

LOUISIANA FILE ONLINE

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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.

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

2011 LOUISIANA RESIDENT

Mark Box:

Name Change Your first name Init. Last name Suffix

Decedent Filing If joint return, spouse's name Init. Last name Suffix

Spouse Decedent Present home address (number and street including apartment number or rural route)

Amended Return City, Town, or APO State ZIP

Your SSN

Spouse's SSN

Area code and daytime telephone number

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**. *
- Enter a "5" in box if **qualifying widow(er)**.

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

6 EXEMPTIONS:

- 6A Yourself 65 or older Blind Qualifying Widow(er)
- 6B Spouse 65 or older Blind

Total of 6A & 6B

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c, in the boxes here.

6C

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

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C

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

Mark this box and enter zero "0" on Line 16.

7 FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0." From Louisiana Schedule E, attached

If you did not itemize your deductions on your federal return, leave Lines 8A, 8B, and 8C blank and go to Line 9.

8A FEDERAL ITEMIZED DEDUCTIONS

8B FEDERAL STANDARD DEDUCTION

8C EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.

9 FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by IRS, mark the box. See instructions for Schedule H.

10 YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables.

11 YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.

7

8A

8B

8C

9

10

11



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62497 66 12312011

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Enter your Social Security Number. 

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NONREFUNDABLE TAX CREDITS

12A	FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040A, Line 29, or Federal Form 1040, Line 48. This amount will be used to compute your 2011 Louisiana Nonrefundable Child Care Credit.
12B	2011 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 <i>Nonrefundable Child Care Credit Worksheet</i> .
12C	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2007 THROUGH 2010 – See <i>Nonrefundable Child Care Credit Worksheet</i> .
12D	2011 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 <i>Nonrefundable School Readiness Credit Worksheet</i> . 5 <input type="text"/> 4 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/>
12E	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2008 THROUGH 2010 – See <i>Nonrefundable School Readiness Credit Worksheet</i> .
13	EDUCATION CREDIT
14	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 11
15	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 12B through 14.

12A	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
12B	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
12C	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
12D	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
12E	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
13	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
14	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
15	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00

16	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 15 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero “0.”
17	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, Line 2.
18	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17.

16	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
17	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
18	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00

REFUNDABLE TAX CREDITS

19	2011 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 <i>instructions, page 28, and Refundable Child Care Credit Worksheet</i> .
19A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.
19B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.
20	2011 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 <i>Refundable School Readiness Credit Worksheet</i> . 5 <input type="text"/> 4 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/>
21	EARNED INCOME CREDIT – See <i>Louisiana Earned Income Credit (LA EIC) Worksheet</i> , Line 3.
22	LOUISIANA CITIZENS INSURANCE CREDIT
23	OTHER REFUNDABLE TAX CREDITS – From Schedule F, Line 7

19	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
19A	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
19B	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
20	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
21	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
22	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
23	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00

PAYMENTS

24	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2011 – Attach Forms W-2 and 1099.
25	AMOUNT OF CREDIT CARRIED FORWARD FROM 2010
26	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership. _____
27	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2011
28	AMOUNT PAID WITH EXTENSION REQUEST

24	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
25	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
26	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
27	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00
28	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	00

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

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CONTINUE ON NEXT PAGE. 



Enter your Social Security Number. 

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29	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 19, and 20 through 28. Do not include amounts on Lines 19A and 19B.
30	OVERPAYMENT – If Line 29 is greater than Line 18, subtract Line 18 from Line 29. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 49.
31	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 35 and Form R-210R. If you are a farmer, check the box. <input type="checkbox"/>
32	ADJUSTED OVERPAYMENT – If Line 30 is greater than Line 31, subtract Line 31 from Line 30. If Line 31 is greater than Line 30, subtract Line 30 from Line 31, and enter the balance on Line 49.

29										00
30										00
31										00
32										00

DONATIONS OF LINE 32	33	The Military Family Assistance Fund
	34	Coastal Protection and Restoration Fund
	35	The START Program
	36	Wildlife Habitat and Natural Heritage Trust Fund
	37	Louisiana Prostate Cancer Trust Fund
	38	Louisiana Animal Welfare Commission
	39	Community - Based Primary Health Care Fund
	40	National Lung Cancer Partnership
	41	Louisiana Chapter of the National Multiple Sclerosis Society Fund
	42	Louisiana Food Bank Association
	43	Louisiana Bicentennial Commission and Battle of New Orleans Bicentennial Commission
	44	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana
	45	TOTAL DONATIONS – Add Lines 33 through 44.


