

For name change, mark box.

For decedent filing, mark box.

Spouse decedent, mark box.

For address change, mark box.

2008 LOUISIANA NONRESIDENT PROFESSIONAL ATHLETE

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)**.
- * 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 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**

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 your federal adjusted gross income is less than zero, print "0."	7	\$	.00
8A	LOUISIANA INCOME - Print the amount of earned compensation from Schedule NRA-1, page 16, Line 5.	8A	\$	.00
8B	OTHER LOUISIANA-SOURCED INCOME - Print the amount of other income that was earned in Louisiana. See instructions, page 5.	8B	\$	.00
8C	TOTAL AMOUNT OF LOUISIANA INCOME- Add Lines 8A and 8B and print the result here.	8C	\$	.00
9	RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME - Divide Line 8C by Line 7. Carry out two decimal places in the percentage. DO NOT ROUND UP . The percentage cannot exceed 100%.	9		%

If you did not itemize your deductions on your federal return, leave Lines 10A, 10B, 10C, and 10D blank and go to Line 10E.

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.	10A		.00
10B	FEDERAL STANDARD DEDUCTION - Leave blank if you did not itemize. If you did itemize and your filing status is: 1 or 3, print \$5,450; 2 or 5, print \$10,900; 4 print \$8,000.	10B		.00
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. Subtract Line 10B from Line 10A and print the balance here. If zero or less, print "0."	10C		.00
10D	65% EXCESS FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize. Multiply Line 10C by .65 and print the result here. Round to the nearest dollar. Leave blank if you did not itemize.	10D		.00
10E	FEDERAL INCOME TAX - See instructions, page 6. If federal income tax has been decreased by a federal disaster credit allowed by IRS, complete Schedule H-NRA, and mark box. See instructions, page 13. <input type="checkbox"/>	10E		.00
10F	TOTAL DEDUCTIONS - Add Lines 10D and 10E.	10F		.00
10G	ALLOWABLE DEDUCTIONS - Multiply Line 10F by the ratio on Line 9.	10G		.00



SPEC CODE

Print your Social Security Number. 

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11	LOUISIANA NET INCOME - Subtract Line 10G from Line 8C. If less than zero, print "0."	11	\$.00
12	YOUR LOUISIANA INCOME TAX - See the tax computation worksheet, page 7 to calculate the amount of your Louisiana income tax.	12	\$	.00
13A	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.	13A	\$	.00
13B	OTHER NONREFUNDABLE CREDITS - Print amount from Schedule G-NRA, Line 10.	13B	\$	.00
13C	TOTAL NONREFUNDABLE CREDITS- Add Lines 13A and 13B and print the result.	13C	\$	.00
14	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 13C from Line 12. If less than zero, print "0."	14	\$	.00
15A	CREDIT FOR LA CITIZENS PROPERTY TAX ASSESSMENT - See instructions, page 7.	15A	\$	.00
15B	OTHER REFUNDABLE TAX CREDITS - From Schedule F-NRA, Line 7.	15B	\$	.00
15C	TOTAL LOUISIANA INCOME TAX WITHHELD IN 2008 - Attach Form(s) W2.	15C	\$	.00
15D	PRINT TOTAL PAYMENTS FROM: 2008 ESTIMATED PAYMENTS, CREDIT CARRIED FORWARD FROM 2007, PAYMENT WITH EXTENSION, AND TEAM COMPOSITE PAYMENT MADE ON YOUR BEHALF Enter Team Name _____	15D	\$	.00
15E	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS-- Add Lines 15A through 15D and print the result.	15E	\$	.00
16	OVERPAYMENT-- If Line 15E is equal to Line 14, print zero "0" here and sign and date the return. If Line 15E is greater than Line 14, subtract Line 14 from Line 15E and print the result here. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. If Line 15E is less than Line 14, print zero "0" on Lines 16 through 20 and go to Line 21.	16	\$	.00
17	UNDER PAYMENT PENALTY-- Print the amount from Form R-210NRA, Line 19. <i>See instructions for Underpayment Penalty, page 17.</i>	17	\$	.00
18	ADJUSTED OVERPAYMENT-- If Line 16 is greater than Line 17, subtract Line 17 from Line 16 and print the result. If Line 17 is greater than Line 16, print zero "0" here, subtract Line 16 from Line 17, and print the balance on Line 21.	18	\$	.00
19	AMOUNT TO BE CREDITED TO 2009 INCOME TAX -- Print the amount of overpayment that you wish to credit to 2009.	CREDIT 19	\$	.00
20	AMOUNT TO BE REFUNDED -- Subtract Line 19 from Line 18 and print the result. Mail to: Louisiana Department of Revenue, PO Box 4998, Baton Rouge, LA 70821-4998.	REFUND 20	\$	.00
21	AMOUNT YOU OWE -- If Line 14 is greater than Line 15E, subtract Line 15E from Line 14 and print the result. If you entered an amount as the result of underpayment penalty exceeding an overpayment, go to Line 26. Print zero "0" on Lines 22 through 25.	21	\$	.00
22	INTEREST-- From Line 5 of the Interest Calculation Worksheet, page 17.	22	\$	.00
23	DELINQUENT FILING PENALTY- From Line 7 of the Delinquent Filing Penalty Calculation Worksheet, page 17.	23	\$	.00
24	DELINQUENT PAYMENT PENALTY- From Line 7 of the Delinquent Payment Penalty Calculation Worksheet, page 17.	24	\$	.00
25	UNDERPAYMENT PENALTY-- Print the amount from Line 19 of Form R-210NRA. <i>See instructions, page 17.</i>	25	\$	.00
26	BALANCE DUE LOUISIANA-- Add Lines 21 through 25. Make check payable to: Louisiana Department of Revenue. Mail to: PO Box 4998, Baton Rouge, LA 70821-4998.	PAY THIS AMOUNT.▶ 26	\$	.00

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 paid preparer is based on all available information.

