

2016 LOUISIANA RESIDENT - 2D

Name
Change

Taxpayer SSN

Decedent
Filing

Spouse SSN

Spouse
Decedent

Address
Change

Telephone

Amended
Return

Taxpayer DOB

Spouse DOB

NOL
Carryback

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**.

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

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

6 EXEMPTIONS:

		65 or older	Blind	Qualifying Widow(er)	Total of 6A & 6B
6A	<input checked="" type="checkbox"/> Yourself				
6B	<input type="checkbox"/> Spouse				

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.

6C

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

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

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

6D



FOR OFFICE USE ONLY

Field Flag

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

Mark this box and enter zero "0" on Lines 7 through 14.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7
8A	FEDERAL ITEMIZED DEDUCTIONS		8A
8B	FEDERAL STANDARD DEDUCTION		8B
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.		8C
9	FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by IRS, complete Schedule H and mark the box.		9
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0".		10
11	YOUR LOUISIANA INCOME TAX		11
12	EDUCATION CREDIT	Number of qualifying dependents	12
13	OTHER NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 9		13
14	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Lines 12 and 13 from Line 11.		14
15	2016 LOUISIANA REFUNDABLE CHILD CARE CREDIT		15
15A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		15A
15B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		15B
16	2016 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT		16
	5 4 3 2		
17	EARNED INCOME CREDIT – From Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3.		17
18	LOUISIANA CITIZENS INSURANCE CREDIT	18A	18
19	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 10		19
20	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15 and 16 through 19. Do not include amounts on Lines 15A, 15B, and 18A.		20
21	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		21
22	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		22
23	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16		23



24	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 23 from Line 21. If the result is less than zero or you are not required to file a federal return, enter zero "0".		24
25A	CONSUMER USE TAX for purchases before April 1, 2016	} No use tax due.	25A
25B	CONSUMER USE TAX for purchases on or after April 1, 2016		25B
		Amount from the Consumer Use Tax Worksheet.	
26	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 24, 25A, and 25B.		26
27	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 22.		27
28	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6		28
29	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2016 – Attach Forms W-2 and 1099.		29
30	AMOUNT OF CREDIT CARRIED FORWARD FROM 2015		30
31	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2016		31
32	AMOUNT PAID WITH EXTENSION REQUEST		32
33	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 27 through 32.		33
34	OVERPAYMENT – If Line 33 is greater than Line 26, subtract Line 26 from Line 33. Otherwise, enter zero "0" on Lines 34 through 40 and go to Line 41.		34
35	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.		35
36	ADJUSTED OVERPAYMENT – If Line 34 is greater than Line 35, subtract Line 35 from Line 34 and enter the result here. If Line 35 is greater than Line 34, enter zero "0" on Lines 36 through 40, subtract Line 34 from Line 35, and enter the balance on Line 41.		36
37	TOTAL DONATIONS – From Schedule D, Line 24		37

REFUND DUE

38	SUBTOTAL – Subtract Line 37 from Line 36. This amount of overpayment is available for credit or refund.		38
39	AMOUNT OF LINE 38 TO BE CREDITED TO 2017 INCOME TAX	CREDIT	39
	AMOUNT TO BE REFUNDED – Subtract Line 39 from Line 38.		
40	Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit and complete the information below. If the information is unreadable, you will receive your refund by paper check.	REFUND	40

If you are filing for the first time or if you do not make a refund selection, you will receive your refund by paper check.

DIRECT DEPOSIT INFORMATION

Type:	Checking	Savings	Will this refund be forwarded to a financial institution located outside the United States?	Yes	No
Routing Number			Account Number		



Social Security Number

AMOUNTS DUE LOUISIANA

- 41 AMOUNT YOU OWE – If Line 26 is greater than Line 33, subtract Line 33 from Line 26 and enter the balance here. 41
- 42 ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND 42
- 43 ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND 43
- 44 ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION 44
- 45 INTEREST 45
- 46 DELINQUENT FILING PENALTY 46
- 47 DELINQUENT PAYMENT PENALTY 47
- 48 UNDERPAYMENT PENALTY – If you are a farmer, mark the box. 48
- 49 BALANCE DUE LOUISIANA – Add Lines 41 through 48. 49

**PAY THIS AMOUNT.
DO NOT SEND CASH.**

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip.
Do not staple.

Status

Contribution and Donation

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 to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 40.

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

Name Address

Social Security Number, PTIN, or FEIN of paid preparer

Individual Income Tax Return
Calendar year return due 5/15/2017

Mail to: Department of Revenue

**SPEC
CODE**



SCHEDULE C – 2016 NONREFUNDABLE PRIORITY 1 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.

