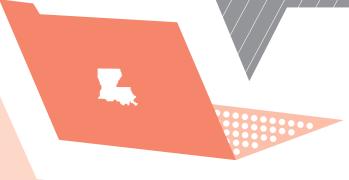
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Are you due a refund? If you file this paper return, it will take 12 to 16 weeks to get your refund check. With Louisiana File Online and direct deposit, you can receive your refund in 7 to 10 days.

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| Eor n | | -540-WEB | | | | | | ., | | IPORTA | | | |
|-----------------------|---|----------------|--|------------------------------|---|-------------------------------|----------------|-------------------|-------------|-----------------------|----------------|----------|-------------|
| For n chan mark | | 010 | LOUISIA | ΝΔ | RESID | FNT | ı | | | your SSN wn on you | | | |
| For dent f | ece- | our first nam | | | t. Last name | | Suffi | X Your | | | | | |
| mark Spou | box. | | | | | | | Social Securit | , | | Ш | Ш | |
| deced | dent, 📖 👑 | joint return, | spouse's name | Init | t. Last name | | Suffi | Social | s | | П | П | |
| chang | ge, 🗀 | resent home | address (number and stre | eet includi | ing apartment numbe | r or rural route | <i>;)</i> | Security | | | | | |
| mark For a | | tv. Town. or | APO | | | State | ZIP | _ | Area cod | le and dayt | ime telepl | none nu | ımber |
| ed ret mark | turn, 🖳 | .,, | c | | | | | | | | | Ш | |
| | | status box. It | Print the appropriate number must agree with your feder | | | EMPTIONS: | | | | | | | |
| I | | | " in box if single . " in box if married filin | g jointly | y . 6A X | Yourself | 65 or | Blii | nd | Quali | | | |
| | | | " in box if <mark>married filin</mark> " in box if head of hou | | | l | older | | L | Wido | ` ' | Total of | |
| | * If the a | Print a "5" | " in box if qualifying w n is not your dependent, prin | idow(er | ·). 6B | Spouse | 65 or older | Blii | nd | | | | |
| 6C D | | | endent information belov | | | dependents | , attach a sta | itement to | your retu | urn with th | ne | - | _ |
| | | | the total number from F | | | | | | | | | 6C | |
| | First Nam | ne | Last Name | | Social Security | Number | Relation | onship to y | ou | Birth | Date (m | m/dd/yy | <i>(yy)</i> |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 0D - | OTAL EVENIE | T IONO T | | 00 10 | | ., Г | Т |
| | | | • | | | 6D II | OTAL EXEMF | TIONS - I | otal of 6A, | , 6B, and 6 | SC . | 6D | |
| If yo | ou are not re | | | П | | | Mark this | hox and a | enter zei | ro "O" or | l ine 1 | 6 | . [|
| | return | , indicate w | ages here. | <u> Т-</u> ј_ | | | Mark tino | DOX UNU | Jilloi 201 | 0 0 | Line | | |
| 7 | Federal Form | 1040EZ, Lin | ROSS INCOME – Print th ne 4, OR Federal Form ⁻ 37. If Louisiana Schedule | 1040A, Li | ine 21, OR | From Louisiana Schedule E, | | 7 | | П | ТТ | Т | 00 |
| , | amount from L | ∟ine 5Ċ. Mark | the box showing Schedule come is less than zero, prir | e E was u | ised. If your | attached | | ′ | <u> </u> | | | _ | ا ا |
| If yo | u did not itemiz | e your deduc | ctions on your federal retu | ırn, leave | Lines 8A, 8B and 80 | C blank and g | o to Line 9. | | | | | | |
| 8A | | | JCTIONS – Leave blank if y ions from Federal Form 104 | | | mize, print the | amount of | 8A | | | ŢП | | 00 |
| 8B | FEDERAL ST | ANDARD DEI | DUCTION – Leave blank if | you did n | not itemize. If you did | itemize and y | our filing | 8B | —, | | | T | 00 |
| OD | | | 0; 2 or 5, print \$11,400; or 4 | | • | 1 maint th | ult Leave | OD | | - | | + | J.Ľ 1 ┌ |
| 8C | blank if you di | | ZED DEDUCTIONS – Sub | ıracı Line | od from Line 8A and | i print the resi | uii. Leave | 8C | ; | | _ <u></u> | |] 00 |
| 9 | FEDERAL ING decreased by H on page 25 | a federal disa | See instructions, page 19 aster credit allowed by IRS | 9. If your fo 6, mark the | iederal income tax ha e box. See instruction | as been ons for Sched | ule | 9 | | | $\frac{1}{1}$ | Ţ | 00 |
| 10 | | | ABLE INCOME – Subtract tax in the tax tables. | Lines 8C | and 9 from Line 7. I | f less than ze | ro, print "0." | 10 | <u></u> , | 4 | <u> ; </u> | <u> </u> | 00 |
| 11 | YOUR LOUIS | IANA INCOME | ETAX - Print the amount fr | om the tax | x table that correspor | ds with your fi | iling status. | 11 | | | _; | | 00 |
| | l . | | | | | | | | | | | | |
| | | | | | | _ | | | | | | _ | |

