

PLEASE PAPERCLIP W-2S AND SCHEDULES

For name change, mark box.

IT-540

2009 LOUISIANA RESIDENT

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

For decedent filing, mark box.

Your first name	Init.	Last name	Suffix
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<input type="text"/>									
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Your Social Security Number

Spouse decedent, mark box.

If joint return, spouse's name	Init.	Last name	Suffix
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<input type="text"/>									
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Spouse's Social Security Number

For address change, mark box.

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

Area code and daytime telephone number

<input type="text"/>									
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For amended return, mark box.

City, town, or APO	State	ZIP
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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**.

6 EXEMPTIONS:

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

Total of 6A & 6B

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

6C DEPENDENTS – Print dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Print 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 **6D**

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 – 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."

From Louisiana Schedule E, attached

7 , , .

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 – Leave blank if you did not itemize. If you did itemize, print the amount of your federal itemized deductions from Federal Form 1040, Schedule A, Line 29.

8A , , .

8B FEDERAL STANDARD DEDUCTION – Leave blank if you did not itemize. If you did itemize and your filing status is 1 or 3, print \$5,700; 2 or 5, print \$11,400; or 4, print \$8,350.

8B , , .

8C EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A and print the result. Leave blank if you did not itemize.

8C , , .

9 FEDERAL INCOME TAX – See instructions, page 19. If your federal income tax has been decreased by a federal disaster credit allowed by IRS, mark the box. See instructions for Schedule H on page 25.

9 , , .

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

10 , , .

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

11 , , .



FOR OFFICE USE ONLY

Field Flag

SPEC CODE

60111 66 12312009

WEB

6011

Print your Social Security Number. 

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. <input type="checkbox"/>
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 45.

31	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
32	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

DONATIONS OF LINE 32	33	The Military Family Assistance Fund – See instructions, page 20.
	34	Coastal Protection and Restoration Fund – See instructions, page 20.
	35	The Start Program – See instructions, page 20.
	36	Wildlife Habitat and Natural Heritage Trust Fund – See instructions, page 20.
	37	Louisiana Prostate Cancer Trust Fund – See instructions, page 20.
	38	Louisiana Animal Welfare Commission – See instructions, page 20.
	39	Community - Based Primary Health Care Fund – See instructions, page 20.
	40	National Lung Cancer Partnership – See instructions, page 20.
	41	TOTAL DONATIONS – Add Lines 33 through 40 and print the result.

33	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
34	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
35	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
36	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
37	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
38	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
39	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
40	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
41	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

REFUND OR TAX DUE	42	SUBTOTAL – Subtract Line 41 from Line 32 and print the result. This amount of overpayment is available for credit or refund.
	43	AMOUNT TO BE CREDITED TO 2010 INCOME TAX – Print the amount of Line 42 that you wish to credit to 2010. CREDIT
	44	AMOUNT TO BE REFUNDED – Subtract Line 43 from Line 42 and print the result. Use Address 2 below. REFUND
	45	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 as the result of underpayment penalty exceeding an overpayment, complete Lines 46, 47 and 52 and print zero "0" on Lines 48 through 51.
	46	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND
	47	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND
	48	INTEREST – From the Interest Calculation Worksheet, page 35, Line 5.
	49	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 35, Line 7.
	50	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 35, Line 7.
	51	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. <input type="checkbox"/>
	52	BALANCE DUE LOUISIANA – Add Lines 45 through 51 and print the result. Use Address 1 below. For electronic payment options, see page 2. PAY THIS AMOUNT.

42	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
43	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
44	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
45	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
46	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
47	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
48	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
49	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
50	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
51	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
52	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

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.

Print the first 4 characters of your last name in these boxes.  <input type="text"/>	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

Individual Income Tax Return
Calendar year return due 5/15/2010



{ 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

Social Security Number, PTIN, or FEIN of paid preparer

WEB

6013

SCHEDULE E – 2009 ADJUSTMENTS TO INCOME

1	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 less than zero, print "0."	1	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
2	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS – Print the amount of any tax-exempt interest and dividend income reported on your federal return that is taxable to Louisiana. See <i>instructions, page 21</i> .	2	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
2A	RECAPTURE OF START CONTRIBUTIONS – See <i>instructions, page 21</i> .	2A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
3	TOTAL – Add Lines 1, 2, and 2A and print the result.	3	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