1A Enter the total of Net Tax Liability Paid to Other States from Form R-10606. 1A

1B Enter the Credit for Taxes Paid to Other States from Form R-10606. 1B

2 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person.

	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.	2D
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 \$72.	2E

* 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

3B Multiply Line 3A by 29 percent. Round to the nearest dollar. 3B

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

4A Enter the amount of eligible federal credits. 4A

4B Multiply Line 4A by 7.2 percent. Enter the result or \$18, whichever is less. This credit is limited to \$18. 4B

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
5	_____		5
6	_____		6
7	_____		7
8	_____		8
9	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1B, 2E, 3B, 4B, and 5 through 8. Enter the result here and on Form IT-540-2D, Line 13.		9



SCHEDULE D – 2016 DONATION SCHEDULE

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 36 of Form IT-540-2D to the organizations or funds listed below. Enter on Lines 2 through 23, the portion of the overpayment you wish to donate. The total on Line 24 cannot exceed the amount of your overpayment on Line 36 of Form IT-540-2D.

1 **Adjusted Overpayment** - From IT-540-2D, Line 36 1

DONATIONS OF LINE 1

2	The Military Family Assistance Fund	2	13	The Louisiana Youth Leadership Seminar Corporation	13
3	Coastal Protection and Restoration Fund	3	14	Lighthouse for the Blind in New Orleans	14
4	The START Program	4	15	The Louisiana Association for the Blind	15
5	Wildlife Habitat and Natural Heritage Trust Fund	5	16	Louisiana Center for the Blind	16
6	Louisiana Cancer Trust Fund	6	17	Affiliated Blind of Louisiana, Inc.	17
7	Louisiana Animal Welfare Commission	7	18	Louisiana State Troopers Charities, Inc.	18
8	Louisiana Food Bank Association	8	19	Friends of Palmeto State Park	19
9	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	9	20	The American Rose Society	20
10	Louisiana Association of United Ways/LA 2-1-1	10	21	The Extra Mile	21
11	American Red Cross	11	22	Louisiana Naval War Memorial Commission; U.S.S. KIDD	22
12	Louisiana National Guard Honor Guard for Military Funerals	12	23	Children's Therapeutic Services at the Emerge Center	23
24	TOTAL DONATIONS – Add Lines 2 through 23. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540-2D, Line 37.				24



SCHEDULE E – 2016 ADJUSTMENTS TO INCOME

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. Mark box if amount is less than zero. 1
- 2 INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS 2
- 2A RECAPTURE OF START CONTRIBUTIONS 2A
- 3 TOTAL – Add Lines 1, 2, and 2A. 3

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

	Code		Amount
4A _____		4A	
4B _____		4B	
4C _____		4C	
4D _____		4D	
4E _____		4E	
4F _____		4F	
4G _____		4G	
4H _____		4H	
4I EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – Add Lines 4A through 4H.		4I	
4J FEDERAL TAX APPLICABLE TO EXEMPT INCOME		4J	
4K EXEMPT INCOME – Subtract Line 4J from Line 4I.		4K	
5A LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPENSE ADJUSTMENT – Subtract Line 4K from Line 3.		5A	
5B IRC 280C EXPENSE ADJUSTMENT		5B	
5C LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Enter the result here and on Form IT-540-2D, Line 7.		5C	

Description	Code	Description	Code
Interest and Dividends on US Government Obligations.....	01E	Native American Income	08E
Louisiana State Employees' Retirement Benefits (Date Retired).....	02E	START Savings Program Contribution.....	09E
<i>Taxpayer</i> _____ <i>Spouse</i> _____		Military Pay Exclusion.....	10E
Louisiana State Teachers' Retirement Benefits (Date Retired).....	03E	Road Home	11E
<i>Taxpayer</i> _____ <i>Spouse</i> _____		Recreation Volunteer	13E
Federal Retirement Benefits (Date Retired).....	04E	Volunteer Firefighter	14E
<i>Taxpayer</i> _____ <i>Spouse</i> _____		Voluntary Retrofit Residential Structure.....	16E
Other Retirement Benefits (Date Retired).....	05E	Elementary and Secondary School Tuition.....	17E
<i>Provide name or statute:</i> _____		Educational Expenses for Home-Schooled Children.....	18E
<i>Taxpayer</i> _____ <i>Spouse</i> _____		Educational Expenses for Quality Public Education.....	19E
Annual Retirement Income Exemption for Taxpayers 65 or over	06E	Capital Gain from Sale of Louisiana Business.....	20E
<i>Provide name of pension or annuity:</i> _____		Employment of Certain Qualified Disabled Individuals.....	21E
Taxable Amount of Social Security.	07E	Other	49E
		Identify: _____	



SCHEDULE F – 2016 REFUNDABLE PRIORITY 2 CREDITS

1 Credit for amounts paid by certain military service members 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 amount of the credit for fees paid by certain military service members for obtaining Louisiana Hunting and Fishing Licenses.

