IT-540 **2004** or Fiscal Year

**LOUISIANA Resident** Individual Income Tax Return

Begun 2004
Ended 2005

Mail to: Department of Revenue
PO BOX XXXX
BATON ROUGE LA
70821-XXXX

Leave this area blank

Attach W-2 here

- O If your name has changed, mark here.
- O If your address has changed, mark here.
- O If this is an amended return, mark here.
- O If this is for decedent, mark here.

SSNTPAYER SSNSPOUSE TELEPHONEX

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXX

SPOUSENAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

COLINEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITYSTZIPXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Filing status (Enter appropriate number in the filing status box).

1 Single
2 Married filing jointly
3 Married filing separately
4 Head of household *
5 Qualifying widow(er)

* Dependent Name

Exemptions
6A Yourself
65 or over
Blind
6B Spouse
65 or over
Blind

Total of 6A & 6B
6C Total dependents
6D Total exemptions

Dependent's Name(s):

Calendar year returns due 5/16/2005

**Please do not staple use paperclip instead. Do not submit a photocopy.**

| | | | |
|---|---|---|---|
| TPSSN | LN16 | E4H | G12 |
| SPSSN | LN17A | E4I | G13 |
| DEVID | LN17B | E4J | G14 |
| TAXPD | LN17C | E4K | G15 |
| FORMN | LN17D | E4L | G16 |
| PTIN | LN18 | E4M | G17 |
| Line7 | LN19 | E5 | G18 |
| Line8 | LN20 | SCHF1 | G19 |
| Line9 | LN21 | F2 | G20 |
| LN10 | LN22 | F3 | G21 |
| LN11 | LN23 | F4 | G22 |
| LN11A | LN24 | F5 | G23 |
| LN11B | LN25 | SCHG1 | G24 |
| LN11C | LN26 | G2D | G25 |
| LN11D | SCHE1 | G2E | G26 |
| LN12 | E2 | G3A | G27 |
| LN13 | E2A | G3B | G28 |
| LN14 | E3 | G4A | G29 |
| LN15A | E4A | G4B | G30 |
| LN15B | E4B | G5 | G31 |
| LN15C | E4C | G6 | G32 |
| LN15D | E4D1 | G7 | G33 |
| LN15E | E4D2 | G8 | |
| LN15F | E4E | G9 | |
| LN15G | E4F | G10 | |
| LN15H | E4G | G11 | |

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 SSN 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 joint, both SSN's may be submitted.

Date _____ Taxpayer _____ Date _____ Spouse _____

Date _____ Paid preparer _____

SSN _____ Telephone _____

4

6530

# If used, must be submitted.

Print your Social Security Number here. _____

_____
Name(s) as shown on Form IT-540

**Adjustments to Income- Schedule E**

1 Federal adjusted gross income ..... 1 _____

2 Interest income and dividends from other states and their political subdivisions ..... 2 _____

2A Recapture of START Contributions ..... 2A _____

3 Total - Add Lines 1, 2, and 2A ..... 3 _____

4 Nontaxable income

4A Interest and dividends on U.S. government obligations .. 4A _____

4B Louisiana state employees' retirement benefits ... 4B _____
(Date retired) _____

4C Louisiana state teacher's retirement benefits ..... 4C _____
Date retired) _____

4D1 Federal retirement benefits ..... 4D1 _____
(Date retired) _____

4D2 Other retirement benefits ..... 4D2 _____
(Date retired) _____
Show the name of the retirement system whose benefits you are receiving that are specifically exempt from Louisiana income tax.
_____

4E Annual retirement income exemption for taxpayers 65 or over ..... 4E _____
Enter Name of pension or annuity
_____

4F Taxable amount of Social Security benefits ..... 4F _____

4G Native American Income ..... 4G

4H Other: List the source and amount of other income that Louisiana cannot tax. Do not list active federal or military income earned in another state. ..... 4H _____
_____

4I START saving program ..... 4I _____

4J Military pay exclusion ..... 4J _____

4K Total ..... 4K _____

4L Federal tax applicable to exempt income ..... 4L _____

4M Nontaxable income ..... 4M _____

5 Louisiana adjusted gross income ..... 5 _____

## Resident-Schedule G

**Nonrefundable Tax Credits- Schedule G**

2 Credit for certain disabilities. Mark an "X" in the appropriate box(es). Only one credit is allowed per person.

| | | D | LL | MI | B |
|---|---|---|---|---|---|
| 2A Yourself ..... 2A | | ☐ | ☐ | ☐ | ☐ |
| 2B Spouse ..... 2B | | ☐ | ☐ | ☐ | ☐ |
| 2C Dependent's name(s) ..... 2C | | ☐ | ☐ | ☐ | ☐ |

_____
_____

2D Print the total number of qualifying individuals. .... 2D _____

2E Multiply Line 2D by $100 and print the result. ..... 2E _____

## Nonresident-Schedule G

**Nonrefundable Tax Credits- Schedule G**

1 Credit for certain disabilities. Mark an "X" in the appropriate box(es). Only one credit is allowed per person.

| | | D | LL | MI | B |
|---|---|---|---|---|---|
| 1A Yourself ..... 1A | | ☐ | ☐ | ☐ | ☐ |
| 1B Spouse ..... 1B | | ☐ | ☐ | ☐ | ☐ |
| 1C Dependent's name(s) ..... 1C | | ☐ | ☐ | ☐ | ☐ |

_____
_____

1D Print the total number of qualifying individuals. .... 1D _____

1E Multiply Line 2D by $100 and print the result. ..... 1E _____

Supplemental Information