**Louisiana Department of Revenue**
Post Office Box 91011
Baton Rouge, LA 70821-9011

**Enter your LA Revenue Account Number here** *(Not FEIN)*:

**For office use only.**

| LA Corporation Income Tax Return for **2021** | LA Corporation Franchise Tax Return for **2022** |
|---|---|
| **Mark box if:** | |
| Calendar Year filer | |
| Fiscal Year filer *(Enter dates below)* | |
| Short period return *(Enter dates below)* | |
| **Income** *(MMDDYY)* | **Franchise** *(MMDDYY)* |
| Begun | Begun |
| Ended | Ended |

**Mark box if:**

- Name change.
- Address change.
- Amended return.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- Final return

| | | |
|---|---|---|
| Legal Name | | |
| Trade Name | | |
| Mailing Address | | |
| Unit Type | Unit Number | |
| City | State | ZIP |
| Foreign Nation, if not United States *(do not abbreviate)* | | |

A. Federal Employer Identification Number

B. Federal taxable income

C. Federal income tax

D. Income tax apportionment percentage %

E. Gross revenues

F. Total assets

G. NAICS code

H. Enter the state abbreviation for location of the principal place of business.

I. Does the income of this corporation include the income of any disregarded entities? Yes No

J. Was the income of this corporation included in a consolidated federal income tax return? Yes No

K. If answered yes to J, enter FEIN of consolidated federal income tax return.

L. Do the books of the corporation contain intercompany debt? Yes No

M. Enter the code for the federal form filed.

N. Enter the code for the type of entity.

O. Pass-through Entity Tax Election

## Computation of Income Tax - See instructions.

1A. Louisiana net income before loss adjustments and income tax deduction

1B. Subchapter S corporation exclusion

1C. Loss carryforward [$ .00] less federal tax refund applicable to loss [$ .00] Attach schedule.

1C1. Loss carryforward utilized

1D. Federal income tax deduction

1D1. Federal Disaster Relief Credits

1E. Louisiana taxable income

2. Louisiana income tax

3. Nonrefundable income tax credits from Schedule NRC-P1

4. Income tax after priority 1 credits

## Computation of Franchise Tax - See instructions.

5A. Total capital stock, surplus, & undivided profits

5B. Franchise tax apportionment percentage %

5C. Franchise taxable base

6. Amount of assessed value of real and personal property in Louisiana in 2021

7. Louisiana franchise tax

8. Nonrefundable franchise tax credits from Schedule NRC-P1

9. Franchise tax after priority 1 credits

## IMPORTANT!

All three (3) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

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Field Flag

**WEB** 22221

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## Net Amount Due

| | Col. 1 - Income tax | Col. 2 - Franchise tax | Col. 3 - Total |
|---|---|---|---|
| 10. Tax liability after priority 1 credits | 10. | 10. | |
| 11. Refundable credits from Schedule RC-P2 | 11. | 11. | |
| 12. Tax liability after priority 2 credits | 12 | 12 | |
| 13. Overpayment after priority 2 credits | 13 | 13 | |
| 14. Nonrefundable credits from Schedule NRC-P3 | 14. | 14. | |
| 15. Tax liability after priority 3 credits | 15. | 15. | 15. |
| 16A. Overpayment after priority 2 credits | 16A. | 16A. | |
| 16B. Refundable credits from Schedule RC-P4 | 16B. | 16B. | |
| 16C. Credit carryforward from prior year return | 16C. | 16C. | |
| 16D. Estimated payments | 16D. | | |
| 16E. Payment made with extension | 16E. | 16E. | |
| 16F. Total refundable credits and payments | 16F. | 16F. | |
| 17. Overpayment | 17. | 17. | 17. |
| 18. Tax due | 18. | 18. | |
| 19. Amount of Income tax overpayment applied to franchise tax | | 19. | |
| 20 Net Tax due | | 20. | |
| 21. Interest | 21. | 21. | |
| 22. Delinquent filing penalty | 22. | 22. | |
| 23. Delinquent payment penalty | 23. | 23. | |
| 24. Additional donation to The Military Family Assistance Fund | 24. | 24. | ⇩ PAY THIS AMOUNT ⇩ |
| 25. Total amount due | 25. | 25. | 25. |