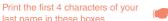
WEB

| | | Print your Social Security Number | r. (••• | |
|----------|-----|--|----------|----------|
| | 12A | FEDERAL CHILD CARE CREDIT – Print the amount from your Federal Form 1040A, Line 29, or Federal Form 1040, Line 48. This amount will be used to compute your 2010 Louisiana Nonrefundable Child Care Credit. | 12A | _ 00 |
| EDITS | 12B | 2010 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 Nonrefundable Child Care Credit Worksheet, page 29. | 12B | |
| CRED | 12C | AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2006 THROUGH 2009 – See Nonrefundable Child Care Credit Worksheet, page 29. | 12C | 00 |
| TAX | 12D | 2010 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 Nonrefundable School Readiness Credit Worksheet, page 30. | | , |
| BLE | 120 | 5 4 3 2 | 12D | <u> </u> |
| FUNDABLE | 12E | AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2008 THROUGH 2009 – See Nonrefundable School Readiness Credit Worksheet, page 30. | 12E | 00 |
| 出 | 13 | EDUCATION CREDIT— A credit of \$25 is available for each qualified dependent who attended school from kindergarten through 12th grade for at least part of the year. Multiply the number of qualified dependents by \$25 and print the result. | 13 | 00 |
| NON | 14 | OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 11 | 14 | |
| | 15 | TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 12B through 14 and print the result. | 15 | 00 |
| | 16 | ADJUSTED LOUISIANA INCOME TAX – Subtract Line 15 from Line 11 and print the result. If the result is less than zero, or you are not required to file a federal return, print zero "0." | 16 | |
| | 17 | CONSUMER USE TAX You must mark one of these boxes. No use tax due. Amount from the Consumer Use Tax Worksheet, page 20, Line 2. | 17 | |
| | 18 | TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17 and print the result. | 18 | |
| | 19 | 2010 LOUISIANA REFUNDABLE CHILD CARE – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See instructions, page 28 and Refundable Child Care Credit Worksheet, page 31. | 19 | |
| ITS | 19A | Print the qualified expense amount from the Refundable Child Care Credit Worksheet, page 31, Line 3. | 19A | 00 |
| CREDI | 19B | Print the amount from the Refundable Child Care Credit Worksheet, page 31, Line 6. | 19B | 00 |
| TAX | 20 | 2010 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 Refundable School Readiness Credit Worksheet, page 33. | | |
| BLE | 20 | 5 4 3 2 | 20 | <u> </u> |
| JNDA | 21 | EARNED INCOME CREDIT - See Louisiana Earned Income Credit (LA EIC) Worksheet, page 33, Line 3. | 21 | 00 |
| REFU | 22 | LOUISIANA CITIZENS INSURANCE CREDIT – See instructions, page 20. | 22 | 00 |
| | 23 | OTHER REFUNDABLE TAX CREDITS – From Schedule F, Line 7 | 23 | 00 |
| | 24 | AMOUNT OF LOUISIANA TAX WITHHELD FOR 2010 – Attach Forms W-2 and 1099. | 24 | 00 |
| ΔL | 25 | AMOUNT OF CREDIT CARRIED FORWARD FROM 2009 | 25 | |
| /MENT | 26 | AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING – See instructions, page 20. Enter name of partnership. | 26 | 00 |
| PAY | 27 | AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2010 | 27 | |
| | 28 | AMOUNT PAID WITH EXTENSION REQUEST | 28 | , 00 |
| | | | | , |





last name in these boxes.











