

Louisiana Department of Revenue
P.O. Box 91017, Baton Rouge, LA 70821-9017

You must file on this basis	
Tax period covered	
Withholding tax account number	

Mark box if address has changed. **10** Amended

Mark box if this is a final return.
Month Day Year
Enter date business sold/closed.

EMPLOYER'S RETURN OF STATE INCOME TAX WITHHELD FORM L-1

1 LA income tax withheld	<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"/>	00
2 Penalty (See instructions.)	<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"/>	00
3 Interest (See instructions.)	<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"/>	00
4 Total amount due (Lines 1, 2, and 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"/>	<input type="text"/>	00

For office use only.	Filing deadline	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature Title Date Telephone ()

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.

Make payment to: Department of Revenue
Do not send cash.