**IMPORTANT!**

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| Net Amount Due | Col. 1 - Income tax | Col. 2 - Franchise tax | Col. 3 - Total |
|---|---|---|---|
| 26. Net overpayment | | 26. | 26. |
| 27. Amount of overpayment you want to donate to The Military Family Assistance Fund | | | 27. |
| 28. Amount of overpayment to be **refunded** | | | 28. |
| 29. Amount of overpayment to be **credited** to 2022 | | | 29 |

**Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: *www.revenue.louisiana.gov/LaTap.***

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

| Signature of Officer | Title of Officer | |
|---|---|---|
| Print Name of Officer | Telephone | Date *(mm/dd/yyyy)* |

| **PAID PREPARER USE ONLY** | Print Preparer's Name | Preparer's Signature | Date *(mm/dd/yyyy)* | Check ☐ if Self-employed |
|---|---|---|---|---|
| | Firm's Name ➤ | | Firm's FEIN ➤ | |
| | Firm's Address ➤ | | Telephone ➤ | |

**IMPORTANT!**

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**PTIN, FEIN, or LDR Account Number of Paid Preparer**

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**WEB** 22223

**Enter your LA Revenue Account Number here. ▶**

## Schedule NRC-P1 – Nonrefundable Priority 1 Tax Credits

| Description | Code | Corporation Income Tax (A) | Corporation Franchise Tax (B) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. **Total Income Tax Credits:** Add credit amounts in Column A, Lines 1 through 6. Enter here and on CIFT-620, Line 3. | | | |
| 8. **Total Franchise Tax Credits:** Add credit amounts in Column B, Lines 1 through 6. Enter here and on CIFT-620, Line 8. | | | |

| Description | Code |
|---|---|
| Premium Tax | 100 |
| Bone Marrow | 120 |

| Description | Code |
|---|---|
| Qualified Playgrounds | 150 |
| Debt Issuance | 155 |

| Description | Code |
|---|---|
| Donations to Public Schools | 170 |
| Conversion of Vehicle to Alternative Fuel | 185 |

| Description | Code |
|---|---|
| Other | 199 |

## Schedule RC-P4 – Refundable Priority 4 Tax Credits

| Description | Code | Corporation Income Tax (A) | Corporation Franchise Tax (B) |
|---|---|---|---|
| 1. | F | | |
| 2. | F | | |
| 3. | F | | |
| 4. | F | | |
| 5. | F | | |
| 6. **Total Income Tax Credits:** Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on CIFT-620, Line 16B, Col. 1. | | | |
| 7. **Total Franchise Tax Credits:** Add credit amounts in Column B, Lines 1 through 5. Enter here and on CIFT-620, Line 16B, Col. 2. | | | |

| Description | Code |
|---|---|
| Inventory Tax | 50F |
| Ad Valorem Natural Gas | 51F |

**Enter your LA Revenue Account Number here. ▶**

## Schedule NRC-P3 – Part I – Nonrefundable Priority 3 Tax Credits

| Description | Code | Corporation Income Tax (A) | Corporation Franchise Tax (B) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

| Description | Code |
|---|---|
| Previously Unemployed | 208 |
| New Jobs Credit | 224 |
| Eligible Re-entrants | 228 |
| Apprenticeship | 236 |
| Biomed/University Research | 300 |
| Tax Equalization | 305 |
| Manufacturing Establishments | 310 |

| Description | Code |
|---|---|
| Other | 399 |
| Refunds by Utilities | 412 |
| Donation to School Tuition Organization | 424 |
| QMC Music Job Creation Credit | 454 |
| Neighborhood Assistance | 457 |
| Research and Development | 458 |