| | | Print your Social Security Number. | - | |
|----------|----|--|----|---|
| | 29 | TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 19, 20 through 28 and print the result. Do not include amounts on 19A and 19B. | 29 | , |
| | 30 | OVERPAYMENT – If Line 29 is equal to Line 18, print zero "0" on Lines 30 through 46 and go to Line 47. If Line 29 is greater than Line 18, subtract Line 18 from Line 29 and print the result here. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. If Line 29 is less than Line 18, print zero "0" on Lines 30 through 45 and go to Line 46. | 30 | |
| | 31 | UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 35 and Form R-210R. If you are a farmer, see instructions on page 20 and check the box. | 31 | 00 |
| | 32 | ADJUSTED OVERPAYMENT – If Line 30 is greater than Line 31, subtract Line 31 from Line 30 and print the result. If Line 31 is greater than Line 30, print zero "0" here, subtract Line 30 from Line 31, and print the balance on Line 46. | 32 | |
| | | | | |
| | 33 | The Military Family Assistance Fund – See instructions, page 20. | 33 | 00 |
| | 34 | Coastal Protection and Restoration Fund – See instructions, page 20. | 34 | 00 |
| | 35 | The Start Program – See instructions, page 20. | 35 | 00 |
| 32 | 36 | Wildlife Habitat and Natural Heritage Trust Fund – See instructions, page 20. | 36 | , 00 |
| U L | 37 | Louisiana Prostate Cancer Trust Fund – See instructions, page 20. | 37 | 00 |
| TIONS OF | 38 | Louisiana Animal Welfare Commission – See instructions, page 20. | 38 | 00 |
| DONA | 39 | Community - Based Primary Health Care Fund – See instructions, page 20. | 39 | 00 |
| | 40 | National Lung Cancer Partnership – See instructions, page 20. | 40 | 00 |
| | 41 | Louisiana Chapter of the National Multiple Sclerosis Society Fund – See instructions, page 21. | 41 | 00 |
| | 42 | TOTAL DONATIONS – Add Lines 33 through 41 and print the result. | 42 | 00 |
| | | | | |
| — | 43 | SUBTOTAL – Subtract Line 42 from Line 32 and print the result. This amount of overpayment is available for credit or refund. | 43 | 00 |
| EFUND DU | 44 | AMOUNT TO BE CREDITED TO 2011 INCOME TAX – Print the amount of Line 43 that you wish to credit to 2011. | 44 | 00 |
| REF | 45 | AMOUNT TO BE REFUNDED – Subtract Line 44 from Line 43 and print the result. Use Address 2 on the next page. | 45 | |
| | | | | |

COMPLETE AND SIGN RETURN ON NEXT PAGE.







| | | Print your Social Security Number. | | |
|----------|----|--|----|----------|
| | 46 | AMOUNT YOU OWE – If Line 18 is greater than Line 29, subtract Line 29 from Line 18 and print the result. If you entered an amount here from Line 32, complete Lines 47, 48, 49 and 54 and print zero "0" on Lines 50 through 53. | 46 | 00 |
| | 47 | ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND – See instructions, page 21. | 47 | <u> </u> |
| - | 48 | ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND – See instructions, page 21. | 48 | 00 |
| OUISIANA | 49 | ADDITIONAL DONATION TO LOUISIANA CHAPTER OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY FUND – See instructions, page 21. | 49 | 00 |
| DUE LO | 50 | INTEREST – From the Interest Calculation Worksheet, page 35, Line 5. | 50 | 00 |
| OUNTS | 51 | DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 35, Line 7. | 51 | 00 |
| AM | 52 | DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 35, Line 7. | 52 | 00 |
| | 53 | UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 35 and Form R-210R. If you are a farmer, see instructions on page 21 and check the box. | 53 | 00 |
| | 54 | BALANCE DUE LOUISIANA – Add Lines 46 through 53 and print the result. Use Address 1 below. For electronic payment options, see page 2. PAY THIS AMOUNT. DO NOT SEND CASH. | 54 | 00 |

