



**Partnership Automatic Extension  
Composite Payment Voucher (2022)**

Louisiana Department of Revenue  
P.O. Box 751  
Baton Rouge, LA 70821-0751

Louisiana automatically grants all partnerships a 6-month extension of time to file their income tax return.

- For calendar year filers, the filing date is automatically extended to November 15th.
- You are NOT required to file a form in order to obtain this automatic extension.
- You must pay any tax due by May 15th for calendar year filers, or on or before the 15th day of the fifth month following the close of the accounting period for fiscal year filers.
- An extension of time to file does NOT extend the amount of time you have to make your payment.
- Penalties and interest will accrue on all late payments.

This voucher should be used by partnerships that are required to pay the composite partnership tax that cannot file the return by the due date and anticipates that they will owe additional tax on the return. Only use this voucher for a payment that was not submitted through electronic funds transfer. An Electronic Funds Transfer payment is required if the payment exceeds \$5,000.

| Composite Partnership Extension Payment |   |   |     |
|---|---|---|-----|
| 1                                       | Estimated amount of composite tax due   | 1 | .00 |
| 2                                       | Less all previously remitted estimated payments   | 2 | .00 |
| 3                                       | Total estimated taxes due and remitted with this voucher – Subtract Line 2 from Line 1. | 3 | .00 |

- Complete and retain this portion as a record of payment
- Complete the voucher below. If you have a foreign address, enter the city name in the appropriate space. Follow the country’s practice for entering the postal code and the name of the province, county, or state. Enter the foreign country name in the appropriate space. Don’t abbreviate the country name.

✂ **Detach and submit the voucher below with your payment. You MUST enter your LA Revenue Account Number below.**

| Partnership Automatic Extension Composite Payment Voucher |  |               |                   |      |
|---|--|---------------|-------------------|------|
| Louisiana Revenue Account Number                          | Federal Employer Identification Number | Filing Period |                   |      |
| Partnership Legal Name                                    |  |               |                   |      |
| Address   |  | Unit Type     | Unit Number       |      |
| City  |  | State         | ZIP               |      |
| Foreign Nation, if not United States (do not abbreviate)  | <b>DO NOT SEND CASH</b>                |               | Amount enclosed ▶ | \$ . |



**Mail this voucher with your payment to:**  
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