

2009 LOUISIANA NONRESIDENT AND PART-YEAR RESIDENT

- For name change, mark box.
- For decedent filing, mark box.
- Spouse decedent, mark box.
- For address change, mark box.
- For amended return, mark box.

Your first name	Init.	Last name	Suffix
If joint return, spouse's name	Init.	Last name	Suffix
Present home address (number and street including apartment number or rural route)			
City, town, or APO	State	ZIP	

IMPORTANT!

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

Your Social Security Number

Spouse's Social Security Number

Area code and daytime telephone number

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

- 6 EXEMPTIONS:**
- 6A Yourself 65 or older Blind
- 6B Spouse 65 or older Blind

Total of 6A & 6B

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 17.

7	FEDERAL ADJUSTED GROSS INCOME – Print the amount of your Federal Adjusted Gross Income from the NPR worksheet, Federal column, Line 12.
8	LOUISIANA ADJUSTED GROSS INCOME – Print the amount of your Louisiana Adjusted Gross Income from the NPR worksheet, Louisiana column, Line 32.
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME – Divide Line 8 by Line 7. Carry out to two decimal places in the percentage. DO NOT ROUND UP. The percentage cannot exceed 100%.
If you did not itemize your deductions on your federal return, leave Lines 10A, 10B, and 10C blank and go to Line 10D.	
10A	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.
10B	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.
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A and print the result. Leave blank if you did not itemize.
10D	FEDERAL INCOME TAX – See instructions, page 13. If your federal income tax has been decreased by a federal disaster credit allowed by IRS, complete Schedule H-NR, and mark box. See instructions, page 19. <input type="checkbox"/>
10E	TOTAL DEDUCTIONS – Add Lines 10C and 10D and print the result.
10F	ALLOWABLE DEDUCTIONS – Multiply Line 10E by the percentage on Line 9. Round to the nearest dollar and print the result.
11	LOUISIANA NET INCOME – Subtract Line 10F from Line 8. If less than zero, print "0."

7 , , .

8 , , .

9 . %

10A , , .

10B , , .

10C , , .

10D , , .

10E , , .

10F , , .

11 , , .



FOR OFFICE USE ONLY

Field Flag

SPEC CODE

WEB

6080

60806
66
12312009

Print your Social Security Number. 

<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"/>
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	12	YOUR LOUISIANA INCOME TAX – See the Tax Computation Worksheet, page 13 to calculate the amount of your Louisiana income tax.
NONREFUNDABLE TAX CREDITS	13A	FEDERAL CHILD CARE CREDIT – Print the amount from your Federal Form 1040A, Line 29, or Federal Form 1040, Line 48. This amount will be used to compute your 2009 Louisiana Nonrefundable Child Care Credit.
	13B	2009 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 Nonrefundable Child Care Credit Worksheet, page 25.
	13C	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2005 THROUGH 2008 – See Nonrefundable Child Care Credit Worksheet, page 25.
	13D	2009 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim the credit on this line. See Nonrefundable School Readiness Credit Worksheet, page 26. 5 <input type="text"/> 4 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/>
	13E	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2008 – See Nonrefundable School Readiness Credit Worksheet, page 26.
	14	EDUCATION CREDIT – A credit of \$25 is available for each qualified dependent who attended school from kindergarten through 12th grade for at least part of the year. Multiply the number of qualified dependents by \$25 and print the result.
	15	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 10
	16	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 13B through 15 and print the result.
	17	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 16 from Line 12 and print the result. If the result is less than zero, or you are not required to file a federal return, print zero "0".
	18	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, page 14, Line 2.
	19	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 17 and 18 and print the result.
REFUNDABLE TAX CREDITS	20	2009 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See Refundable Child Care Credit Worksheet and Instructions, pages 27 and 29.
	20A	Print the qualified expense amount from the Refundable Child Care Credit Worksheet, page 27, Line 3.
	20B	Print the amount from the Refundable Child Care Credit Worksheet, page 27, Line 6.
	21	2009 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 Refundable School Readiness Credit Worksheet, page 28. 5 <input type="text"/> 4 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/>
	22	LOUISIANA CITIZENS INSURANCE CREDIT – See instructions, page 14.
	23	OTHER REFUNDABLE TAX CREDITS – From Schedule F–NR, Line 7
PAYMENTS	24	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2009 – Attach Forms W-2 and 1099.
	25	AMOUNT OF CREDIT CARRIED FORWARD FROM 2008
	26	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING – See instructions, page 14. Enter name of partnership. _____
	27	AMOUNT OF ESTIMATED PAYMENTS FOR 2009
	28	AMOUNT PAID WITH EXTENSION REQUEST
	29	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 20, 21 through 28 and print the result. Do not include amounts on Line 20A and 20B.
30	OVERPAYMENT – If Line 29 is equal to Line 19, print zero "0" on Lines 30 through 45 and go to Line 46. If Line 29 is greater than Line 19, subtract Line 19 from Line 29 and print the result here. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. If Line 29 is less than Line 19, print zero "0" on Lines 30 through 44 and go to Line 45.	