| Description | Code |
|---|---|
| Ports of Louisiana Import Export Cargo | 459 |
| LA Import | 460 |
| LA Work Opportunity | 461 |
| Youth Jobs | 462 |
| Inventory Tax Credit Carried Forward & ITEP | 500 |

| Description | Code |
|---|---|
| Ad Valorem Natural Gas Credit Carried Forward | 502 |
| Atchafalaya Trace | 504 |
| Cane River Heritage Area | 506 |
| Ports of Louisiana Investor | 508 |
| Enterprise Zone | 510 |
| Recycling Credit | 550 |
| Other | 599 |

## Schedule NRC-P3 – Part II - Transferable, Nonrefundable Priority 3 Tax Credits

| Description | Code | Corporation Income Tax (A) | Corporation Franchise Tax (B) |
|---|---|---|---|
| 7. | | | |
| 7A. | | | |
| 8. | | | |
| 8A. | | | |
| 9. | | | |
| 9A. | | | |
| 10. **Total Income Tax Credits:** Add credit amounts in Column A, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 1. | | | |
| 11. **Total Franchise Tax Credits:** Add credit amounts in Column B, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 2. | | | |

**IMPORTANT! These codes must be claimed on Lines 7 through 9.**

| Description | Code |
|---|---|
| Motion Picture Investment | 251 |
| Research and Development | 252 |
| Historic Structures | 253 |

| Description | Code |
|---|---|
| Digital Interactive Media | 254 |
| Capital Company | 257 |
| LCDFI Credit | 258 |

| Description | Code |
|---|---|
| New Markets | 259 |
| Motion Picture Infrastructure | 261 |
| Angel Investor | 262 |

| Description | Code |
|---|---|
| Other | 299 |

**Enter your LA Revenue Account Number here. ▶**

## Schedule RC-P2 – Part I – Refundable Priority 2 Tax Credits

| Description | Code | Corporation Income Tax (A) | Corporation Franchise Tax (B) |
|---|---|---|---|
| 1. | F | , , | , , |
| 2. | F | , , | , , |
| 3. | F | , , | , , |
| 4. | F | , , | , , |
| 5. | F | , , | , , |

## Schedule RC-P2 – Part II – Transferable, Refundable Priority 2 Tax Credits

| Description | Code | Corporation Income Tax (A) | Corporation Franchise Tax (B) |
|---|---|---|---|
| 6. Musical and Theatrical Production | 6 2 F | , , | |
| 6A. | | | |
| 7. Musical and Theatrical Production | 6 2 F | , , | |
| 7A. | | | |
| 8. Musical and Theatrical Production | 6 2 F | , , | |
| 8A. | | | |
| 9. **Total Income Tax Credits:** Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on CIFT-620, Line 11, Col. 1. | | , , | |
| 10. **Total Franchise Tax Credits:** Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on CIFT-620, Line 11, Col. 2. | | | , , |

| Description | Code |
|---|---|
| Ad Valorem Offshore Vessels | 52F |
| Telephone Company Property | 54F |
| Prison Industry Enhancement | 55F |
| Mentor-Protégé | 57F |
| Milk Producers | 58F |

| Description | Code |
|---|---|
| Technology Commercialization | 59F |
| School Readiness Child Care Provider | 65F |
| School Readiness Business - Supported Child Care | 67F |

| Description | Code |
|---|---|
| School Readiness Fees and Grants to Resource and Referral Agencies | 68F |
| Retention and Modernization | 70F |

| Description | Code |
|---|---|
| Digital Interactive Media and Software | 73F |
| Other Refundable | 80F |

**Enter your LA Revenue Account Number here. ▶** _____

**All applicable schedules must be completed.**

## Schedule A – Required Information

| | | | | |
|---|---|---|---|---|
| 1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?<br><br>If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities. | Yes ☐<br><br>No ☐ | | **FEIN** | **Percentage** |
| | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | | 5 | | |
| 2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock?<br><br>If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities. | Yes ☐<br><br>No ☐ | | **FEIN/SSN** | **Percentage** |
| | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | | 5 | | |
| 3. If you answered yes to Line I on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities. | Yes ☐<br><br>No ☐ | | **FEIN** | **Percentage** |
| | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | | 5 | | |

