

IRSTEST #11
LATEST #9

FORMS REQUIRED: FORM 1040A, SCH 2, SCH 3, FORM 8888,IT540, SCH E, SCH G, 2007 LOUISIANA REFUNDABLE CHILD CARE CREDIT WORKSHEET

INFORMATION RETURNS ATTACHED:
FORM W-2

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY: Taxpayer

TAXPAYER:

NAME: LATHELMA LOUISE BAKER
DOB: 1/1/1941
DISABLED: YES (LOSS OF LIMB)
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-4311
OCCUPATION: CONSULTANT
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: XU

ADDRESS: 10000 BACONLAND DR
BATON ROUGE LA 70807

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 2

DEPENDENT INFORMATION: CHILD TAX

NAME	DOB	AGE	SSN	RELATIONSHIP	#	MO	CREDIT
ORLANDO BRYD	041503	4	400-55-3011	GRANDSON		12	X

DEPENDENT - DEAF

IRSTEST #11
LATEST #9

SCHEDULE 2:

PART I:

LINE 1:

	(a)	(b)	(c)	(d)
CHILDREN PALACE	900	LITTLE RIVER	Baton Rouge, LA 70704	72-6789000 3494

PART II:

LINE 2:

(a)	(b)	(c)
ORLANDO BYRD	400-55-3011	3000

LINE 3: 3000

FORM 8888

DIRECT DEPOSIT:

NAME OF INSTITUTION: SAVINGS CREDIT 300

RTN: 000678999

ACCT#: 66557700

TYPE OF ACCOUNT: CHECKING

LA

SOCIAL SECURITY

1282

IRSTEST #11
LATEST #9

FORMS INCLUDED: FORM 1040A, FORM W-2

Form 1040A:

Taxpayer's first name, initial, last name	LATHELMA LOUISE BAKER
Taxpayer's social security number	400-00-4311
Home address (number and street)	10000 BACONLAND DR
City, state, and zip	BATON ROUGE LA 70807
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	HEAD OF HOUSEHOLD
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	ORLANDO BYRD
Social security number	400-55-3011
Relationship	GRANDSON
Qualifying child	X
Number of children who lived with you	1
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	26500
Line 14a: Social Security Benefits	10126
Line 14b: Taxable Social Security Benefits	1282
Line 15: Total income	27782
Line 17: IRA contribution	4000
Line 21: Adjusted gross income	23782
Line 22: Enter amount from line 21	23782
Line 23a: You were born before January 2, 1943	X
Total boxes checked	1
Line 24: Standard deduction	9150
Line 25: Subtract line 24 from line 22	11432
Line 26: Multiply \$3400 by the total number of exemptions claimed on line 6d	6800
Line 27: Taxable income	7832
Line 28: Tax	783
Line 29: Credit for child and dependent care expenses	783
Line 34: Total credits	783
Line 35: Subtract line 34 from line 28	0
Line 37: Total tax	0
Line 38: Federal income tax withheld	1445
Line 40a: Earned Income Credit	1073
Line 41: Additional child tax credit	1000
Line 42: Total payments	3518
Line 43: Overpaid	3518
Line 44a:	3518
If Form 8888 is attached, check here	
Refund	

IRSTEST #11

LATEST #9 (continued):

Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	8885551111
Designee's personal identification number (PIN)	11112
Taxpayer's occupation:	CONSULTANT

Form W-2:

Box b: Employer identification number	02-9876543
Box c: Employer's name, address, and zip code	LAST JOB INC 97 WHEATLEY AVE BALTIMORE MD 21230
Box d: Employee's social security number	400-00-4311
Box e: Employee's first name, initial, and last name	LATHELMA L BAKER
Box f: Employee's address and zip code	10000 BACONLAND DR BATON ROUGE LA 70807
Box 1: Wages, tips, other compensation	26500
Box 2: Federal income tax withheld	1445
Box 3: Social security wages	26500
Box 4: Social security tax withheld	2027
Box 5: Medicare wages and tips	26500
Box 6: Medicare tax withheld	384
BOX 10: DELETED	
Box 15: State	LA
Employer's state ID number	237895001
Box 16: State wages, tips, etc	26500
Box 17: State income tax	715

PLEASE PAPERCLIP W-2S, EXTENSION, AND SCHEDULES

File electronically!
www.revenue.louisiana.gov

IT-540

2007 LOUISIANA RESIDENT

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

<input type="text"/>	Your Social Security Number							
<input type="text"/>	Spouse's Social Security Number							

IMPORTANT!
You must print your SSN(s) above in the same order as shown on your federal return.