12	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
13A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13E	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
23	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
25	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
26	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
27	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
28	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
29	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
30	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

COMPLETE AND SIGN RETURN ON NEXT PAGE. 



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

WEB



PLEASE PAPERCLIP W-2S AND SCHEDULES

Print your Social Security Number.

Grid for Social Security Number

Table with 2 columns: Line number and description. Lines 31-32: UNDERPAYMENT PENALTY and ADJUSTED OVERPAYMENT.

Grid for lines 31-32 with input boxes and a .00 column.

Table with 2 columns: Line number and description. Lines 33-41: THE MILITARY FAMILY ASSISTANCE FUND, COASTAL PROTECTION AND RESTORATION FUND, THE START PROGRAM, WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND, LOUISIANA PROSTATE CANCER TRUST FUND, LOUISIANA ANIMAL WELFARE COMMISSION, COMMUNITY-BASED PRIMARY HEALTH CARE FUND, NATIONAL LUNG CANCER PARTNERSHIP, TOTAL DONATIONS.

Grid for lines 33-41 with input boxes and a .00 column.

Table with 2 columns: Line number and description. Lines 42-52: SUBTOTAL, AMOUNT TO BE CREDITED TO 2010 INCOME TAX (CREDIT), AMOUNT TO BE REFUNDED (REFUND), AMOUNT YOU OWE, ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND, ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND, INTEREST, DELINQUENT FILING PENALTY, DELINQUENT PAYMENT PENALTY, UNDERPAYMENT PENALTY, BALANCE DUE LOUISIANA (PAY THIS AMOUNT).

Grid for lines 42-52 with input boxes and a .00 column.

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.

Signature section with fields for Your Signature, Spouse's Signature, Date, Signature of paid preparer other than taxpayer, Telephone number of paid preparer, and 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
Address 2: Mail All Other Individual Income Tax Returns TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3440

Grid for Social Security Number, PTIN, or FEIN of paid preparer

Social Security Number, PTIN, or FEIN of paid preparer

WEB 6082



ATTACH TO RETURN IF COMPLETED.

Print your Social Security Number.

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Nonresident and Part-Year Resident (NPR) Worksheet

See instructions for completing the NPR worksheet beginning on page 15.		Federal	Louisiana
1	Wages, salaries, tips, etc.		
2	Taxable interest		
3	Dividends		
4	Business income (or loss) and Farm income (or loss)		
5	Gains (or losses)		
6	IRA distributions, Pensions and Annuities.		
7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.		
8	Social Security benefits		
9	Other income		
10	Total Income – Add the income amounts on Lines 1 – 9 for each column.		
11	Total Adjustments to Income		
12	Adjusted Gross Income – Subtract Line 11 from Line 10 for each column. Print the amount in the Federal column on IT-540B, Line 7. The amount shown in the Federal column should agree with Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37.		