## Schedule B – Computation of Income Tax Apportionment Percentage

| Description of items used as ratios | 1. Total amount | 2. Louisiana amount | 3. Percent |
|---|---|---|---|
| 1. Net sales of merchandise and/or charges for services | | | |
| A. Sales | | | |
| B. Charges for services | | | |
| C. Other gross apportionable income | | | |
| D. Total – Add the amounts in Columns 1 and 2. | | | |
| 2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. ☐ | | | |
| 3. For certain oil & gas businesses only (see instructions). Income tax property ratio – Enter percentage from Schedule C, Line 24. If ratio not used, check box. ☐ | | | |
| 4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions). | | | |
| 5. Total of percents in Column 3 | | | |
| 6. Average of percents — Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D. | | | |

**Enter your LA Revenue Account Number here. ▶** _____

## Schedule C – Computation of Corporate Income Tax Property Ratio For Certain Oil & Gas Companies

| | Located Everywhere | | Located in Louisiana | |
|---|---|---|---|---|
| | **1. Beginning of year** | **2. End of year** | **3. Beginning of year** | **4. End of year** |
| **Intangible Assets** | | | | |
| 1. Cash | | | | |
| 2. Notes and accounts receivable | | | | |
| 3. Reserve for bad debts | ( ) | ( ) | | |
| 4. Investment in U.S. govt. obligations | | | | |
| 5. Stock and obligations of subsidiaries | | | | |
| 6. Other investments – Attach schedule | | | | |
| 7. Loans to stockholders | | | | |
| 8. Other intangible assets – Attach schedule | | | | |
| 9. Accumulated depreciation | ( ) | ( ) | | |
| 10. Total intangible assets – Add Lines 1 through 9 | | | | |
| **Real and Tangible Assets** | | | | |
| 11. Inventories | | | | |
| 12. Bldgs. and other depreciable assets | | | | |
| 13. Accumulated depreciation | ( ) | ( ) | ( ) | ( ) |
| 14. Depletable assets | | | | |
| 15. Accumulated depletion | ( ) | ( ) | ( ) | ( ) |
| 16. Land | | | | |
| 17. Other real & tangible assets – Attach schedule | | | | |
| 18. Excessive reserves, assets not reflected on books, or undervalued assets | | | | |
| 19. Total real and tangible assets – Add Lines 11 through 18 | | | | |
| 20. Less real and tangible assets **not** used in production of net apportionable income – Attach schedule | | | | |
| 21. Balance – Subtract Line 20 from Line 19 | | | | |
| 22. Beginning of year balance | | | | |
| 23. Total – Add Lines 21 and 22. | | | | |
| 24. Income tax property ratio (Line 23, Column 4 ÷ Line 23, Column 2) | | | | |

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## Schedule D – Computation of Louisiana Net Income