1D

Additional Refundable Priority 2 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed.

Credit Description	Credit Code	Amount of Credit Claimed
2 _____	2	
3 _____	3	
4 _____	4	
5 _____	5	
6 _____	6	

Transferable, Refundable Priority 2 Credits

Enter the State Certification Number from Form R-6135, along with the dollar amount of credit claimed.

Credit Description	Credit Code	Amount of Credit Claimed
7 Musical and Theatrical Production	62F	7
7A _____		
8 Musical and Theatrical Production	62F	8
8A _____		
9 Musical and Theatrical Production	62F	9
9A _____		
10 OTHER REFUNDABLE PRIORITY 2 CREDITS – Add Lines 1D and 2 through 9. Enter the result here and on Form IT-540-2D, Line 19.		10



*** Schedule G omitted on purpose ***

SCHEDULE H – 2016 MODIFIED FEDERAL INCOME TAX DEDUCTION

- 1 Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet. 1
- 2 Enter the amount of federal disaster credits allowed by IRS. 2
- 3 Add Line 1 and Line 2. Enter the result here and on Form IT-540-2D, Line 9. 3

SCHEDULE I – 2016 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit amount claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
1			1
2			2
3			3
4			4
5			5
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Enter the result here and on Form IT-540-2D, Line 28.		6



Social Security Number

SCHEDULE J – 2016 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

1	FEDERAL CHILD CARE CREDIT	1
2	2016 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT	2
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2012 THROUGH 2015	3
4	2016 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT	4
	5 4 3 2	
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2012 THROUGH 2015	5

Additional Nonrefundable Priority 3 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	



SCHEDULE J – 2016 NONREFUNDABLE PRIORITY 3 CREDITS ...continued

Transferable, Nonrefundable Priority 3 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed and the State Certification Number from Form R-6135.

	Credit Description	Credit Code	Amount of Credit Claimed
12	_____	12	
12A			
13	_____	13	
13A			
14	_____	14	
14A			
15	_____	15	
15A			
16	TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on Form 540-2D, Line 23.	16	



2016 Louisiana School Expense Deduction Worksheet (For use with Form IT-540-2D)

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 12-008 and 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 <i>(add amounts in each column)</i>						
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-540-2D, Schedule E, code 17E.	\$
Enter the Educational Expenses for Home-Schooled Children Deduction here and on IT-540-2D, Schedule E, code 18E.	\$
Enter the Educational Expenses for a Quality Public Education Deduction here and on IT-540-2D, Schedule E, code 19E.	\$



2016 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540-2D)

Your Name	Social Security Number
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Your Federal Adjusted Gross Income must be \$25,000 or less in order to complete this form.

- 1. Care Provider Information Schedule** – Complete columns A through D for each person or organization that provided care to your child. You may use Federal Form W-10, supplied by your provider, to obtain the information. If your care provider does not provide a Federal Form W-10, complete those parts of the Care Provider Information Schedule for which you have the information. You must follow the same rules of “Due Diligence” as the IRS requires if you do not have all of the care provider information. See IRS 2016 Publication 503 for information on “Due Diligence.” If additional lines are required for Lines 1 or 2, attach a schedule. **Falsification of any information provided on this form constitutes fraud and can result in criminal penalties.**

Care Provider Information Schedule

A	B	C	D
Care provider's name	Address (number, street, apartment number, city, state, and ZIP)	Identifying number (SSN or EIN)	Amount paid (See instructions.)
			.00
			.00
			.00
			.00
			.00

- 2.** For each child under age 13, enter their name in column E, their Social Security Number in column F, and the amount of Qualified Expenses you incurred and paid in 2016 in column G.