EXEMPT INCOME – Print 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	4A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4B		<input type="text"/> E	4B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4C		<input type="text"/> E	4C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4D		<input type="text"/> E	4D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4E		<input type="text"/> E	4E	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4F		<input type="text"/> E	4F	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4G		<input type="text"/> E	4G	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4H		<input type="text"/> E	4H	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4I	EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – Add lines 4A through 4H and print the result.		4I	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4J	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see <i>instructions, page 23</i> .		4J	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
4K	EXEMPT INCOME – Subtract Line 4J from Line 4I and print the result.		4K	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE EXPENSE ADJUSTMENT – Subtract Line 4K from Line 3 and print the result.		5A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
5B	IRC 280(C) WAGE EXPENSE ADJUSTMENT – Print the amount of your IRC 280(C) wage expense adjustment. Important! See <i>instructions, page 23</i> .		5B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Print the result here and on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7 indicating that Schedule E was used.		5C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

Description	Code	Description	Code
Interest and Dividends on US Government Obligations	01E	Taxable Amount of Social Security, see <i>instructions, page 22</i> .	07E
Louisiana State Employees' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired _____</i>	02E	Native American Income, see <i>instructions, page 22</i> .	08E
Louisiana State Teachers' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	03E	START Savings Program Contribution, see <i>instructions, page 22</i> .	09E
Federal Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	04E	Military Pay Exclusion, see <i>instructions, page 22</i> .	10E
Other Retirement Benefits <i>Provide name or statute: _____</i>	05E	Road Home, see <i>instructions, page 22</i> .	11E
<i>Taxpayer date retired: _____ Spouse date retired: _____</i>		Recreation Volunteer, see <i>instructions, page 22</i> .	13E
Annual Retirement Income Exemption for Taxpayers 65 or over <i>Provide name of pension or annuity: _____</i>	06E	Volunteer Firefighter, see <i>instructions, page 22</i> .	14E
		Voluntary Retrofit Residential Structure, see <i>instructions, page 22</i> .	16E
		Elementary and Secondary School Tuition, see <i>instructions, page 23</i> .	17E
		Educational Expenses for Home-Schooled Children, see <i>instructions, page 23</i> .	18E
		Educational Expenses for Quality Public Education, see <i>instructions, page 23</i> .	19E
		Other, see <i>instructions, page 23</i> . Identify: _____	49E



2009 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 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	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.

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 <i>(add amounts in each column)</i>						
Multiply by	50%	50%	50%	50%	50%	50%
Deduction per Student – 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.	\$



SCHEDULE F – 2009 REFUNDABLE TAX CREDITS

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses. *See instructions, page 23.*

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 Print 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 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"/>
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"/>
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"/>
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"/>
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"/>
7	OTHER REFUNDABLE TAX CREDITS – Add Lines 1D, 2 through 6 and print here and 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"/>

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 – 2009 MODIFIED FEDERAL INCOME TAX DEDUCTION

1	Print the amount of your federal income tax liability found on Federal Form 1040, Line 55. <i>See instructions, page 25.</i>	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"/>
2	Print the amount of federal disaster credits allowed by IRS. <i>See instructions, page 25.</i>	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"/>
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.	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"/>



ATTACH TO RETURN IF COMPLETED.

Print your Social Security Number.

SCHEDULE G – 2009 NONREFUNDABLE TAX CREDITS

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 25. A copy of the return filed with the other states must be submitted with this schedule. Print 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"/>	.00
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.												

		Deaf	Loss of Limb	Mentally incapacitated	Blind																	
2A	Yourself	<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"/>								
2B	Spouse	<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"/>	.	<input type="text"/>	<input type="text"/>	.00
2C	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
		* 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.	3A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00		
3B	Multiply Line 3A by 40 percent and print the result. Round to the nearest dollar.	3B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00		
4	CREDIT FOR CERTAIN FEDERAL TAX CREDITS												
4A	Print the amount of eligible federal credits. See instructions, page 25.	4A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00		
4B	Multiply Line 4A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25.	4B	<input type="text"/>	.	<input type="text"/>	.00							

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"/>	5	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
6		<input type="text"/>	6	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
7		<input type="text"/>	7	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
8		<input type="text"/>	8	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
9		<input type="text"/>	9	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
10		<input type="text"/>	10	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.00
11	OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the result here and enter on Form IT-540, Line 14.	<input type="text"/>	11	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.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



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