**See instructions if separate accounting method is used and check box.** ☐

| | Totals | | | Totals | |
|---|---|---|---|---|---|
| 1A. Gross receipts | | .00 | 22. Other employee benefit plans | | .00 |
| 1B. Less returns and allowances | | .00 | 23. Other deductions – Attach schedule. | | .00 |
| 1C. Balance. Subtract Line 1B from Line 1A. | | .00 | **24. Total deductions – Add Lines 10 through 23.** | | .00 |
| 2. Less: Cost of goods sold and/or operations – Attach schedule. | | .00 | 25. **Net income from all sources – Subtract Line 24 from Line 9.** | | .00 |
| 3. Gross profit – Subtract Line 2 from Line 1C. | | .00 | 26. Allocable income from all sources: | | |
| 4. Gross rents | | .00 | 26A. Net rents and royalties from immovable or corporeal movable property | | .00 |
| 5. Gross royalties | | .00 | 26B. Royalties from the use of patents, trademarks, etc. | | .00 |
| 6. Income from estates, trusts, partnerships | | .00 | 26C. Income from estates, trusts, and partnerships | | .00 |
| 7. Income from construction, repair, etc. | | .00 | 26D. Income from construction, repair, etc. | | .00 |
| 8. Other income – Attach schedule. | | .00 | 26E. Other allocable income | | .00 |
| **9. Total income – Add Lines 3 through 8.** | | .00 | 26F. Allocable expenses | ( ) | .00 |
| 10. Compensation of officers | | .00 | 26G. Net allocable income from all sources | | .00 |
| 11. Salaries and wages (not deducted elsewhere) | | .00 | 27. Net income subject to apportionment – Subtract Line 26G from Line 25. | | .00 |
| 12. Repairs | | .00 | 28. Net income apportioned to Louisiana | | .00 |
| 13. Bad debts | | .00 | 29. Allocable income from Louisiana sources: | | |
| 14. Rent | | .00 | 29A. Net rents and royalties from immovable or corporeal movable property | | .00 |
| 15. Taxes and licenses – Attach schedule. | | .00 | 29B. Royalties from the use of patents, trademarks, etc. | | .00 |
| 16. Interest | | .00 | 29C. Income from estates, trusts, and partnerships | | .00 |
| 17. Charitable Contributions | | .00 | 29D. Income from construction, repair, etc. | | .00 |
| 18. Depreciation – Attach schedule. | | .00 | 29E. Other allocable income | | .00 |
| 19. Depletion – Attach schedule. | | .00 | 29F. Allocable expenses | ( ) | .00 |
| 20. Advertising | | .00 | 29G. Net allocable income from Louisiana sources | | .00 |
| 21. Pension, profit sharing, stock bonus, and annuity plans | | .00 | 30. Louisiana net income before loss adjustments and federal income tax deduction – Add Line 28 and Line 29G. | | .00 |

**Enter your LA Revenue Account Number here. ▶** _____

| Schedule E – Reconciliation of Income Per Books with Income Per Return | | | |
|---|---|---|---|
| 1. Net income per books | | 6. Total – Add Lines 1 through 5c. | |
| 2. Louisiana income tax | | 7. Income recorded on books this year, but not included in this return – Attach Schedule. | |
| 3. Excess of capital loss over capital gains | | 8. Deductions in this tax return not charged against book income this year: | |
| 4. Taxable income not recorded on books this year – Attach schedule | | a. Depreciation | |
| 5. Expenses recorded on books this year, but not deducted in this return: | | b. Depletion | |
| a. Depreciation | | c. Other – Attach Schedule | |
| b. Depletion | | 9. Total – Add Lines 7 through 8c. | |
| c. Other – Attach schedule. | | 10. Net income from all sources per return – Subtract Line 9 from Line 6. | |

| Schedule G – Liabilities and Capital from Balance Sheet | | |
|---|---|---|
| **Liabilities and Capital** | **1. Beginning of year** | **2. End of year** |
| 1. Accounts payable | | |
| 2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred | | |
| 3. Other current liabilities – Attach schedule. | | |
| 4. Loans from stockholders – Attach schedule. | | |
| 5. Due to subsidiaries and affiliates | | |
| 6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred | | |
| 7. Other liabilities – Attach schedule. | | |
| 8. Capital stock: a. Preferred stock | | |
| b. Common stock | | |
| 9. Paid-in or capital surplus | | |
| 10. Surplus reserves – Attach schedule. | | |
| 11. Earned surplus and undivided profits | | |
| 12. Excessive reserves or undervalued assets | | |
| **13. Totals – Add Lines 1 through 12.** | | |

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**All applicable schedules must be completed.**

