

FILE ONLINE ON



Fast. Easy. Absolutely Free.

<https://latap.revenue.louisiana.gov>

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 Taxpayer Access Point (LaTAP) and direct deposit, you can receive your refund within 45 days.

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

2025 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 rural route) | | | | Unit Type | Number |
| City, Town, or APO | | | | State | ZIP |
| Foreign Nation, if not United States (Do not abbreviate.) | | | | | |

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

☐ ITIN

☐ ITIN

Area code and daytime telephone number

MMDDYYYY

MMDDYYYY

MMDDYYYY


MMDDYYYY

Your Date of BirthSpouse's Date of BirthDecedent's Date of DeathSpouse's Date of Death

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 surviving spouse**.
If the qualifying person is not your dependent, enter name here. _____

6A AGE DESIGNATION:

☐ Taxpayer 65 or Older

☐ Spouse 65 or Older

6B DEPENDENTS – Enter dependent information below. If you have more than eight 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.

6B

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

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.**



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 13.

☐

DEDUCTIONS

| | | | | | |
|---|--|--------------------------|-------------------------------------|-----|---|
| 7 | FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0." | <input type="checkbox"/> | From Louisiana Schedule E, attached | 7 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8 | LOUISIANA STANDARD DEDUCTION – Enter the standard deduction amount that corresponds with your filing status. Enter \$12,500 if filing status is 1 or 3; \$25,000 if 2, 4, or 5. | | | 8 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| If you did not itemize your deductions on your federal return, leave Lines 9A through 9D blank and go to Line 10. | | | | | |
| 9A | FEDERAL ITEMIZED DEDUCTIONS | | | 9A | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9B | FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES | | | 9B | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9C | FEDERAL STANDARD DEDUCTION | | | 9C | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9D | EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 9C from Line 9B. | | | 9D | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 10 | YOUR LOUISIANA TAXABLE INCOME – Subtract Lines 8 and 9D from Line 7. If less than zero, enter "0". | | | 10 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 11 | YOUR LOUISIANA INCOME TAX – Multiply Line 10 by .03. Round to the nearest dollar. | | | 11 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 12 | NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 | | | 12 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 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." | | | 13 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 14 | 2025 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 Child Care Credit Worksheet. | | | 14 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 14A | Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3. | | | 14A | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 14B | Enter the amount from the Refundable Child Care Credit Worksheet, Line 6. | | | 14B | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 15 | 2025 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 Star <input type="checkbox"/> 4 Star <input type="checkbox"/> 3 Star <input type="checkbox"/> 2 Star <input type="checkbox"/> | | | 15 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 16 | EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3. | | | 16 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 17 | OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9 | | | 17 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 18 | TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14 and 15 through 17. Do not include amounts on Lines 14A and 14B. | | | 18 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 19 | TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions. | | | 19 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 20 | OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – See instructions. | | | 20 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 21 | NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16 | | | 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"/> <input type="text"/> <input type="text"/> |
| 22 | ADJUSTED LOUISIANA INCOME TAX – Subtract Line 21 from Line 19. | | | 22 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

CONTINUE ON NEXT PAGE.



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

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23A CONSUMER USE TAX – You must mark one of these boxes.

☐ No use tax due

Amount from the Consumer
Use Tax Worksheet

23B ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE

☐ No usage fee due

Amount from Form R-19000A

24 TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE
FEE – Add Lines 22, 23A, and 23B.

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

26 REFUNDABLE PRIORITY 4 CREDITS – From Schedule J, Line 6

PAYMENTS

27 **AMOUNT OF LOUISIANA TAX WITHHELD FOR 2025 – Attach Forms W-2 and 1099.**

28 AMOUNT OF CREDIT CARRIED FORWARD FROM 2024

29 AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2025

| | |
|----|-----------------------------|
| 30 | AMOUNT OF EXTENSION PAYMENT |
|----|-----------------------------|

31 TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 30.

32 OVERPAYMENT – If Line 31 is greater than Line 24, subtract Line 24 from Line 31. **Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty.** Otherwise, go to Line 39.