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. 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 in order to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted.

| Your Signature | Date | Signature of paid preparer other than taxpaye | r |
|---|------|---|------|
| Spouse's Signature (If filing jointly, both must sign.) | Date | Telephone number of paid preparer | Date |

FOR OFFICE USE ONLY

Mail Balance Due Return with Payment TO: Department of Revenue P. O. Box 3550

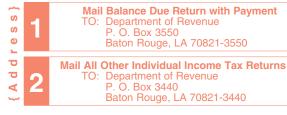
Field Flag

Print the first 4 characters of your last name in these boxes.



Individual Income Tax Return Calendar year return due 5/15/2011







Social Security Number, PTIN, or FEIN of paid preparer





WEB

6147



| S | ATTACH TO RETURN IF COMPLETED. | | | | | — |
|----------|---|----------------------|-----------------------------|-------------------|--|---------|
| SCH | IEDULE E - 2010 ADJUSTMENTS TO INCOME | Print your Social Se | curity Number. | | Ш | |
| 1 | FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Fede 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If less | | 1 | <u> </u> | ŢŢŢ | 00 |
| 2 | INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR SUBDIVISIONS – Print the amount of any tax-exempt interest and dividend your federal return that is taxable to Louisiana. See instructions, page 21. | | 2 | <u> </u> | , | 00 |
| 2A | RECAPTURE OF START CONTRIBUTIONS – See instructions, page 21. | | 2A | <u> </u> | <u> </u> | 00 |
| 3 | TOTAL – Add Lines 1, 2, and 2A and print the result. | | 3 | | , | 00 |
| | EXEMPT INCOME – Print on Lines 4A through 4H the amo along with the dollar amount. See instructions beginning of | | e included in Line 1 above. | Enter description | and associated | d code, |
| | Exempt Income Description | Code | | A | mount | |
| 4A | | E | 4A | Ļ | , | 00 |
| 4B | | E | 4B | | ĪПТ | 700 |

| | Exempt Income Description | Code | | Amount |
|----|---|-------------|----|--------|
| 4A | | E | 4A | , 00 |
| 4B | | E | 4B | 00 |
| 4C | | E | 4C | 00 |
| 4D | | E | 4D | 00 |
| 4E | | E | 4E | 00 |
| 4F | | E | 4F | 00 |
| 4G | | E | 4G | 00 |
| 4H | | E | 4H | 00 |
| 41 | EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX — Add lines 4A through 4H and print the result. | | 41 | 00 |
| 4J | FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Optio instructions, page 23. | n 2, see | 4J | 00 |
| 4K | EXEMPT INCOME – Subtract Line 4J from Line 4I and print the result. | | 4K | 00 |
| 5A | LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE EXPLADJUSTMENT – Subtract Line 4K from Line 3 and print the result. | ENSE | 5A | |
| 5B | IRC 280(C) WAGE EXPENSE ADJUSTMENT — Print the amount of your IRC expense adjustment. Important! See instructions, page 23. | 280(C) wage | 5B | 00 |
| 5C | LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. F here and on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7 indicatin was used. | | 5C | 00 |

| Description | Code | |
|---|------|--|
| Interest and Dividends on US Government Obligations | | |
| Louisiana State Employees' Retirement Benefits Taxpayer date retired:Spouse date retired | 02E | |
| Louisiana State Teachers' Retirement Benefits Taxpayer date retired:Spouse date retired: | 03E | |
| Federal Retirement Benefits Taxpayer date retired: Spouse date retired: | 04E | |
| Other Retirement Benefits Provide name or statute: | 05E | |
| Taxpayer date retired:Spouse date retired: | | |
| Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity: | 06E | |
| Taxable Amount of Social Security, see instructions, page 22. | 07E | |
| Native American Income, see instructions, page 22. | 08E | |

