

2006 Louisiana Resident

You can file this return electronically.

EASY FILE & EASY PAY
FAST and SIMPLE
www.revenue.louisiana.gov

For name change, mark box.

For decedent filing, mark box.

Spouse decedent, mark box.

For address change, mark box.

Your first name	Initial	Last name	Suffix
If joint return, spouse's name	Initial	Last name	Suffix
Present home address (number and street including apartment number or rural route)			
City, town, or APO		State	ZIP

<input type="text"/>	Your Social Security Number							
<input type="text"/>	Spouse's Social Security Number							

IMPORTANT!
You must print your SSN(s) above in the same order as shown on your federal return.

If this is an amended return, mark this box.
 If an extension is attached, mark this box.

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

Print a "1" in box if **single**.
 Print a "2" in box if **married filing jointly**.
 Print a "3" in box if **married filing separately**.
 Print a "4" in box if **head of household**.
 Print a "5" in box if **qualifying widow(er)**.

* If the qualifying person is not your dependent, print name here.

6 EXEMPTIONS:

A Yourself 65 or older Blind

B Spouse 65 or older Blind

C Number of dependents (Print number from Line 6C of federal return, Form 1040 or 1040A, and print dependent names below.)

D Total exemptions (Total of 6A, 6B, and 6C.)

Total of 6A & 6B

6C

6D

Please paperclip W-2s, extension, and schedules here.

If you are not required to file a federal return, indicate wages here. , .00

Mark this box and enter zero "0," on Line 12.

7	FEDERAL ADJUSTED GROSS INCOME - Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If Louisiana Schedule E is used, print the amount from Line 5C. Mark the box showing Schedule E was used. If your federal adjusted gross income is less than zero, print "0."	<input type="checkbox"/>	From Louisiana Schedule E, attached	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
8	LESS FEDERAL INCOME TAX - If federal income tax deduction has been increased by federal disaster credit(s), and/or a federal casualty loss deduction, mark box. See instructions, page 11.	<input type="checkbox"/>		<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
9	YOUR LOUISIANA TAX TABLE INCOME - Subtract Line 8 from Line 7. If less than zero, print "0." Use this figure to find your tax in the tax tables.			<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
10	YOUR LOUISIANA INCOME TAX - Print the amount from the tax table that corresponds with your filing status.			<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
11	FEDERAL CHILD CARE CREDIT - Print the amount from your 2006 Federal Form 1040A, Line 29, or 2006 Federal Form 1040, Line 48. Important! See instructions, page 11. This amount will be used to compute your 2006 Louisiana Nonrefundable Child Care Credit.			<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00

NONREFUNDABLE TAX CREDITS

11A	OTHER NONREFUNDABLE TAX CREDITS - From Schedule G, Line 11	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
11B	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS - See Nonrefundable Child Care Credit Worksheet, page 21.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
11C	2006 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT - Your Federal Adjusted Gross Income (AGI) must be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 21.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
11D	TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 11A, 11B, and 11C and print the result.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
12	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 11D from Line 10 and print the result. If you are not required to file a federal return, or if less than zero, print "0."	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
13	CONSUMER USE TAX - You must mark one of these boxes. <input type="checkbox"/> No use tax due. <input type="checkbox"/> Amount from the Consumer Use Tax Worksheet, page 12, Line 2	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
14	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 12 and 13 and print the result.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00

REFUNDABLE TAX CREDITS AND PAYMENTS

15A	2006 REFUNDABLE LOUISIANA CHILD CARE CREDIT - Your Federal AGI must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See Refundable Child Care Credit Instructions, page 19.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00		
15A1	Print the qualified expense amount from the Refundable Child Care Credit Worksheet, page 20, Line 3.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00		
15A2	Print the amount from the Refundable Child Care Credit Worksheet, page 20, Line 6.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00		
15B	OTHER REFUNDABLE TAX CREDITS - From Schedule F, Line 10	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00



Complete and sign back of return.