2009 Adjustments to Income

Additions	13	Interest and dividend income from other states and their political subdivisions		
	14	Recapture of START contributions		
	15	Total – Add Lines 12, 13, and 14 and print the result.		
Subtractions	16	Interest and Dividends on U.S. Government Obligations		
	17	Louisiana State Employees' Retirement Benefits – Taxpayer date retired: _____ Spouse date retired: _____		
	18	Louisiana State Teachers' Retirement Benefits – Taxpayer date retired: _____ Spouse date retired: _____		
	19	Federal Retirement Benefits – Taxpayer date retired: _____ Spouse date retired: _____		
	20	Other Retirement Benefits – Taxpayer date retired: _____ Spouse date retired: _____ Provide name or statute: _____		
	21	Annual Retirement Income Exemption for Taxpayers 65 or over – Provide name of pension or annuity: _____		
	22	Native American Income – See instructions, page 16.		
	23	START Savings Program Contribution – See instructions, page 16.		
	24	Military Pay Exclusion – See instructions, page 17.		
	25	Road Home – See instructions, page 17.		
	26	Recreation Volunteer or Volunteer Firefighter – See instructions, page 17.		
	27	Voluntary Retrofit Residential Structure – See instructions, page 17.		
	28	IRC 280(C) Wage Expense Adjustment – See instructions, page 17.		
	29	Elementary and Secondary School Tuition, Educational Expenses for Home-Schooled Children, Educational Expenses for Quality Public Education – See instructions, page 17.		
	30	Other Exempt Income – See instructions, page 17. Identify: _____		
	31	Total Exempt Income – Add lines 16 through 30 and print the result.		
	32	LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 31 from Line 15 and print here and on IT-540B, Line 8.		



SCHEDULE F - NR 2009 REFUNDABLE TAX CREDITS

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses. *See instructions, page 17.*

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 17.*

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"/>
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"/>
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"/>
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"/>
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"/>
7	OTHER REFUNDABLE TAX CREDITS - Add Lines 1D, 2 through 6 and print here and on Form IT-540B, Line 23.		7	<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 - NR 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 19.</i>	1	<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 19.</i>	2	<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-540B, Line 10D. Mark the box on Line 10D 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"/>



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SCHEDULE G - NR 2009 NONREFUNDABLE TAX CREDITS

1 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 19 for definitions of these disabilities						
		Deaf	Loss of Limb	Mentally incapacitated	Blind	
1A	Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1B	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1C	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* List dependent names here. >						
		1D Print the total number of qualifying individuals. Only one credit is allowed per person.				1D <input type="text"/>
		1E Multiply Line 1D by \$100 and print the result.				1E <input type="text"/> , <input type="text"/> . <input type="text"/>

2 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS		
2A	Print the value of computer or other technological equipment donated. Attach Form R-3400. See instructions, page 19.	2A <input type="text"/> , <input type="text"/> . <input type="text"/>
2B	Multiply Line 2A by 40 percent and print the result. Round to the nearest dollar.	2B <input type="text"/> , <input type="text"/> . <input type="text"/>
3 CREDIT FOR CERTAIN FEDERAL TAX CREDITS		
3A	Print the amount of eligible federal credits. See instructions, page 19.	3A <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
3B	Multiply Line 3A by 10 percent. Print the result or \$25, whichever is less. This credit is limited to \$25.	3B <input type="text"/> . <input type="text"/>

ADDITIONAL NONREFUNDABLE CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 20.

	Credit Description	Credit Code	Amount of Credit Claimed
4		<input type="text"/>	4 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
5		<input type="text"/>	5 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
6		<input type="text"/>	6 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
7		<input type="text"/>	7 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
8		<input type="text"/>	8 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
9		<input type="text"/>	9 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
10	OTHER NONREFUNDABLE TAX CREDITS – Add Lines 1E, 2B, 3B, and 4 through 9. Print the result here and enter on Form IT-540, Line 15.	<input type="text"/>	10 <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

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