E	F	G
Qualifying person's name First Last	Qualifying person's Social Security Number	Qualified expenses you incurred and paid in 2016 for the person listed in column (E)
		.00
		.00
		.00
		.00
		.00

3	Add the amounts in column G, Line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. Enter this amount here and on Form IT-540-2D, Line 15A.	3		.00																											
4	Enter your earned income.	4		.00																											
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see IRS Publication 503). All other filing statuses, enter the amount from Line 4.	5		.00																											
6	Enter the smallest of Lines 3, 4, or 5. Enter this amount on Form IT-540-2D, Line 15B.	6		.00																											
7	Enter your Federal Adjusted Gross Income from Form IT-540-2D, Line 7, or Schedule E, Line 1, if filed.	7		.00																											
8	Enter on Line 8 the decimal amount shown below that applies to the amount on Line 7. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">If Line 7 is:</td> <td style="width:20%;">over</td> <td style="width:20%;">but not over</td> <td style="width:20%;">decimal amount</td> </tr> <tr> <td></td> <td align="center">\$0</td> <td align="center">\$15,000</td> <td align="center">.35</td> </tr> <tr> <td></td> <td align="center">\$15,000</td> <td align="center">\$17,000</td> <td align="center">.34</td> </tr> <tr> <td></td> <td align="center">\$17,000</td> <td align="center">\$19,000</td> <td align="center">.33</td> </tr> <tr> <td></td> <td align="center">\$19,000</td> <td align="center">\$21,000</td> <td align="center">.32</td> </tr> <tr> <td></td> <td align="center">\$21,000</td> <td align="center">\$23,000</td> <td align="center">.31</td> </tr> <tr> <td></td> <td align="center">\$23,000</td> <td align="center">\$25,000</td> <td align="center">.30</td> </tr> </table>	If Line 7 is:	over	but not over	decimal amount		\$0	\$15,000	.35		\$15,000	\$17,000	.34		\$17,000	\$19,000	.33		\$19,000	\$21,000	.32		\$21,000	\$23,000	.31		\$23,000	\$25,000	.30	8	X . _____
If Line 7 is:	over	but not over	decimal amount																												
	\$0	\$15,000	.35																												
	\$15,000	\$17,000	.34																												
	\$17,000	\$19,000	.33																												
	\$19,000	\$21,000	.32																												
	\$21,000	\$23,000	.31																												
	\$23,000	\$25,000	.30																												
9	Multiply Line 6 by the decimal amount on Line 8.	9		.00																											
10	Multiply Line 9 by 50 percent and enter this amount on Line 11.	10	X .50																												
11	Enter this amount on Form IT-540-2D, Line 15.	11		.00																											



2016 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540-2D)

Your Name	Social Security Number
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R.S. 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under R.S. 47:297.4. To qualify for this credit, the taxpayer must have Federal Adjusted Gross Income of \$25,000 or less and must have incurred child care expenses for a **qualified dependent under age six** who attended a child care facility that is participating in the Quality Start Rating program administered by the Louisiana Department of Education. The qualifying child care facility must have provided the taxpayer with Form R-10614 which verifies the facility's name, the state license number, the LA Revenue Account number, the Star Rating, and the rating award date.

Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT 540-2D, Line 15.

1. Enter the amount of 2016 Louisiana Refundable Child Care Credit on the Louisiana Refundable Child Care Credit Worksheet, Line 11 1 _____ **.00**

Using the Star Rating of the child care facility that your qualified dependent attended during 2016, shown on Form R-10614, determine the applicable percentage for the School Readiness Credit from the chart shown below:

A	Quality Rating	B	Percentages for Star Rating
	Five Star		200% (2.0)
	Four Star		150% (1.5)
	Three Star		100% (1.0)
	Two Star		50% (.50)
	One Star		0% (.00)

2. Enter the number of your qualified dependents **under age six** who attended a:

- Five Star Facility _____ and multiply the number by 2.0 (i) _____ . _____
- Four Star Facility _____ and multiply the number by 1.5 (ii) _____ . _____
- Three Star Facility _____ and multiply the number by 1.0 (iii) _____ . _____
- Two Star Facility _____ and multiply the number by .50 (iv) _____ . _____

3. Add lines (i) through (iv) and enter the result. Be sure to include the decimal. 3 _____ . _____

4. Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and enter the result here and on Form IT-540-2D, Line 16. 4 _____ **.00**

On Form IT-540-2D, Line 16, enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown on Line 2 above for the associated star rated facility.

2016 Louisiana Earned Income Credit Worksheet

R.S. 47:297.8 allows a refundable credit for resident individuals who claimed and received a Federal Earned Income Credit (EIC). The Federal EIC is available for certain individuals who work, have a valid Social Security Number, and have a qualifying child, or are between ages 25 and 64. These individuals cannot be a qualifying child or dependent of another person.

Complete only if you claimed a Federal Earned Income Credit (EIC)

1. Federal Earned Income Credit – Enter the amount from Federal Form 1040EZ, Line 8a, OR Federal Form 1040A, Line 42a, OR Federal Form 1040, Line 66a. 1 _____ **.00**

2. Multiply Line 1 above by 3.5 percent, round to the nearest dollar, and enter the result on Line 3. 2 **X .035**

3. Enter this amount on Form IT-540-2D, Line 17. 3 _____ **.00**