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

34 ADJUSTED OVERPAYMENT – If Line 32 is greater than Line 33, subtract Line 33 from Line 32, and enter on Line 34. If Line 33 is greater than Line 32, subtract Line 32 from Line 33, and enter the balance on Line 39.

35 TOTAL DONATIONS – From Schedule D, Line 14

REFUND DUE

36 SUBTOTAL – Subtract Line 35 from Line 34. This amount of overpayment is available for credit or refund.

37 AMOUNT OF LINE 36 TO BE CREDITED TO 2026 INCOME TAX

CREDIT

AMOUNT TO BE REFUNDED – Subtract Line 37 from Line 36. 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.

38 Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.

REFUND

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.

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5

| Description | Code |
|-------------|------|
| Other | 199 |



62634



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 34 of Form IT-540 to the organizations or funds listed below. Enter on Lines 2 through 13, the portion of the overpayment you wish to donate. The total on Line 14 cannot exceed the amount of your overpayment on Line 34 of Form IT-540.

| | | | |
|---|---|---|--|
| 1 | Adjusted Overpayment – From IT-540, Line 34 | 1 | |
|---|---|---|--|

| | | | | | | | | | |
|---------------------|---|--|---|---|---------------------|----|--|----|---|
| DONATIONS OF LINE 1 | 2 | The Military Family Assistance Fund | 2 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | DONATIONS OF LINE 1 | 8 | Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana | 8 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| | 3 | Coastal Protection and Restoration Fund | 3 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | 9 | American Red Cross | 9 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| | 4 | The START Program | 4 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | 10 | Louisiana National Guard Honor Guard for Military Funerals | 10 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| | 5 | Wildlife Habitat and Natural Heritage Trust Fund | 5 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | 11 | Dreams Come True, Inc. | 11 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| | 6 | Louisiana Cancer Advisory Board | 6 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | 12 | Sexual Trauma Awareness and Response (STAR) | 12 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| | 7 | Louisiana Food Bank Association | 7 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | 13 | Maddie's Footprints | 13 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |

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| Description | Code | Description | Code |
|---|------|--|------|
| Taxable Amount of Social Security | 07E | Capital Gain from Sale Louisiana Business | 20E |
| Native American Income | 08E | Employment of Certain Qualified Disabled Individuals | 21E |
| START Savings Program Contribution | 09E | S Bank Shareholder Income Exclusion | 22E |
| Military Pay Exclusion | 10E | Entity Level Taxes Paid to Other States | 23E |
| Road Home | 11E | Pass-Through Entity Exclusion | 24E |
| Recreation Volunteer | 13E | COVID-19 Relief Benefits | 27E |
| Volunteer Firefighter | 14E | START K12 Savings Program Contributions | 28E |
| Voluntary Retrofit Residential Structure | 16E | Digital Nomads | 29E |
| Elementary and Secondary School Tuition | 17E | Certain Adoptions | 30E |
| Educational Expenses for Home-Schooled Children | 18E | Louisiana Fortify Homes Program Grants | 31E |
| Educational Expenses for Quality Public Education | 19E | Bonus Depreciation | 32E |
| Other, see instructions. Identify: | | | 49E |

62636



ATTACH TO RETURN IF COMPLETED.