| Description | Code |
|---|------|
| START Savings Program Contribution, see instructions, page 22. | 09E |
| Military Pay Exclusion, see instructions, page 22. | 10E |
| Road Home, see instructions, page 22. | 11E |
| Recreation Volunteer, see instructions, page 22. | 13E |
| Volunteer Firefighter, see instructions, page 22. | 14E |
| Voluntary Retrofit Residential Structure, see instructions, page 22. | 16E |
| Elementary and Secondary School Tuition, see instructions, page 23. | 17E |
| Educational Expenses for Home-Schooled Children, see instructions, page 23. | 18E |
| Educational Expenses for Quality Public Education, see instructions, page 23. | 19E |
| Capital Gain from Sale of Louisiana Business, see instructions, page 23. | 20E |
| Other, see instructions, page 23. Identify: | 49E |





2010 Louisiana School Expense Deduction Worksheet

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

- This worksheet should be used to calculate the three School Expense Deductions listed below. Refer to Revenue Information Bulletin 09-019 on LDR's website.
 - 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 50 percent of 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, print "home-schooled." Print 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 | t Name of Qualifying Dependent | Name of School | Deduction as described in Section I | | | |
|---------|--------------------------------|----------------|-------------------------------------|---|---|--|
| | | | 1 | 2 | 3 | |
| Α | | | | | | |
| В | | | | | | |
| С | | | | | | |
| 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.

| Qualifying Expense | List the amount paid for each student as listed in Section II. | | | | | | | |
|--|--|-----|-----|-----|-----|-----|--|--|
| Qualifying Expense | А | В | С | D | Е | F | | |
| Tuition and Fees | | | | | | | | |
| School Uniforms | | | | | | | | |
| Textbooks, or Other Instructional Materials | | | | | | | | |
| Supplies | | | | | | | | |
| Total (add amounts in each column) | | | | | | | | |
| Multiply by | 50% | 50% | 50% | 50% | 50% | 50% | | |
| Deduction per Studen t – Print 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.

| Print the Elementary and Secondary School Tuition Deduction here and on IT-540, Schedule E, code 17E. | \$ |
|--|----|
| Print the Educational Expenses for Home-Schooled Children Deduction here and on IT-540, Schedule E, code 18E. | \$ |
| Print the Educational Expenses for a Quality Public Education Deduction here and on IT-540, Schedule E, code 19E. | \$ |