- If this is an amended return, mark this box.
- If an extension is attached, mark this box.

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(er)**.

6 EXEMPTIONS:

- 6A Yourself 65 or older Blind
- 6B Yourself 65 or older Blind

Total of 6A & 6B

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

6C DEPENDENTS – Print dependent names below.
If you have more than 6 dependents, attach a statement to your return with the required information.

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (MM/DD/YYYY)

6C
Print number from Line 6C of the federal return, Form 1040 or 1040A.

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

If you are not required to file a federal return, indicate wages here. , . 00

Mark this box and enter zero "0" on Line 16.

7 FEDERAL ADJUSTED GROSS INCOME - Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If Louisiana Schedule E is used, print the amount from Line 5C. Mark the box showing Schedule E was used. If your Federal Adjusted Gross Income is less than zero, print "0." From Louisiana Schedule E, attached
7 , , . 00

Do not complete Lines 8A through 8D if you did not itemize your deductions on your federal return, or if Line 29 from your Federal Schedule A is blank.

8A 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 . 8A , , . 00

8B FEDERAL STANDARD DEDUCTION – Leave blank if you did not itemize. If you did itemize and your filing status is: 1 or 3, print \$5,350; 2 or 5, print \$10,700; 4, print \$7,850. 8B , , . 00

8C EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A and print the result here. Leave blank if you did not itemize. 8C , , . 00

8D 57.5% EXCESS FEDERAL ITEMIZED DEDUCTION – Multiply Line 8C by .575. Print the result here. Round up to the nearest dollar. – Leave blank if you did not itemize. 8D , , . 00

9 LESS FEDERAL INCOME TAX – See instructions, page 19. If federal income tax has been decreased by a federal disaster credit allowed by IRS, mark box. See instructions for Schedule H on page 24. 9 , , . 00

10 YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8D and 9 from Line 7. If less than zero, print "0". Use this figure to find your tax in the tax tables. 10 , , . 00

11 YOUR LOUISIANA INCOME TAX – Print the amount from the tax table that corresponds with your filing status. 11 , , . 00



68015 66 12312007

6801



Print your Social Security Number.

SSN input boxes

NONREFUNDABLE TAX CREDITS

Lines 12A-18: Federal Child Care Credit, Louisiana Nonrefundable Child Care Credit, Education Credit, etc.

REFUNDABLE TAX CREDITS AND PAYMENTS

Lines 19-30: Refundable Louisiana Child Care Credit, Louisiana Citizens Insurance Credit, etc.



COMPLETE AND SIGN RETURN ON NEXT PAGE.



Print your Social Security Number.

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Amount of Line 30 you wish to donate to:

31	THE MILITARY FAMILY ASSISTANCE FUND – See instructions, page 20.	31		,		,		.	00
32	THE START PROGRAM – See instructions, page 20.	32		,		,		.	00
33	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND – See instructions, page 20.	33		,		,		.	00
34	LOUISIANA CANCER TRUST FUND – Prostate Cancer – See instructions, page 20.	34		,		,		.	00
35	LOUISIANA ANIMAL WELFARE COMMISSION – See instructions, page 20.	35		,		,		.	00
36	LOUISIANA HOUSING TRUST FUND – See instructions, page 20.	36		,		,		.	00
37	COMMUNITY-BASED PRIMARY HEALTH CARE FUND – See instructions, page 20.	37		,		,		.	00
38	TOTAL DONATIONS – Add Lines 31 through 37. Print the result here.	38		,		,		.	00
39	SUBTOTAL – Subtract Line 38 from Line 30 to determine the amount of overpayment available for credit or refund.	39		,		,		.	00
40	AMOUNT TO BE CREDITED TO 2008 INCOME TAX – Print the amount of Line 39 that you wish to credit to 2008.	CREDIT 40		,		,		.	00
41	AMOUNT TO BE REFUNDED – Subtract Line 40 from Line 39 and print the result. See Address 2 below.	REFUND 41		,		,		.	00
42	AMOUNT YOU OWE – If Line 18 is greater than Line 27, then subtract Line 27 from Line 18 and print the result. If you entered an amount as the result of underpayment penalty exceeding an overpayment, go to Line 43. Print zero "0" on Lines 44 through 47.	42		,		,		.	00
43	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	43		,		,		.	00
44	INTEREST – From the Interest Calculation Worksheet, page 32, Line 5	44		,		,		.	00
45	DELINQUENT FILING PENALTY From the Delinquent Filing Penalty Calculation Worksheet, page 32, Line 7	45		,		,		.	00
46	DELINQUENT PAYMENT PENALTY - From Delinquent Payment Penalty Calculation Worksheet, page 32, Line 7	46		,		,		.	00
47	UNDERPAYMENT PENALTY - See instructions for Underpayment Penalty, page 32 and Form R-210R. If you are a farmer, see instructions on page 21 and check the box. <input type="checkbox"/>	47		,		,		.	00
48	BALANCE DUE LOUISIANA - Add Lines 42 through 47 and print the result. For electronic payment options, see page 2.	PAY THIS AMOUNT. 48		,		,		.	00

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.