2025 Louisiana School Expense Deduction Worksheet

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

- I. This worksheet should be used to calculate the three School Expense Deductions listed below. Refer to Revenue Information Bulletin 24-007 on LDR's website for more information. Expenses paid with amounts deducted as START K12 Savings Program Contributions are not eligible for this deduction.
- Elementary and Secondary School Tuition** – La. 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 \$6,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks, and other supplies **required** by the school.
 - Educational Expenses for Home-Schooled Children** – La. 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 \$6,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
 - Educational Expenses for a Quality Public Education** – La. 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 \$6,000. 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 \$6,000.**

| 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 \$6,000, 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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1

| Credit Description | Credit Code |
|--------------------|-------------|
|--------------------|-------------|

[illegible]

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

| Credit Description | Credit Code | Am |
|--------------------|-------------|----|
|--------------------|-------------|----|

| | | | | | | | | | | | | | | |
|-----|---|-------------------------------------|---|---|---|---|----------------------|---|----------------------|---|----------------------|---|----------------------|----------------------|
| 6. | Musical and Theatrical Production | | 6 | 2 | F | 6 | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 6A. | <input type="text"/> | | | | | | | | | | | | | |
| 7. | Musical and Theatrical Production | | 6 | 2 | F | 7 | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 7A. | <input type="text"/> | | | | | | | | | | | | | |
| 8. | Musical and Theatrical Production | <input checked="" type="checkbox"/> | 6 | 2 | F | 8 | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 8A. | <input type="text"/> | | | | | | | | | | | | | |
| 9. | OTHER REFUNDABLE PRIORITY 2 CREDITS – Add Lines 1 through 8. Also, enter this amount on Form IT-540, Line 17. | | | | | 9 | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |

| Description | Code |
|---------------------------------------|------|
| Adoption of Unrelated Infant | 78F |
| Restaurant Recycling of Oyster Shells | 79F |
| Other Refundable Credit | 80F |



1

62637



1121

Credit Description

| | | | | |
|---|---|------------------------------------|---|--|
| 1 | | <div><div></div><div></div>F</div> | 1 | <div><div></div><div></div><div></div><div></div><div></div><div></div>.</div> <div>00</div> |
| 2 | | <div><div></div><div></div>F</div> | 2 | <div><div></div><div></div><div></div><div></div><div></div><div></div>.</div> <div>00</div> |
| 3 | | <div><div></div><div></div>F</div> | 3 | <div><div></div><div></div><div></div><div></div><div></div><div></div>.</div> <div>00</div> |
| 4 | | <div><div></div><div></div>F</div> | 4 | <div><div></div><div></div><div></div><div></div><div></div><div></div>.</div> <div>00</div> |
| 5 | | <div><div></div><div></div>F</div> | 5 | <div><div></div><div></div><div></div><div></div><div></div><div></div>.</div> <div>00</div> |
| 6 | TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540, Line 26. | | 6 | <div><div></div><div></div><div></div><div></div><div></div><div></div>.</div> <div>00</div> |

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



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| | |
|---|---|
| 1 | FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040 or 1040-SR, Schedule 3, Line 2. This amount will be used to compute your 2025 Louisiana Nonrefundable Child Care Credit. |
| 2 | 2025 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See the Nonrefundable Child Care Credit Worksheet. |
| 3 | AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2020 THROUGH 2024 – See the Nonrefundable Child Care Credit Worksheet. |
| 4 | 2025 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See the Nonrefundable School Readiness Credit Worksheet. <div style="display: flex; justify-content: space-around; align-items: center;"> <div>5 <input type="text"/> Star <input type="text"/></div> <div>4 <input type="text"/> Star <input type="text"/></div> <div>3 <input type="text"/> Star <input type="text"/></div> <div>2 <input type="text"/> Star <input type="text"/></div> </div> |
| 5 | AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2020 THROUGH 2024 – See the Nonrefundable School Readiness Credit Worksheet. |