## Schedule F – Reconciliation of Federal and Louisiana Net Income

**See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.**

| | Column 1 |
|---|---|
| 1. Enter the total net income calculated under federal law before special deductions. | |
| 2. **Additions to federal net income:** | |
| a. Louisiana income tax | |
| b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions). | |
| c. Donation to School Tuition Organization Credit (see instructions). | |
| d. Other additions – Attach schedule. | |
| e. Total additions – Add Lines 2a through 2d. | |
| **3. Subtractions from federal net income:** | |
| a. Bank dividends (see instructions). | |
| b. All other dividends | |
| c. Interest | |
| d. Road Home – The amount included in federal taxable income. | |
| e. Louisiana depletion in excess of federal depletion | |
| f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C | |
| g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions). | |
| h. Compensation for disaster services (see instructions). | |
| i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E | |
| j. COVID-19 Relief Benefits | |
| k. Other subtractions – Attach schedule. | |
| l. Total subtractions – Add Lines 3a through 3k. | |
| 4. Louisiana net income from all sources – The amount should agree with Schedule D, Line 25. | |

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See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

| **Schedule G-1 Computation of Franchise Tax Base** | |
|---|---|
| 1. Capital Stock: | |
| 1A. Common Stock – Include paid-in or Capital Surplus | |
| 1B. Preferred Stock – Include paid-in or Capital Surplus | |
| 2. Total Capital stock – Add Lines 1A and 1B. | |
| 3. Surplus and undivided profits | |
| 4. Surplus reserves – Include any excessive reserves or undervalued assets | |
| 5. Total – Add Lines 2, 3, and 4 | |
| 6. Due to subsidiaries and affiliates (Do not net with receivables) | |
| 7. Deposit liabilities to affiliates – Included in the amount on Line 6 | |
| 8. Accounts payable less than 180 days old – Included in the amount on Line 6 | |
| 9. Adjusted debt to affiliates – Subtract Lines 7 and 8 from Line 6 | |
| 10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B. | |
| 10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here. | |
| 11. Additional Surplus and Undivided Profits – See instructions | |
| **Total Franchise Taxable Base** | |
| 12. Capital Stock: Common Stock | |
| Preferred Stock | |
| 13. Paid-in or capital surplus – Include items of paid-in capital in excess of par value | |
| 14. Surplus reserves – Attach schedule | |
| 15. Earned surplus and undivided profits | |
| 16. Excessive reserves or undervalued assets | |
| 17. Additional surplus and undivided profits – From Line 11 above | |
| 18. Allowable deductions – See instructions | |
| **19. Total capital, surplus and undivided profits – Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.** | |

**Note***:* All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.

**Enter your LA Revenue Account Number here. ▶** _____

| Schedule H – Computation of Corporate Franchise Tax Property Ratio | | |
|---|---|---|
| | **LOCATED EVERYWHERE** | **LOCATED IN LOUISIANA** |
| | **1. End of year** | **2. End of year** |
| 1. Cash | | |
| 2. Notes and accounts receivable | | |
| 3. Reserve for bad debts | ( ) | ( ) |
| 4. Investment in U.S. gov. obligations | | |
| 5. Stock and obligations of subsidiaries | | |
| 6. Other investments – Attach schedule | | |
| 7. Loans to stockholders | | |
| 8. Other intangible assets – Attach schedule | | |
| 9. Accumulated depreciation | ( ) | ( ) |
| 10. Total intangible assets – Add Lines 1-9 | | |
| 11. Inventories | | |
| 12. Bldgs. and other depreciable assets | | |
| 13. Accumulated depreciation | ( ) | ( ) |
| 14. Depletable assets | | |
| 15. Accumulated depletion | ( ) | ( ) |
| 16. Land | | |
| 17. Other real & tangible assets – Attach schedule | | |
| 18. Excessive reserves, assets not reflected on books, or undervalued assets | | |
| 19. Total real and tangible assets – Add Lines 11 through 18 | | |
| 20 Total Assets – Add Lines 10 and 19 | | |
| 21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1) | | |