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

Area code and daytime telephone number

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1 Mail Balance Due Return with Payment
TO: Department of Revenue
P. O. Box 3550
Baton Rouge, LA 70821-3550

2 Mail All Other Individual Income Tax Returns
TO: Department of Revenue
P. O. Box 3440
Baton Rouge, LA 70821-3440

Social Security Number, PTIN, or FEIN of paid preparer

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Individual Income Tax Return
Calendar year return due
5/15/2008.

DO NOT SUBMIT A PHOTOCOPY OF YOUR FEDERAL RETURN UNLESS REQUIRED.



FOR OFFICE USE ONLY

						<input type="checkbox"/> Extension claimed	<input type="checkbox"/> Field flag
<input type="checkbox"/> Routing code							

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2007 ADJUSTMENTS TO INCOME

LOUISIANA SCHEDULE E

1	FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If less than zero, print "0." 1	00	00	00	00
2	INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS – Print the amount of interest and dividend income not reported on your federal return that is taxable to Louisiana. See instructions, page 21. 2	00	00	00	00
2A	RECAPTURE OF START CONTRIBUTIONS - See instructions, page 21. 2A	00	00	00	00
3	TOTAL – Add Lines 1, 2, and 2A and print the result. 3	00	00	00	00

EXEMPT INCOME – Print on Lines 4A through 4H the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. See instructions beginning on page 21.

EXEMPT INCOME DESCRIPTION	CODE	AMOUNT
4A _____	E 4A	00
4B _____	E 4B	00
4C _____	E 4C	00
4D _____	E 4D	00
4E _____	E 4E	00
4F _____	E 4F	00
4G _____	E 4G	00
4H _____	E 4H	00
4I EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – Add lines 4A through 4H and print here. 4I		00
4J FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see instructions, page 23. 4J		00
4K EXEMPT INCOME – Subtract Line 4J from Line 4I and print the result. 4K		00
5A LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE EXPENSE ADJUSTMENT – Subtract Line 4K from Line 3 and print the result. 5A		00
5B IRC 280(C) WAGE EXPENSE ADJUSTMENT – Print the amount of your IRC 280(C) wage expense adjustment. Important! See instructions, page 23. 5B		00
5C LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Print the result here and on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7 indicating that Schedule E was used. 5C		00

Description	Code
Interest and Dividends on US Government Obligations	01E
Louisiana State Employees' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	02E
Louisiana State Teachers' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	03E
Federal Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	04E
Other Retirement Benefits <i>Provide name or statute: _____</i> <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	05E

Description	Code
Annual Retirement Income Exemption for Taxpayers 65 or over <i>Provide name of pension or annuity: _____</i>	06E
Taxable Amount of Social Security, <i>see instructions, page 22.</i>	07E
Native American Income, <i>see instructions, page 22.</i>	08E
Start Savings Program Contribution, <i>see instructions, page 22.</i>	09E
Military Pay Exclusion, <i>see instructions, page 22.</i>	10E
Road Home, <i>see instructions, page 22.</i>	11E
Teacher Deduction, <i>see instructions, page 22.</i>	12E
Recreation Volunteer, <i>see instructions, page 22.</i>	13E
Volunteer Firefighter, <i>see instructions, page 22.</i>	14E
Other, <i>see instructions, page 22.</i> Identify: _____	15E



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2007 NONREFUNDABLE TAX CREDITS

SCHEDULE G

1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES - Complete this part only if you paid income tax liabilities to other states and you were a **resident of Louisiana**. See instructions, page 25. **A copy of the return filed with the other state(s) must be submitted with this schedule.**
 Print the amount of the paid income tax liabilities to the other state(s). Round to the nearest dollar. **1** , , .

2 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions on page 25 for definitions of these disabilities.
 * **2C** List dependent name(s) here. _____

	Deaf	Loss of limb	Mentally incapacitated	Blind	
2A Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

2D Print the total number of qualifying individuals. Only one credit is allowed per person. **2D**

2E Multiply Line 2D by \$100 and print the result. **2E** , , .