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

| Credit Description | | Credit Code | Amount of Credit Claimed | | | | | | |
|--------------------|--|--|--------------------------|---|--|--|--|--|--|
| 6 | | <div><div></div><div></div><div></div></div> | 6 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | | | | |
| 7 | | <div><div></div><div></div><div></div></div> | 7 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | | | | |
| 8 | | <div><div></div><div></div><div></div></div> | 8 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | | | | |
| 9 | | <div><div></div><div></div><div></div></div> | 9 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | | | | |
| 10 | | <div><div></div><div></div><div></div></div> | 10 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | | | | |
| 11 | | <div><div></div><div></div><div></div></div> | 11 | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div></div> | | | | |

| Description | Code | Description | Code | Description | Code | Description | Code |
|---|------|--|------|---|------|-----------------------------|------|
| Organ Donation | 202 | Neighborhood Assistance | 457 | Apprenticeship (2022) | 463 | Atchafalaya Trace | 504 |
| Tax Equalization | 305 | Research and Development | 458 | Donation to Qualified Foster Care Charitable Organization | 464 | Cane River Heritage | 506 |
| Manufacturing Establishments | 310 | Ports of Louisiana Import Export Cargo | 459 | Firearm Safety Devices | 465 | Ports of Louisiana Investor | 508 |
| Other | 399 | LA Import | 460 | Louisiana Fortified Roof | 466 | Enterprise Zone | 510 |
| Refunds by Utilities | 412 | LA Work Opportunity | 461 | Inventory Tax Credit Carried Forward and ITEP | 500 | Recycling Credit | 550 |
| Donation to School Tuition Organization | 424 | Youth Jobs | 462 | Ad Valorem Natural Gas Credit Carried Forward | 502 | Other | 599 |
| QMC Music Job Creation Credit | 454 | | | | | | |

CONTINUE ON NEXT PAGE. 



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Enter your Social Security Number. 

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*.

| Credit Description | | Credit Code | Amount of Credit Claimed |
|--------------------|---|-------------|--------------------------|
| 12 | | | 12 |
| 12A | | | |
| 13 | | | 13 |
| 13A | | | |
| 14 | | | 14 |
| 14A | | | |
| 15 | | | 15 |
| 15A | | | |
| 16 | TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on Form IT-540, Line 21. | | 16 |

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

| Description | Code | Description | Code | Description | Code |
|---------------------------|------|-------------------------------|------|----------------|------|
| Motion Picture Investment | 251 | Capital Company | 257 | Angel Investor | 262 |
| Research and Development | 252 | LCDFI | 258 | Other | 299 |
| Historic Structures | 253 | Motion Picture Infrastructure | 261 | | |



File electronically!

https://latap.revenue.louisiana.gov/_/

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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2025 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 the Louisiana Child Care Credit instructions.

- 1. 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, *Louisiana School Readiness Tax Credit*, 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 2025 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 or submit this documentation with the return for faster processing. 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 |

- 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 2025 in column H. See the definitions in the instructions for information on qualified expenses.

| F | G | H |
|---------------------------------------|--|--|
| Qualifying person's name FirstLast | Qualifying person's social security number | Qualified expenses you incurred and paid in 2025 for the person listed in column (F) |
| | | .00 |
| | | .00 |
| | | .00 |
| | | .00 |
| | | .00 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|---------------|----------------|--------------|----------------|--|-----|----------|-----|--|----------|----------|-----|--|----------|----------|-----|--|----------|----------|-----|--|----------|----------|-----|--|----------|----------|-----|---|----------|
| 3 | Add the amounts in column H, Line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. Enter this amount here and on Form IT-540, Line 14A. | 3 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Enter your earned income. See the definitions 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-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><tr><td>If Line 7 is:</td><td>over</td><td>but not over</td><td>decimal amount</td></tr><tr><td></td><td>\$0</td><td>\$15,000</td><td>.35</td></tr><tr><td></td><td>\$15,000</td><td>\$17,000</td><td>.34</td></tr><tr><td></td><td>\$17,000</td><td>\$19,000</td><td>.33</td></tr><tr><td></td><td>\$19,000</td><td>\$21,000</td><td>.32</td></tr><tr><td></td><td>\$21,000</td><td>\$23,000</td><td>.31</td></tr><tr><td></td><td>\$23,000</td><td>\$25,000</td><td>.30</td></tr></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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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2025 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540)

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

Louisiana Revised Statute 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under La. 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, *Louisiana School Readiness Tax Credit*, which verifies the facility's name, the facility license number, the LA Revenue Account number, the Quality Star Rating, and the rating award date. 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 2025 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-540, Line 14.