33										00
34										00
35										00
36										00
37										00
38										00
39										00
40										00
41										00
42										00
43										00
44										00
45										00

REFUND DUE	46	SUBTOTAL – Subtract Line 45 from Line 32. This amount of overpayment is available for credit or refund.
	47	AMOUNT OF LINE 46 TO BE CREDITED TO 2012 INCOME TAX CREDIT
	48	AMOUNT TO BE REFUNDED – Subtract Line 47 from Line 46. Use Address 2 on the next page. If you file a paper return, you will receive your refund on an Electronic Access Card (prepaid card). REFUND

46										00
47										00
48										00

COMPLETE AND SIGN RETURN ON NEXT PAGE. 



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

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Enter your Social Security Number. 

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AMOUNTS DUE LOUISIANA

49	AMOUNT YOU OWE – If Line 18 is greater than Line 29, subtract Line 29 from Line 18.
50	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND
51	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND
52	ADDITIONAL DONATION TO LOUISIANA CHAPTER OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY FUND
53	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION
54	INTEREST – From the Interest Calculation Worksheet, page 35, Line 5.
55	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 35, Line 7.
56	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 35, Line 7.
57	UNDERPAYMENT PENALTY – See <i>instructions for Underpayment Penalty, page 35, and Form R-210R</i> . If you are a farmer, check the box. <input type="checkbox"/>
58	BALANCE DUE LOUISIANA – Add Lines 49 through 57. Use Address 1 below. For electronic payment options, see page 2.

49										00
50										00
51										00
52										00
53										00
54										00
55										00
56										00
57										00
58										00

PAY THIS AMOUNT. DO NOT SEND CASH.

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. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through use of an Electronic Access Card (prepaid card).

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

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

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Individual Income Tax Return
Calendar year return due 5/15/2012

FOR OFFICE USE ONLY											
<input type="checkbox"/> Field Flag	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

--	--	--	--	--	--	--	--	--	--

Social Security Number, PTIN, or FEIN of paid preparer

SPEC CODE

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{ Address }	1	Mail Balance Due Return with Payment TO: Department of Revenue P. O. Box 3550 Baton Rouge, LA 70821-3550
	2	Mail All Other Individual Income Tax Returns TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3440



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ATTACH TO RETURN IF COMPLETED.

SCHEDULE E – 2011 ADJUSTMENTS TO INCOME

Enter your Social Security Number.

1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. Check box if amount is less than zero.
2	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS
2A	RECAPTURE OF START CONTRIBUTIONS <input type="checkbox"/>
3	TOTAL – Add Lines 1, 2, and 2A.

1	<input type="text"/>
2	<input type="text"/>
2A	<input type="text"/>
3	<input type="text"/>

EXEMPT INCOME – Enter on Lines 4A through 4H the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. See instructions beginning on page 21.

Exempt Income Description		Code	Amount
4A		<input type="text"/> E	<input type="text"/>
4B		<input type="text"/> E	<input type="text"/>
4C		<input type="text"/> E	<input type="text"/>
4D		<input type="text"/> E	<input type="text"/>
4E		<input type="text"/> E	<input type="text"/>
4F		<input type="text"/> E	<input type="text"/>
4G		<input type="text"/> E	<input type="text"/>
4H		<input type="text"/> E	<input type="text"/>
4I	EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – Add Lines 4A through 4H.		<input type="text"/>
4J	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see instructions.		<input type="text"/>
4K	EXEMPT INCOME – Subtract Line 4J from Line 4I. <input type="checkbox"/>		<input type="text"/>
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPENSE ADJUSTMENT – Subtract Line 4K from Line 3.		<input type="text"/>
5B	IRC 280C EXPENSE ADJUSTMENT		<input type="text"/>
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.		<input type="text"/>

Description - See instructions beginning on page 21.	Code
Interest and Dividends on US Government Obligations	01E
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: _____ Taxpayer date retired: _____ Spouse date retired: _____	05E
Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity: _____	06E
Taxable Amount of Social Security	07E
Native American Income	08E

Description - See instructions beginning on page 21.	Code
START Savings Program Contribution	09E
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sale of Louisiana Business	20E
Other, see instructions, page 23. Identify: _____	49E



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2011 Louisiana School Expense Deduction Worksheet

Your Name	Your Social Security Number
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- I.** This worksheet should be used to calculate the three School Expense Deductions listed below. 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 the actual amount of tuition and fees paid per dependent, limited to \$5,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks and other supplies **required** by the school.
 - 2. Educational Expenses for Home-Schooled Children** – R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to \$5,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
 - 3. Educational Expenses for a Quality Public Education** – R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to \$5,000. The amounts that can be deducted include amounts paid for uniforms, textbooks and other supplies **required** by the school.
- II.** On the chart below, list the name of each qualifying dependent and the name of the school the student attends. If the student is home-schooled, enter "home-schooled." Enter an "X" in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

Student	Name of Qualifying Dependent	Name of School	Deduction as described in Section I		
			1	2	3
A					
B					
C					
D					
E					
F					

- III.** Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item required by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of cancelled checks, receipts and other documentation in order to support the amount of qualifying expenses. **If you checked column 1 in Section II, skip the 50% calculation below; however, the deduction is still limited to \$5,000.**

Qualifying Expense	List the amount paid for each student as listed in Section II.					
	A	B	C	D	E	F
Tuition and Fees						
School Uniforms						
Textbooks, or Other Instructional Materials						
Supplies						
Total (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 \$5,000 whichever is less.						