3 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

3A Print the value of computer or other technological equipment donated. Attach Form R-3400. See instructions, page 25. **3A** , , .

3B Multiply Line 3A by 40% (.40) and print the result. Round to the nearest dollar. **3B** , , .

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

4A See instructions, page 25. **4A** , , .

4B Multiply Line 4A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25. **4B** .

ADDITIONAL NONREFUNDABLE CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 25.

CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF CREDIT CLAIMED
5 _____	<input type="text"/> <input type="text"/>	5 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
6 _____	<input type="text"/> <input type="text"/>	6 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
7 _____	<input type="text"/> <input type="text"/>	7 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
8 _____	<input type="text"/> <input type="text"/>	8 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
9 _____	<input type="text"/> <input type="text"/>	9 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
10 _____	<input type="text"/> <input type="text"/>	10 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
11 TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the result here and enter on Form IT-540, Line 14.		11 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>

Description	Code	Description	Code	Description	Code	Description	Code
Premium Tax	100	Donations of Materials, Equipment, Advisors, Instructors	175	Basic Skills Training	212	Digital Interactive Media	254
Commercial Fishing	105	Other	199	Brownfields Investor	216	Motion Picture Resident	256
Family Responsibility	110	Atchafalaya Trace	200	Dedicated Research	220	Capital Company	257
Small Town Doctor/Dentist	115	Organ Donation	202	New Jobs Credit	224	LCDFI	258
Bone Marrow	120	Household Expense for Physically and Mentally Incapable Persons	204	Refunds by Utilities	226	New Markets	259
Law Enforcement Ed.	125	Vehicle Alternative Fuel	206	Eligible Re-entrants	228	Other	299
First Time Drug Offenders	130	Previously Unemployed	208	Neighborhood Assistance	230	Biomed/University Research	300
Bulletproof Vest	135	Recycling Credit	210	Cane River Heritage	232	Tax Equalization	305
Nonviolent Offenders	140			LA Community Economic Dev.	234	Manufacturing Establishments	310
Qualified Playgrounds	150			Motion Picture Investment	251	Enterprise Zone	315
Debt Issuance	155			Research and Development	252	Other	399
Employee and Dependent Health Insurance	165			Historic Structures	253		



2007 Louisiana Refundable Child Care Credit Worksheet

Your name	Social Security Number
-----------	------------------------

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. Should your care provider not supply 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 should you not have all of the care provider information. Please see IRS 2007 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 the age of 13, print their name in column E, their Social Security Number in column F and the amount of Qualified Expenses you incurred and paid in 2007 in column G. Please see Item 4, page 28 for information on Qualified Expenses.

E		F	G
Qualifying person's name		Qualifying person's Social Security Number	Qualified expenses you incurred and paid in 2007 for the person listed in column (E)
First	Last		
			.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. Print this amount on Form IT-540, Line 19A.	3	.00																												
4	Print your earned income. See Item 4 of the instructions on page 28.	4	.00																												
5	If married filing jointly, print your spouse's earned income (if your spouse was a student or was disabled, see IRS Publication 503). All other filing statuses, print the amount from Line 4.	5	.00																												
6	Print the smallest of Lines 3, 4, or 5. Print this amount on Form IT-540, Line 19B.	6	.00																												
7	Print your Federal Adjusted Gross Income from Form IT-540, Line 7, or Schedule E, Line 1 if filed.	7	.00																												
8	Print on Line 8 the decimal amount shown below that applies to the amount on Line 7. <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">If Line 7 is:</th> <th style="text-align: left; border-bottom: 1px solid black;">over</th> <th style="text-align: left; border-bottom: 1px solid black;">but not over</th> <th style="text-align: left; border-bottom: 1px solid black;">decimal amount</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$0 –</td> <td>15,000</td> <td>.35</td> </tr> <tr> <td></td> <td>\$15,000 -</td> <td>17,000</td> <td>.34</td> </tr> <tr> <td></td> <td>\$17,000 -</td> <td>19,000</td> <td>.33</td> </tr> <tr> <td></td> <td>\$19,000 -</td> <td>21,000</td> <td>.32</td> </tr> <tr> <td></td> <td>\$21,000 -</td> <td>23,000</td> <td>.31</td> </tr> <tr> <td></td> <td>\$23,000 -</td> <td>25,000</td> <td>.30</td> </tr> </tbody> </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 and print the result.	9	.00																												
10	Multiply Line 9 by 50% (.50) and print this amount on Line 11.	10	X .50																												
11	Print this amount on Form IT-540, Line 19.	11	.00																												