**Enter your LA Revenue Account Number here. ▶** _____

| Schedule I – Computation of Corporate Franchise Tax Apportionment Percentage | | | |
|---|---|---|---|
| **Description of items used as ratios** | **1. Total amount** | **2. Louisiana amount** | **3. Percent** |
| 1. Net sales of merchandise, charges for services, and other revenues | | | |
| A. Sales | | | |
| B. Charges for services | | | |
| C. Other Revenues: | | | |
| (i) Rents and royalties | | | |
| (ii) Dividends and interest from subsidiaries | | | |
| (iii) Other dividends and interest | | | |
| (iv) All other revenues | | | |
| D. Total – If the ratio is not used, check the box. ☐ | | | |
| 2. Franchise tax property ratio – Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. ☐ | | | |
| 3. Total of applicable percents in Column 3 | | | |
| 4. Average of percents – Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B. | | | |

**Enter your LA Revenue Account Number here. ▶** _____

| Schedule J – Calculation of Income Tax | | | |
|---|---|---|---|
| 1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. ☐ | | | |
| 2. Calculation of tax | **Column 1** Net income in each bracket | **Rate** | **Column 2** Tax |
| a. First $25,000 of net taxable income | | x 4% = | |
| b. Next $25,000 | | x 5% = | |
| c. Next $50,000 | | x 6% = | |
| d. Next $100,000 | | x 7% = | |
| e. Over $200,000 | | x 8% = | |
| 3. Add the amounts in Column 1, Lines 2a through 2e and enter the result. | | | |
| 4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2. | | | |

| Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax | | | |
|---|---|---|---|
| 1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. ☐ | | | |
| 2. Calculation of Tax | **Column 1** Net income in each bracket | **Rate** | **Column 2** Tax |
| a. First $25,000 of net taxable income | | x 2% = | |
| b. Next $75,000 | | x 4% = | |
| c. Over $100,000 | | x 6% = | |
| 3. Add the amounts in Column 1, Lines 2a through 2c and enter the result. | | | |
| 4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2. | | | |

| Schedule K – Summary of Estimated Tax Payments | | | |
|---|---|---|---|
| | **Check number** | **Date** | **Amount** |
| 1. Credit from prior year return | | | |
| 2. First quarter estimated payment | | | |
| 3. Second quarter estimated payment | | | |
| 4. Third quarter estimated payment | | | |
| 5. Fourth quarter estimated payment | | | |
| 6. Payment made with extension request | | | |

**Enter your LA Revenue Account Number here. ▶** _____

| Schedule L – Calculation of Franchise Tax | |
|---|---|
| 1. Enter the amount from CIFT-620,Line 5C or Line 6, whichever is greater. Short period filers mark this box ☐ and see the instructions. | |
| 2. Enter the amount of Line 1 or $300,000, whichever is less. | |
| 3. Multiply the amount on Line 2 by $1.50 for each $1,000 or major fraction and enter the result. See instructions for the suspension of the low-tier of the tax. | |
| 4. Subtract Line 2 from Line 1 and enter the result. | |
| 5. Multiply the amount on Line 4 by $3.00 for each $1,000 or major fraction and enter the result. | |
| 6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7. | |

| Schedule M – Analysis of Schedule G, Line 11, Column 2 – Earned surplus and undivided profits per books | | | |
|---|---|---|---|
| 1. Balance at beginning of year | | b. Stock | |
| 2. Net income per books | | c. Property | |
| 3. Other increases – Attach schedule. | | 6. Other decreases – Attach schedule. | |
| 4. Total – Add Lines 1, 2, and 3. | | 7. Total – Add Lines 5a through 6. | |
| 5. Distributions: a. Cash | | 8. Balance at end of year – Subtract Line 7 from Line 4. | |

| Schedule N – Additional Information Required | |
|---|---|
| 1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.<br>Louisiana:<br><br>Elsewhere: | 2. Indicate the date and state of incorporation. _____<br>3. Indicate parishes in which property is located. |