| | ATTACH | I TO RE | ETURN IF COMPLETED. | Pri | nt your Social Secur | rity Numb | er. (| | | | | | |
|----------|---|-------------|---|-------------|--|-----------------|----------|-------------|-----------------------------|-------------------|-------------------|----------|-------------------------------|
| SC | HEDULE F - 2010 | REFUN | IDABLE TAX CREDITS | | | | | | | | | | |
| 1 | Credit for amounts paid by | certain n | nilitary servicemembers for obtainir | ng Louisian | na Hunting and Fishing | Licenses. | See ins | tructi | ions, p | age 23. | | | |
| 1A | Yourself Date | of Birth (| MM/DD/YYYY) | Dri | iver's License number | | | | | | State | of issue | |
| | 브 | | | or | State Identification | | | | | | State | of issue | |
| 1B | Spouse Date | of Birth (| MM/DD/YYYY) | Dri | iver's License number . | | | | | | State | of issue | |
| | _ | | | or | State Identification | | | | | | State | of issue | |
| 1C | Dependents: List depende | nt names. | | | | | | | | | | | |
| | Dependent name | | | | | Date | of Birth | (MM | /DD/Y | YYY) _ | | | |
| | Dependent name | | | | | Date | of Birth | (MM | /DD/Y | YYY) _ | | | |
| | Dependent name | | | | | Date | of Birth | (MM | /DD/Y | YYY) _ | | | |
| | Dependent name | | | | | Date | of Birth | (MM | /DD/Y | YYY) _ | | | |
| | ditional Refundable Cer description and associa | | e, along with the dollar amoun | t. See ins | structions beginning | on page | 23. | | A | moun | t of C | redit C | laimed |
| 2 | | | | | | | F | 2 | | | <u> </u> | Ш | 00 |
| 3 | | | | | | | F | 3 | ΓÍ | Т | ΓÍ | П | 00 |
| | | | | | | | | | | + | — <u>) -</u> | Ħ | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | F | 4 | <u></u> | | <u>L.j.</u> | | 00 |
| | | | | | | | F | 5 | L;. | İ | <u>∟; </u> □; | П | 00 |
| 6 | | | | | | | = | | ∟;. □;. □;. | | L_;_ ;_ ;_ | Ħ | |
| 7 | OTHER REFUNDABLE 1 IT-540, Line 23. | AX CREE | DITS – Add Lines 1D, 2 through 6 | and print l | here and on Form | | Ē | 5 | | | | | 00 |
| 7 | | Code | DITS – Add Lines 1D, 2 through 6 Description | and print l | here and on Form Description | | Ē | 5 6 7 | Lj. | iption | | | 00 |
| 7 Des | IT-540, Line 23. | | | | Description Wind and Solar Ener | | F F | 5 6 7 | | iption ane Tra | iler Con | version | 00 |
| 7 Des | IT-540, Line 23. | Code | Description | Code | Description Wind and Solar Enersystems School Readiness Ch | gy | F | 5 6 7 | Sugaro | | | | 00 00 00 Code |
| 7 Des | IT-540, Line 23. scription entory Tax | Code 50F | Description Mentor-Protégé | Code 57F | Description Wind and Solar Enersystems | gy nild Care | F Code | 5 6 7 | Sugaro Retenti Conver | ane Tra | Modern Vehicle | ization | 00 00 00 Code 69F |

| Description | Code |
|-----------------------------|------|
| Inventory Tax | 50F |
| Ad Valorem Natural Gas | 51F |
| Ad Valorem Offshore Vessels | 52F |
| Telephone Company Property | 54F |
| Prison Industry Enhancement | 55F |
| Urban Revitalization | 56F |

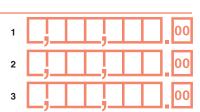
| Description | Code |
|---------------------------------------|------|
| Mentor-Protégé | 57F |
| Milk Producers | 58F |
| Technology Commercialization | 59F |
| Historic Residential | 60F |
| Angel Investor | 61F |
| Musical and Theatrical Productions | 62F |

| Description | Code |
|--|------|
| Wind and Solar Energy Systems | 64F |
| School Readiness Child Care Provider | 65F |
| School Readiness Child Care Directors and Staff | 66F |
| School Readiness Business – Supported Child Care | 67F |
| School Readiness Fees and Grants to Resource and Referral Agencies | 68F |

| Description | Code |
|--|------|
| Description | Oouc |
| Sugarcane Trailer Conversion | 69F |
| Retention and Modernization | 70F |
| Conversion of Vehicle to Alternative Fuel | 71F |
| Research and Development | 72F |
| Other Refundable Credit | 80F |
| | |

SCHEDULE H – 2010 MODIFIED FEDERAL INCOME TAX DEDUCTION

| 1 | Print the amount of your federal income tax liability found on Federal Form 1040, Line 55. See instructions, page 25. |
|---|--|
| 2 | Print the amount of federal disaster credits allowed by IRS. See instructions, page 25. |
| 3 | Add Lines 1 and 2 and print the result here and on Form IT-540, Line 9. Mark the box on Line 9 to indicate that your income tax deduction has been increased. |