1. Enter the amount of 2025 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 2025, 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.

2025 Louisiana Earned Income Credit Worksheet

Louisiana Revised Statute 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 or 1040-SR, Line 27. 1 _____ .00
2. Multiply Line 1 above by 5 percent, round to the nearest dollar, and enter the result on Line 3. 2 **X .05**
3. Enter this amount on Form IT-540, Line 16. 3 _____ .00





ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

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

2025 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540)

| 1 | Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. NOTE: Retain copies of canceled checks, receipts, and other documentation in order to support the amount of qualifying expenses. | 1 | | .00 | | | | | | | | |
|---|---|-------------------------------|------------|---------------------|-----------|---------------------|-----------|---------------|-----------|-----------|------------------|--|
| 1A | Enter the applicable percentage from the chart shown below. <table><thead><tr><th>Federal Adjusted Gross Income</th><th>Percentage</th></tr></thead><tbody><tr><td>\$25,001 – \$35,000</td><td>30% (.30)</td></tr><tr><td>\$35,001 – \$60,000</td><td>10% (.10)</td></tr><tr><td>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) | 1A | X . _____ | |
| Federal Adjusted Gross Income | Percentage | | | | | | | | | | | |
| \$25,001 – \$35,000 | 30% (.30) | | | | | | | | | | | |
| \$35,001 – \$60,000 | 10% (.10) | | | | | | | | | | | |
| over \$60,000 | 10% (.10) | | | | | | | | | | | |
| 2 | Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A and enter the result. If your Federal Adjusted Gross Income is less than or equal to \$60,000 , this is your available Nonrefundable Child Care Credit for 2025. Proceed to Line 3. | 2 | | .00 | | | | | | | | |
| 2A | Important! If your Federal Adjusted Gross Income is greater than \$60,000 , 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 2025. | 2A | | .00 | | | | | | | | |
| 3 | Enter the amount of Louisiana income tax from Form IT-540, Line 19. | 3 | | .00 | | | | | | | | |
| 4 | If Line 3 is equal to zero, your entire Child Care Credit for 2025 (Line 2 or 2A above) will be carried forward to 2026. Also, any available carryforward from 2020 through 2024 will be carried forward to 2026. 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. | 4 | | | | | | | | | | |
| Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2020 through 2024 utilized for 2025. | | | | | | | | | | | | |
| 5 | If Line 3 above is greater than zero, enter the amount from Line 3. | 5 | | .00 | | | | | | | | |
| 6 | Enter the amount of any Child Care Credit Carryforward from 2020 through 2024. | 6 | | .00 | | | | | | | | |
| 7 | Subtract Line 6 from Line 5. | 7 | | .00 | | | | | | | | |
| 8 | If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2025 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 2020 through 2024 that can be carried forward to 2026. Also, your entire Child Care Credit for 2025 (Line 2 or 2A above) will be carried forward to 2026. Stop here; you are finished with the worksheet. | 8 | | .00 | | | | | | | | |
| Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2020 through 2024 plus any amount of your 2025 Child Care Credit. | | | | | | | | | | | | |
| 9 | 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. | 9 | | | | | | | | | | |
| 10 | If Line 7 above is greater than zero, enter the amount from Line 7. | 10 | | .00 | | | | | | | | |
| 11 | Enter the amount of your 2025 Child Care Credit (Line 2 or Line 2A above). | 11 | | .00 | | | | | | | | |
| 12 | Subtract Line 11 from Line 10. | 12 | | .00 | | | | | | | | |
| 13 | If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2025 (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. | 13 | | | | | | | | | | |
| Use Line 14 to determine what amount of your 2025 Child Care Credit you can claim. | | | | | | | | | | | | |
| 14 | If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2025 Child Care Credit. Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2. | 14 | | | | | | | | | | |
| Use Line 15 to determine the amount of your 2025 Child Care Credit to be carried forward to 2026. | | | | | | | | | | | | |
| 15 | If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Credit Carryforward to 2026. Enter the result here and keep this amount for your records. | 15 | | .00 | | | | | | | | |



