.	<b>10</b>		.00								
<b>11</b>	Enter the amount of your 2020 Child Care Credit (Line 2 or Line 2A above).	<b>11</b>		.00								
<b>12</b>	Subtract Line 11 from Line 10.	<b>12</b>		.00								
<b>13</b>	If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540, Schedule J, Line 2. Stop here; you are finished with the worksheet.	<b>13</b>										
<b>Use Line 14 to determine what amount of your 2020 Child Care Credit you can claim.</b>												
<b>14</b>	If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2020 Child Care Credit. Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.	<b>14</b>										
<b>Use Line 15 to determine the amount of your 2020 Child Care Credit to be carried forward to 2021.</b>												
<b>15</b>	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Carryforward to 2021. Enter the result here and keep this amount for your records.	<b>15</b>		.00								



**ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.**

Your Name	Social Security Number
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**2020 Louisiana Nonrefundable School Readiness Credit Worksheet** *(For use with Form IT-540)*

See instructions on page 15.

<b>1</b>	Enter the amount of 2020 Louisiana Nonrefundable Child Care Credit found on the Louisiana Nonrefundable Child Care Credit Worksheet on either Line 2 or Line 2A.	<b>1</b>		.00
<b>2</b>	<p>Using the star rating of the child care facility that your qualified dependent attended during 2020, shown on Form R-10614, enter the number of your qualified dependents under age six who attended a:</p> <p style="margin-left: 20px;">Five Star Facility _____ and multiply the number by 2.0 . . . . . (i) _____ . _____</p> <p style="margin-left: 20px;">Four Star Facility _____ and multiply the number by 1.5 . . . . . (ii) _____ . _____</p> <p style="margin-left: 20px;">Three Star Facility _____ and multiply the number by 1.0 . . . . . (iii) _____ . _____</p> <p style="margin-left: 20px;">Two Star Facility _____ and multiply the number by .50 . . . . . (iv) _____ . _____</p> <p>On Form IT-540, Schedule J, Line 4 enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown above for the associated star rated facility.</p>			
<b>3</b>	Add lines (i) through (iv) and enter the result. Be sure to include the decimal.	<b>3</b>	X _____	
<b>4</b>	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. This is your available Nonrefundable School Readiness Credit for 2020.	<b>4</b>		.00
<b>5</b>	Enter the amount from Form IT-540, Line 19.	<b>5</b>		.00
<b>6</b>	Add the amounts of Nonrefundable credits from Form IT-540, Schedule J, Lines 2 and 3.	<b>6</b>		.00
<b>7</b>	Subtract Line 6 from Line 5.	<b>7</b>		.00
<b>8</b>	If Line 7 is less than or equal to zero, your entire School Readiness Credit for 2020 (Line 4) will be carried forward to 2021. Also, any available carryforward from 2015 through 2019 will be carried forward to 2021. If Line 7 above is less than or equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 4 and 5. Stop here; you are finished with the worksheet.			
<b>Use Lines 9 through 12 to determine the amount of Nonrefundable School Readiness Credit Carryforward from 2015 through 2019 utilized for 2020.</b>				
<b>9</b>	If Line 7 above is greater than zero, enter the amount from Line 7.	<b>9</b>		.00
<b>10</b>	Enter the amount of any School Readiness Credit Carryforward from 2015 through 2019.	<b>10</b>		.00
<b>11</b>	Subtract Line 10 from Line 9.	<b>11</b>		.00
<b>12</b>	If Line 11 is less than or equal to zero, the amount of School Readiness Credit Carryforward used for 2020 is equal to Line 9. Enter the amount from Line 9 on Form IT-540, Schedule J, Line 5. If Line 11 is less than zero, subtract Line 9 from Line 10 and enter the result here. This amount is your unused School Readiness Credit Carryforward from 2015 through 2019 that can be carried forward to 2021. Also, your entire School Readiness Credit for 2020 (Line 4) will be carried forward to 2021. Stop here; you are finished with the worksheet.			
<b>Use Lines 13 through 17 to determine the amount of School Readiness Credit Carryforward utilized from 2015 through 2019 plus any amount of your 2020 School Readiness Credit.</b>				
<b>13</b>	If Line 11 above is greater than zero, enter the amount of carryforward shown on Line 10 above on Form IT-540, Schedule J, Line 5.			
<b>14</b>	If Line 11 is greater than zero, enter the amount from Line 11.	<b>14</b>		.00
<b>15</b>	Enter the amount of your 2020 School Readiness Credit (Line 4).	<b>15</b>		.00
<b>16</b>	Subtract Line 15 from Line 14.	<b>16</b>		.00
<b>17</b>	If Line 16 is greater than or equal to zero, your entire School Readiness Credit for 2020 (Line 4) has been utilized. Enter the amount from Line 15 on Form IT-540, Schedule J, Line 4. Stop here; you are finished with the worksheet.			
<b>Use Line 18 to determine what amount of your 2020 School Readiness Credit you can claim.</b>				
<b>18</b>	If Line 16 is less than zero, the amount on Line 14 is the amount of your 2020 School Readiness Credit. Enter the amount from Line 14 above on Form IT-540, Schedule J, Line 4.			
<b>Use Line 19 to determine the amount of your 2020 School Readiness Credit to be carried forward to 2021.</b>				
<b>19</b>	If Line 16 is less than zero, subtract Line 14 from Line 15 to compute your School Readiness Carryforward to 2021. Enter the result here and keep this amount for your records.	<b>19</b>		.00