| SCHEDULE G - 2010 NONREFUNDABLE TAX CREDITS Print your Social Security Number. Cheptit FOR TAX LIABILITIES PAID TO OTHER STATES - Complete his part only if you paid income tax liabilities to other states and you were a resident of Louisian. See instructions, page 25. A copy of the return flee with the other than the return of the income tax liabilities and the second to the nearest dollar. Cheptit FOR CERTAIN DISABILITIES. Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 25 for definitions of three disabilities. Deat loss of Montally Deat mount of other states. Pound to the nearest dollar. Deat Multiply Line 3A by 40 percent and print the result. Round to the nearest dollar. Deat Multiply Line 3A by 40 percent and print the result of See instructions, page 25. Deat Multiply Line 3A by 40 percent and print the result of See instructions, page 25. Deat Multiply Line 3A by 40 percent Print the result of See instructions beginning on page 26. Credit Description Deat Multiply Line 3A by 40 percent Print the result of See instructions beginning on page 26. Credit Description Deat Multiply Line 3A by 40 percent Print the result of See instructions beginning on pa | | S | ATTACH TO RE | TURN II | F COMPL | ETED. | | | | | - | | | _ | | _ |
|--|------|-----------|---|---------------|----------------|-----------------|----------------|-------------|--------------------------|-------------------------|----|-------------|---|----------------|----------------------|-----|
| 1 to other states and you were a resident of Louisians. See instructions, page 25. A copy of the return filed with the other states must be submitted with so schedule. Print the amount of the income tax laiding had to other states. Round to the nearest dollar. 2 CREDIT FOR CERTIAN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 25 for definitions of these disabilities. 2 CREDIT FOR CERTIAN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. 2 See instructions on page 25 for definitions of these disabilities. 2 Multiply Line 2D by \$100 and print the result. See instructions per person. 3 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS 3 Print the value of computer or other technological equipment donated. Attach Form R-3400. See instructions, page 25. 4 OREDIT FOR CERTIAN FEDERAL TAX CREDITS 4 Print the amount of eligible federal credits. See instructions, page 25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4 Multiply Line 4A by 10 percent. Print the result or \$2 | SC | HE | DULE G – 20 | 10 NON | IREFUN | DABLE | TAX CF | REDITS | Print your Social S | Security Number. | | | Ш | Ш | | L |
| See instructions on page 25 for definitions of these disabilities. Deat Loss of Mentality Mentality Mentality Print the total number of qualifying ndividuals. Only one credit is allowed per person. | 1 | to sta | other states and you ates must be submitted | were a re | sident of Lo | uisiana. Se | e instructioi | ns, page 2 | 25. A copy of the retu | rn filed with the other | 1 | | | ļТ | \prod_{i} | 00 |
| 2A Yourself | 2 | | | | | | | iate boxe | s. Only one credit is a | allowed per person. | | | | | | |
| 2C Dependent * List dependent names here. > 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 25. 3B Multiply Line 3A by 40 percent and print the result. Round to the nearest dollar. 4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS 4A Print the amount of eligible federal credits. See instructions, page 25. 4B Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. Additional Nonrefundable Credits Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 26. Credit Description Credit Code Amount of Credit Claimed 5 6 7 8 8 9 10 10 10 10 10 10 11 10 11 11 OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the | | 2A | Yourself | Deaf | | | ed Blind | | D individuals. Only o | | 2D | | | | | Ι |
| # List dependent mames here. > 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 25. 3B Multiply Line 3A by 40 percent and print the result. Round to the nearest dollar. 4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS 4A Print the amount of eligible federal credits. See instructions, page 25. 4B Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. 4B Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit claimed. See instructions beginning on page 26. Credit Description Credit Code Amount of Credit Claimed 5 | | 2B | Spouse | | | | | 21 | | y \$100 and print | 2F | | г | П | П | 00 |
| 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 25. 3B Multiply Line 3A by 40 percent and print the result. Round to the nearest dollar. 4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS 4A Print the amount of eligible federal credits. See instructions, page 25. 4B Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. Additional Nonrefundable Credits Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 26. Credit Code Amount of Credit Claimed 5 Credit Description Credit Code Amount of Credit Claimed 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | | 2C | Dependent * | | | | | | the result. | | | | | . j | ш, | _00 |
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| 38 Multiply Line 3A by 40 percent and print the result. Round to the nearest dollar. 4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS 4A Print the amount of eligible federal credits. See instructions, page 25. 4B Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. Additional Nonrefundable Credits Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 26. Credit Description 5 | 3 | CF | REDIT FOR CONTRI | BUTIONS | TO EDUCA | TIONAL IN | STITUTION | IS | | | | | | | | |
| 4 Print the amount of eligible federal credits. See instructions, page 25. 4B Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25. Additional Nonrefundable Credits Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 26. Credit Code Amount of Credit Claimed 5 | | ЗА | Print the value of co | mputer or o | other technol | logical equip | ment donate | ed. Attach | Form R-3400. See inst | ructions, page 25. | 3A | | | ፲ | \prod_{i} | 00 |
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| Additional Nonrefundable Credits Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 26. Credit Description Credit Code Amount of Credit Claimed 5 6 7 8 9 10 10 10 OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the | 4 | CF | REDIT FOR CERTAIN | N FEDERA | AL TAX CRE | EDITS | | | | | | | | | | |
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| Enter credit description and associated code, along with the dollar amount of credit claimed. See instructions beginning on page 26. Credit Description Credit Code Amount of Credit Claimed 5 6 7 8 9 10 10 OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the | | 4B | Multiply Line 4A by 1 | 10 percent. | Print the resu | ult or \$25, wh | nichever is le | ss. This cr | edit is limited to \$25. | | 4B | | | | \prod | 00 |
| Credit Code Amount of Credit Claimed 5 | Ad | diti | onal Nonrefund | lable Cr | edits | | | | | | | | | | | |
| 6 | Ente | | • | | ted code, a | along with t | the dollar a | mount o | f credit claimed. Se | • | _ | , , | | Credi | t Clair | med |
| 7 | 5 | | | | | | | | | | 5 | | | \prod | | 00 |
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| 10 10 10 OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the | 8 | | | | | | | | | | 8 | | | ÍI | $\overline{\Box}$ | 00 |
| OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the | 9 | | | | | | | | | | 9 | | | ÍI | $\overline{\Box}$ | 00 |
| 11 | 10 | | | | | | | | | | 10 | | | ÍΤ | $\overline{\Box}$ | 00 |
| | 11 | | | | | | es 1, 2E, 3l | 3, 4B, and | d 5 through 10. Print | the | 11 | | | | $\overline{\square}$ | 00 |