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

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

2025 Louisiana Nonrefundable School Readiness Credit Worksheet (For use with Form IT-540)

See instructions on page 15.

| | | | | |
|--|---|-----------|---------|-----|
| 1 | Enter the amount of 2025 Louisiana Nonrefundable Child Care Credit found on the Louisiana Nonrefundable Child Care Credit Worksheet on either Line 2 or Line 2A. | 1 | | .00 |
| 2 | Using the star rating of the child care facility that your qualified dependent attended during 2025, shown on Form R-10614, 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) _____ . _____ 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. | | | |
| 3 | Add lines (i) through (iv) and enter the result. Be sure to include the decimal. | 3 | X _____ | |
| 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. This is your available Nonrefundable School Readiness Credit for 2025. | 4 | | .00 |
| 5 | Enter the amount from Form IT-540, Line 19. | 5 | | .00 |
| 6 | Add the amounts of Nonrefundable credits from Form IT-540, Schedule J, Lines 2 and 3. | 6 | | .00 |
| 7 | Subtract Line 6 from Line 5. | 7 | | .00 |
| 8 | If Line 7 is less than or equal to zero, your entire School Readiness Credit for 2025 (Line 4) will be carried forward to 2026. Also, any available carryforward from 2020 through 2024 will be carried forward to 2026. 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. | | | |
| Use Lines 9 through 12 to determine the amount of Nonrefundable School Readiness Credit Carryforward from 2020 through 2024 utilized for 2025. | | | | |
| 9 | If Line 7 above is greater than zero, enter the amount from Line 7. | 9 | | .00 |
| 10 | Enter the amount of any School Readiness Credit Carryforward from 2020 through 2024. | 10 | | .00 |
| 11 | Subtract Line 10 from Line 9. | 11 | | .00 |
| 12 | If Line 11 is less than or equal to zero, the amount of School Readiness Credit Carryforward used for 2025 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 2020 through 2024 that can be carried forward to 2026. Also, your entire School Readiness Credit for 2025 (Line 4) will be carried forward to 2026. Stop here; you are finished with the worksheet. | 12 | | .00 |
| Use Lines 13 through 17 to determine the amount of School Readiness Credit Carryforward utilized from 2020 through 2024 plus any amount of your 2025 School Readiness Credit. | | | | |
| 13 | 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. | | | |
| 14 | If Line 11 is greater than zero, enter the amount from Line 11. | 14 | | .00 |
| 15 | Enter the amount of your 2025 School Readiness Credit (Line 4). | 15 | | .00 |
| 16 | Subtract Line 15 from Line 14. | 16 | | .00 |
| 17 | If Line 16 is greater than or equal to zero, your entire School Readiness Credit for 2025 (Line 4) has been utilized. Enter the amount from Line 16 on Form IT-540, Schedule J, Line 4. Stop here; you are finished with the worksheet. | | | |
| Use Line 18 to determine what amount of your 2025 School Readiness Credit you can claim. | | | | |
| 18 | If Line 16 is less than zero, the amount on Line 14 is the amount of your 2025 School Readiness Credit. Enter the amount from Line 14 above on Form IT-540, Schedule J, Line 4. | | | |
| Use Line 19 to determine the amount of your 2025 School Readiness Credit to be carried forward to 2026. | | | | |
| 19 | If Line 16 is less than zero, subtract Line 14 from Line 15 to compute your School Readiness Credit Carryforward to 2026. Enter the result here and keep this amount for your records. | 19 | | .00 |



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