- IV.** Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

Enter the 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.	\$



ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

SCHEDULE F – 2011 REFUNDABLE TAX CREDITS

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses.

1A Yourself Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or State Identification _____ State of issue _____

1B Spouse Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or State Identification _____ State of issue _____

1C Dependents: List dependent names.

Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____
 Dependent name _____ Date of Birth (MM/DD/YYYY) _____

1D Enter the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals. **1D**

Additional Refundable Credits

Enter description and associated code, along with the dollar amount. See instructions beginning on page 23.

Credit Description		Code	Amount of Credit Claimed
2		<input type="text"/> <input type="text"/> F	2 <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"/>
3		<input type="text"/> <input type="text"/> F	3 <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"/>
4		<input type="text"/> <input type="text"/> F	4 <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"/>
5		<input type="text"/> <input type="text"/> F	5 <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"/>
6		<input type="text"/> <input type="text"/> F	6 <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"/>
7	OTHER REFUNDABLE TAX CREDITS – Add Lines 1D, and 2 through 6. Also, enter this amount on Form IT-540, Line 23.		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"/>

Description	Code	Description	Code	Description	Code	Description	Code
Inventory Tax	50F	Mentor-Protégé	57F	Wind and Solar Energy Systems	64F	Sugarcane Trailer Conversion	69F
Ad Valorem Natural Gas	51F	Milk Producers	58F	School Readiness Child Care Provider	65F	Retention and Modernization	70F
Ad Valorem Offshore Vessels	52F	Technology Commercialization	59F	School Readiness Child Care Directors and Staff	66F	Conversion of Vehicle to Alternative Fuel	71F
Telephone Company Property	54F	Historic Residential	60F	School Readiness Business – Supported Child Care	67F	Research and Development	72F
Prison Industry Enhancement	55F	Angel Investor	61F	School Readiness Fees and Grants to Resource and Referral Agencies	68F	Other Refundable Credit	80F
Urban Revitalization	56F	Musical and Theatrical Productions	62F				

SCHEDULE H – 2011 MODIFIED FEDERAL INCOME TAX DEDUCTION

1 Enter the amount of your federal income tax liability found on Federal Form 1040, Line 55. **1**

2 Enter the amount of federal disaster credits allowed by IRS. **2**

3 Add Line 1 and Line 2. Also, enter this amount on Form IT-540, Line 9, and mark the box on Line 9 to indicate that your income tax deduction has been increased. **3**



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Enter your Social Security Number. 

SCHEDULE G – 2011 NONREFUNDABLE TAX CREDITS

1	CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states must be submitted with this schedule. Enter the amount of the income tax liability paid to other states. Round to the nearest dollar.	1	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	CREDIT 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 these disabilities.		<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"/>

		Deaf	Loss of Limb	Mentally incapacitated	Blind				
	2A	Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2D	Enter the total number of qualifying individuals. Only one credit is allowed per person.	<input type="text"/> <input type="text"/>
	2B	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	2C	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2E	Multiply Line 2D by \$100.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* List dependent names here. >									

3	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS	3A	Enter the value of computer or other technological equipment donated. Attach Form R-3400.	3A	<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"/>
		3B	Multiply Line 3A by 40 percent. Round to the nearest dollar.	3B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	CREDIT FOR CERTAIN FEDERAL TAX CREDITS	4A	Enter the amount of eligible federal credits.	4A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4B	Multiply Line 4A by 10 percent. Enter the result or \$25, whichever is less. This credit is limited to \$25.	4B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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	<input type="text"/> <input type="text"/> <input type="text"/>	5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	<input type="text"/> <input type="text"/> <input type="text"/>	6 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	<input type="text"/> <input type="text"/> <input type="text"/>	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"/>
8	<input type="text"/> <input type="text"/> <input type="text"/>	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"/>
9	<input type="text"/> <input type="text"/> <input type="text"/>	9 <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	<input type="text"/> <input type="text"/> <input type="text"/>	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"/>
11	OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Also, enter this amount on Form IT-540, Line 14.	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"/>

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
Neighborhood Assistance	230

Description	Code
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
Capital Company	257

Description	Code
LCDFI	258
New Markets	259
Brownfields Investor	260
Motion Picture Infrastructure	261
Angel Investor	262
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