2007 Louisiana Nonrefundable Child Care Credit Worksheet

1	Print Federal Child Care Credit from Federal Form 1040, Line 47 or Federal Form 1040A, Line 29.	1		.00								
1A	Print the applicable percentage from the chart shown below. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Adjusted Gross Income</th> <th style="text-align: left;">Percentage</th> </tr> </thead> <tbody> <tr> <td>\$25,001 – \$35,000</td> <td>30% (.30)</td> </tr> <tr> <td>\$35,001 – \$60,000</td> <td>10% (.10)</td> </tr> <tr> <td>over \$60,000</td> <td>10% (.10)</td> </tr> </tbody> </table>	Adjusted Gross Income	Percentage	\$25,001 – \$35,000	30% (.30)	\$35,001 – \$60,000	10% (.10)	over \$60,000	10% (.10)	1A	X ._____	
Adjusted Gross Income	Percentage											
\$25,001 – \$35,000	30% (.30)											
\$35,001 – \$60,000	10% (.10)											
over \$60,000	10% (.10)											
2	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A and print the result. This is your available Nonrefundable Child Care Credit for 2007. If your AGI is less than \$60,000, proceed to Line 3.	2		.00								
2A	Important! If your AGI is greater than \$60,000 , the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent (.10) of the federal credit. If line 2 is greater than \$25.00, print \$25.00 here. This is your available Nonrefundable Child Care Credit for 2007.	2A		.00								
3	Print the amount of Louisiana income tax from Form IT-540, Line 11.	3		.00								
4	Add the amounts of Nonrefundable credits from Form IT-540, Lines 13 and 14 and print the result.	4		.00								
5	Add the amounts of Refundable credits from Form IT-540, Lines 20 and 21 and print the result.	5		.00								
6	Subtract Lines 4 and 5 above from Line 3 above and print the result.	6		.00								
7	If Line 6 is less than or equal to zero, your entire Child Care Credit for 2007 (Line 2 or 2A, above) will be carried forward to 2008. Also, any available carryforward from previous years will be carried forward to 2008. If Line 6 above is less than or equal to zero, print zero "0" on Form IT-540, Lines 12B and 12C. Do not proceed further if the conditions of this line apply to you.	7										
Use Lines 8 through 11 to determine the amount of Nonrefundable Child Care Credit Carryforward from previous years utilized for 2007.												
8	If Line 6 above is greater than zero, print the amount from Line 6.	8		.00								
9	Print the amount of any Child Care Credit Carryforward from previous years.	9		.00								
10	Subtract Line 9 from Line 8 and print the result.	10		.00								
11	If Line 10 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2007 is equal to Line 8 above. Print that amount (Line 8) on Form IT-540, Line 12C. If Line 10 is less than zero, subtract Line 8 from Line 9 and print the result here. This amount is your unused Child Care Credit Carryforward from previous years that can be carried forward to 2008. Also, your entire Child Care Credit for 2007 (Line 2 or 2A above) will be carried forward to 2008. Do not proceed further if the conditions of this line apply to you.	11		.00								
Use Lines 12 through 16 to determine the amount of Child Care Credit Carryforward utilized from previous years plus any amount of your 2007 Child Care Credit.												
12	If Line 10 above is greater than zero, enter the amount of carryforward shown on Line 9 above on Form IT-540, Line 12C.	12										
13	If Line 10 above is greater than zero, print the amount from Line 10 here.	13		.00								
14	Print the amount of your 2007 Child Care Credit (Line 2 or Line 2A, above).	14		.00								
15	Subtract Line 14 from Line 13 and print the result.	15		.00								
16	If Line 15 is greater than or equal to zero, then your entire Child Care Credit for 2007 (Line 2 or 2A above) has been utilized. Print the amount from Line 14 above on Form IT-540, Line 12B. Do not proceed further if the conditions of this line apply to you.	16										
Use Line 17 to determine what amount of your 2007 Child Care Credit you can claim.												
17	If Line 15 above is less than zero, then the amount of your 2007 Child Care Credit is the amount shown on Line 13. Print the amount from Line 13 on Form IT-540, Line 12B.	17										
Use Line 18 to determine the amount of your 2007 Child Care Credit to be carried forward to 2008.												
18	If Line 15 above is less than zero, then subtract Line 13 from 14 to compute your Child Care Carryforward to 2008. Print the result here and keep this amount for your records.	18		.00								