67256

66 12312006

WEB

6725

Attach to return if completed.

Print your Social Security Number.

SSN input boxes

2006 DONATION SCHEDULE SCHEDULE D

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 Form IT-540, Line 16 to the organizations listed below. Print on Lines 1 through 5 the portion of the overpayment you wish to donate. The total on Line 6 cannot exceed the amount of your overpayment on Form IT-540, Line 16.

Table with 6 rows for donation schedule entries, including WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND, LOUISIANA CANCER TRUST FUND, etc.

2006 REFUNDABLE TAX CREDITS SCHEDULE F

Table with 10 rows for refundable tax credits, including INVENTORY TAX CREDIT, AD VALOREM TAX CREDIT ON NATURAL GAS FACILITIES, etc.

2006 MODIFIED FEDERAL INCOME TAX INFORMATION SCHEDULE H

Table with 7 rows for modified federal income tax information, including Federal Income Tax Deduction Computation Worksheet items.



Attach to return if completed.

Print your Social Security Number. 

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2006 NONREFUNDABLE TAX CREDITS

SCHEDULE G

1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES - Complete this part only if you paid income tax liabilities to other states and you were a resident of Louisiana. See instructions, page 14. **A copy of the return filed with the other state(s) must be submitted with this schedule.** Print the amount of the paid income tax liabilities to the other state(s). Round to the nearest dollar..... 1 , , .

2 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions, beginning on page 15 for definitions of these disabilities. * 2C List dependent name(s) here. _____

	Deaf	Loss of limb	Mentally incapacitated	Blind	
2A Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2B Spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2D Print the total number of qualifying individuals. Only one credit is allowed per person. 2D <input type="text"/>
2C Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2E Multiply Line 2D by \$100 and print the result.					2E <input type="text"/> , <input type="text"/> . <input type="text"/>

3 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

3A Print the value of computer or other technological equipment donated. Attach Form R-3400. See instructions, page 15. ... 3A , .

3B Multiply Line 3A by 40% (.40) and print the result. Round to the nearest dollar. 3B , .

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

4A See instructions, page 15. 4A , , .

4B Multiply Line 4A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25. 4B .

OTHER NONREFUNDABLE TAX CREDITS

SCHEDULE G

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 15.

	CREDIT DESCRIPTION	CODE		AMOUNT OF CREDIT CLAIMED
5	MOTION PICTURE INVESTMENTS	2 5 15	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
6	EDUCATION CREDIT - GRADES K - 12	0 9 96	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
7	<input type="text"/>7	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
8	<input type="text"/>8	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
9	<input type="text"/>9	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
10	<input type="text"/>10	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
11	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the result here and enter on Form IT-540, Line 11A.11	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

Description	Code	Description	Code	Description	Code	Description	Code
Education Credit	099	Donations of Materials, Equipment, Advisors, Instructors	175	Previously Unemployed	208	Technology Commercialization	255
Premium Tax	100	Angel Investor	180	Recycling Credit	210	Motion Picture Resident	256
Commercial Fishing	105	Other	199	Basic Skills Training	212	Capital Company	257
Family Responsibility	110	Atchafalaya Trace	200	New Markets	214	Other	299
Small Town Doctor/Dentist	115	Organ Donation	202	Brownfields Investor	216	Biomed/University Research	300
Bone Marrow	120	Household Expense for Physically and Mentally Incapable Persons	204	Dedicated Research	220	Tax Equalization	305
Law Enforcement Ed.	125	Vehicle Alternative Fuel	206	LCDFI Credit	222	Manufacturing Establishments	310
First Time Drug Offenders	130			Motion Picture Investment	251	Enterprise Zone	315
Bulletproof Vest	135			Research and Development	252	Other	399
Nonviolent Offenders	140			Historic Structures	253		
Qualified Playgrounds	150			Digital Interactive Media	254		
Debt Issuance	155						



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