| Description | Code |
|---|------|
| Premium Tax | 100 |
| Commercial Fishing | 105 |
| Family Responsibility | 110 |
| Small Town Doctor/Dentist | 115 |
| Bone Marrow | 120 |
| Law Enforcement Education | 125 |
| First Time Drug Offenders | 130 |
| Bulletproof Vest | 135 |
| Nonviolent Offenders | 140 |
| Qualified Playgrounds | 150 |
| Debt Issuance | 155 |
| Donations of Materials, Equipment, Advisors, Instructors | 175 |

| Description | Code |
|---|------|
| Other | 199 |
| Atchafalaya Trace | 200 |
| Organ Donation | 202 |
| Household Expense for Physically and Mentally Incapable Persons | 204 |
| Previously Unemployed | 208 |
| Recycling Credit | 210 |
| Basic Skills Training | 212 |
| Dedicated Research | 220 |
| New Jobs Credit | 224 |
| Refunds by Utilities | 226 |
| Eligible Re-entrants | 228 |

| Description | Code |
|---|------|
| Neighborhood Assistance | 230 |
| Cane River Heritage | 232 |
| LA Community Economic Dev. | 234 |
| Apprenticeship | 236 |
| Ports of Louisiana Investor | 238 |
| Ports of Louisiana Import Export Cargo | 240 |
| Motion Picture Investment | 251 |
| Research and Development | 252 |
| Historic Structures | 253 |
| Digital Interactive Media | 254 |
| Motion Picture Resident | 256 |

| Description | Code |
|-------------------------------|------|
| Capital Company | 257 |
| LCDFI | 258 |
| New Markets | 259 |
| Brownfields Investor | 260 |
| Motion Picture Infrastructure | 261 |
| Other | 299 |
| Biomed/University Research | 300 |
| Tax Equalization | 305 |
| Manufacturing Establishments | 310 |
| Enterprise Zone | 315 |
| Other | 399 |