Please print the first 4 characters of your last name in these boxes. 		Your signature	Date	Signature of paid preparer other than taxpayer	
		Spouse's signature (If filing jointly, both must sign.)	Date	Telephone number of paid preparer	Date

Area code and daytime telephone number

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**NONRESIDENT PROFESSIONAL
ATHLETE**

Calendar year return due 5/15/2009.

MAIL TO: Louisiana Department of Revenue
P. O. Box 4998
Baton Rouge, LA 70821-4998

Social Security Number, PTIN, or
FEIN of paid preparer

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FOR OFFICE USE ONLY											
						<input type="checkbox"/> Extension claimed	<input type="checkbox"/> Field flag				
<input type="checkbox"/> Routing code											

2008 REFUNDABLE TAX CREDITS

SCHEDULE F - NRA

1 Credit for Amounts Paid by Certain Military Servicemembers for obtaining Louisiana Hunting and Fishing Licenses. *See instructions, page 8.*

1A Yourself Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or Identification number _____ State of issue _____

1B Spouse Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of issue _____
 or Identification number _____ State of issue _____

1C Dependents: List dependent name(s).
 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 8.*

	CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF 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	Total Refundable Tax Credits - Add Lines 1D, 2 through 6 and print here and on Form IT-540B-NRA, Line 15B. . . 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
Inventory Tax	50F	Prison Industry Enhancement	55F	Historic Residential	60F
Ad Valorem Natural Gas	51F	Urban Revitalization	56F	Angel Investor	61F
Ad Valorem Offshore Vessels	52F	Mentor-Protégé	57F	Musical and Theatrical Productions	62F
Sound Recording Investment	53F	Milk Producers	58F	Wind and Solar Energy Systems	64F
Telephone Company Property	54F	Technology Commercialization	59F	School Readiness Child Care Provider	65F
				School Readiness Child Care Directors and Staff	66F
				School Readiness Business-Supported Child Care	67F
				School Readiness Fees and Grants to Resource and Referral Agencies	68F
				Other Refundable Credit	80F

2008 MODIFIED FEDERAL INCOME TAX DEDUCTION

SCHEDULE H - NRA

1 Print the amount of your federal income tax liability found on Federal Form 1040, Line 56. *See instructions, page 13.* **1** , , .

2 Print the amount of federal disaster credits allowed by IRS. *See instructions, page 13.* **2** , , .

3 Add Lines 1 and 2 and print the result here and on Form IT-540B-NRA, Line 10E. Mark the box on Line 10E to indicate that your income tax deduction has been increased. **3** , , .



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2008 NONREFUNDABLE TAX CREDITS

SCHEDULE G - NRA

1 CREDIT FOR CERTAIN DISABILITIES – Mark an “X” in the appropriate box(es).
Only one credit is allowed per person. **See instructions beginning on page 10 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"/>

***1C** List dependent name(s) here. _____

1D Print the total number of qualifying individuals.
Only one credit is allowed per person. **1D**

1E Multiply Line 1D by \$100 and print the result. **1E** , .

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 10.* **2A** , .

2B Multiply Line 2A by 40% (.40), round to the nearest dollar, and print the result. **2B** , .

3 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

3A *See instructions, page 10.* **3A** , , .

3B Multiply Line 3A by 10% (.10). Print the result or \$25, whichever is less. This credit is limited to \$25. **3B** .

ADDITIONAL NONREFUNDABLE TAX CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. *Please see instructions beginning on page 10.*

CREDIT DESCRIPTION	CREDIT CODE	AMOUNT OF CREDIT CLAIMED
4 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4	<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"/>
5 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5	<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"/> <input type="text"/>
6 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6	<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"/> <input type="text"/>
7 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7	<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"/> <input type="text"/>
8 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8	<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"/> <input type="text"/>
9 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9	<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"/> <input type="text"/>
10 TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 1E, 2B, 3B, and 4 through 9. Print the result here and enter on Form IT-540B-NRA, Line 13B.	10 <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"/> <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 Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations of Materials, Equipment, Advisors, Instructors	175
Other	199
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Vehicle Alternative Fuel	206
Previously Unemployed	208
Recycling Credit	210

Description	Code
Basic Skills Training	212
Dedicated Research	220
New Jobs Credit	224
Refunds by Utilities	226
Eligible Re-entrants	228
Neighborhood Assistance	230
Cane River Heritage	232
LA Community Economic Dev.	234
Apprenticeship	236
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
Digital Interactive Media	254
Motion Picture Resident	256
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

