

Name
Change

2023 LOUISIANA RESIDENT - 2D

Decedent
Filing

CHCR C

Your SSN 490549999

Spouse
Decedent

S S

Spouse's SSN 490546666

Address
ChangeAmended
Return

Telephone

NOL
Carryback

01012000

Your Date of Birth

01012000

Spouse's Date of Birth

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

2

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.

6 EXEMPTIONS:

6A ☒ Yourself65 or
older

Blind

Qualifying
Surviving
SpouseTotal of
6A & 6B

2

6B ☒ Spouse65 or
older

Blind

6C DEPENDENTS - Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

6C

1

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
a	a	490-54-8888	Son	01/01/2019

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 EXEMPTIONS - Total of 6A, 6B, and 6C

6D 3

6E DEPENDENTS FOR CERTAIN ADOPTIONS DEDUCTION - Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions. Enter name here.

6E 0

6F TOTAL EXEMPTIONS - Subtract Line 6E from Line 6D.

6F 3



FOR OFFICE USE ONLY

Field
Flag

62450

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

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

7	FEDERAL ADJUSTED GROSS INCOME - If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	30000
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES		8B	0
8C	FEDERAL STANDARD DEDUCTION		8C	0
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS - Subtract Line 8C from Line 8B.		8D	0
9	YOUR LOUISIANA TAX TABLE INCOME - Subtract Line 8D from Line 7. If less than zero, enter '0'. Use this figure to find your tax in the tax tables.		9	30000
10	YOUR LOUISIANA INCOME TAX - Enter the amount from the tax table that corresponds with your filing status.		10	457
11	NONREFUNDABLE PRIORITY 1 CREDITS - From Schedule C, Line 6 .		11	0
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS - Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0".		12	457
13	2023 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.		13	0
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		13A	0
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		13B	0
14	2023 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.		14	0
	5 4 3 2			
15	EARNED INCOME CREDIT - See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.		15	185
16	OTHER REFUNDABLE PRIORITY 2 CREDITS - From Schedule F, Line 9.		16	0
17	TOTAL REFUNDABLE PRIORITY 2 CREDITS - Add lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.		17	185
18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		18	272
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		19	0
20	NONREFUNDABLE PRIORITY 3 CREDITS - From Schedule J, Line 16.		20	69
21	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 20 from Line 18.		21	203



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

C

62451

	<input checked="" type="checkbox"/>	No use tax due.		
22A	CONSUMER USE TAX - You must mark one of these boxes.		22A	0
		Amount from the Consumer Use Tax Worksheet.		
	<input checked="" type="checkbox"/>	No usage fee due.		
22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE		22B	0
		Amount from Form R-19000.		
23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE - Add Lines 21, 22A, AND 22B		23	203
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS - Enter the amount from Line 19.		24	0
25	REFUNDABLE PRIORITY 4 CREDITS - From Schedule I, Line 6.		25	0

PAYMENTS

26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 - Attach Forms W-2 and 1099.		26	0
27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2022		27	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2023		28	0
29	AMOUNT OF EXTENSION PAYMENT		29	0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 24 through 29.		30	0
31	OVERPAYMENT - If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38.		31	0
32	UNDERPAYMENT PENALTY - See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.		32	0
33	ADJUSTED OVERPAYMENT - If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.		33	0
34	TOTAL DONATIONS - From Schedule D, Line 22.		34	0

REFUND DUE

35	SUBTOTAL - Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund.		35	0
36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 INCOME TAX		36	0
	CREDIT			
	AMOUNT TO BE REFUNDED - Subtract Line 36 from Line 35. If mailing to LDR, use the address on the bottom of page 4.			
37	Enter a "2" in box if you want to receive your refund by paper check.		37	0
	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		



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

AMOUNTS DUE LOUISIANA

38	AMOUNT YOU OWE - If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	203
39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	0
40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	0
41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	0
42	INTEREST - From the Interest Calculation Worksheet, Line 5.	42	0
43	DELINQUENT FILING PENALTY - From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	0
44	DELINQUENT PAYMENT PENALTY - From the Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	0
45	UNDERPAYMENT PENALTY - See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	0
46	BALANCE DUE LOUISIANA - Add Lines 38 through 45. If mailing to LDR, use address below. For electronic payment options, see instructions.	46	203
		PAY THIS AMOUNT.	

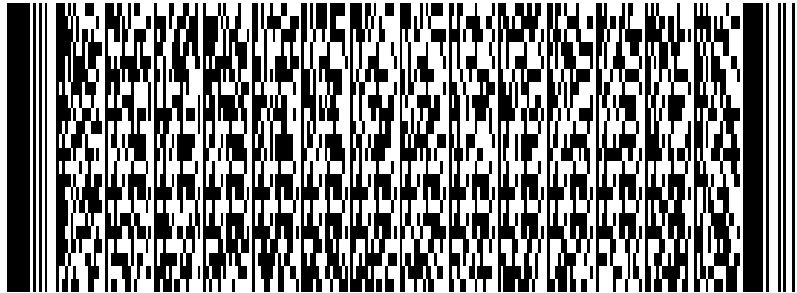
IMPORTANT!**DO NOT SEND CASH.**

All four (4) pages of this return
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with your W-2s and completed
schedules. Please paperclip.

Do not staple.

Status 001

Contribution and Donation 0000



Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

Your Signature		Date(mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)		Date(mm/dd/yyyy)
PAID PREPARER USE ONLY	Print/Type Preparer's Name		Preparer's Signature		Date(mm/dd/yyyy)
	Firm's Name ▶		Firm's FEIN ▶		Check <input type="checkbox"/> if Self-employed
	Firm's Address ▶		Telephone ▶		

Name

C

Individual Income Tax Return
Calendar year return due 5/15/24

Mail to: Department of Revenue
PO Box 3550
BATON ROUGE LA 70821-3550

PTIN, FEIN, or LDR
Account Number
of Paid Preparer



**For Office
Use Only.**

62453