

2006 LOUISIANA Nonresident and Part-year Resident

PLEASE PRINT IN BLACK INK ONLY USING CAPITAL LETTERS.

For name change, mark box.

For decedent filing, mark box.

Spouse decedent, mark box.

For address change, mark box.

Your first name	MI	Last name	Suffix
If joint return, spouse's name	MI	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:

A Yourself 65 or older Blind

B Spouse 65 or older Blind

C Number of dependents (Print number from Line 6C of federal return, Form 1040 or 1040A, and print dependent name(s) below.)

D Total exemptions (Total of 6A, 6B, and 6C.)

Total of 6A & 6B

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 14A.

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

8 LOUISIANA INCOME - Print the amount of income from your federal return that is taxable to Louisiana. See instructions, page 9 and attach a schedule with your name(s) and Social Security Number(s).8 , , . 00

9 RATIO OF LOUISIANA 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%.9 . %

10A LESS FEDERAL INCOME TAX - If federal income tax deduction has been increased by federal disaster credit(s), and/or a federal casualty loss deduction, mark box. See instructions, page 9.10A , , . 00

10B ALLOWABLE FEDERAL INCOME TAX DEDUCTION - Multiply Line 10A by the ratio on Line 9.10B , , . 00

11 LOUISIANA NET INCOME - Subtract Line 10B from Line 8 and print the result. If less than zero, print "0."11 , , . 00

12 YOUR LOUISIANA INCOME TAX - Print the amount from the Tax Computation Worksheet, page 9, Line "I."12 , , . 00

13 FEDERAL CHILD CARE CREDIT - Print the amount from your 2006 Federal Form 1040A, Line 29, or 2006 Federal Form 1040, Line 48. Important! See instructions, page 10. This amount will be used to compute your 2006 Louisiana Child Care Credit.13 , . 00

NONREFUNDABLE TAX CREDITS

13A OTHER NONREFUNDABLE TAX CREDITS - From Schedule G-NR, Line 1013A , , . 00

13B AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS - See Nonrefundable Child Care Credit Worksheet, page 18.13B , . 00

13C 2006 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT - Your Federal AGI must be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 18.13C , . 00

13D TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 13A, 13B, and 13C and print the result.13D , , . 00

14A ADJUSTED LOUISIANA INCOME TAX - Subtract Line 13D from Line 12 and print the result. If less than zero, print "0."14A , , . 00

14B CONSUMER USE TAX - You must mark one of these boxes. No use tax due. Amount from the Consumer Use Tax Worksheet, Line 2, page 1314B , , . 00

14C TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 14A and 14B and print the result.14C , , . 00

REFUNDABLE TAX CREDITS AND PAYMENTS

15A 2006 LOUISIANA REFUNDABLE CHILD CARE CREDIT - Your Federal AGI must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. - See Refundable Child Care Credit Worksheet, page 17.15A , . 00

15A1 Print the amount from Line 3 of the Refundable Child Care Credit Worksheet, page 17.15A1 , . 00

15A2 Print the amount from Line 6 of the Refundable Child Care Credit Worksheet, page 17.15A2 , . 00



Complete and sign back of return.

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Please paperclip W-2s, extension, and schedules here.



Attach to return if completed.

Print your Social Security Number. 

12 empty boxes for Social Security Number

2006 DONATION SCHEDULE SCHEDULE D-NR

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Form IT-540B, Line 16 to the organizations listed below. Print on Lines 1 through 5 the portion of your overpayment you wish to donate. The total on Line 6 cannot exceed the amount of the overpayment on Form IT-540B, Line 16.

Table with 6 rows for donation entries, including Wildlife Habitat and Natural Heritage Trust Fund, Louisiana Cancer Trust Fund, Louisiana Animal Welfare Commission, Louisiana Housing Trust Fund, Community Based Primary Health Care Fund, and Total Donations.

2006 REFUNDABLE TAX CREDITS SCHEDULE F-NR

Table with 10 rows for refundable tax credits, including Inventory Tax Credit, Ad Valorem Tax Credit on Natural Gas Facilities, Ad Valorem Tax Credit for Offshore Vessels, Sound Recording Investment Tax Credit, Credit for Property Taxes Paid by Telephone Companies, Prison Industry Enhancement Program Credit, Urban Revitalization, Quality Jobs Program Rebate, LA Citizens, and Total.

2006 MODIFIED FEDERAL INCOME TAX INFORMATION SCHEDULE H-NR

Table with 7 rows for modified federal income tax information, including amounts from Federal Income Tax Deduction Computation Worksheet pages 15, Lines 2A through 11.



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Attach to return if completed.

Print your Social Security Number.

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2006 NONREFUNDABLE TAX CREDITS **SCHEDULE G-NR**

1 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es).
Only one credit is allowed per person. **See instructions, page 11, for definitions of these disabilities.**

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

	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"/>	_____

1D Print the total number of qualifying individuals. Only one credit is allowed per person. **1D** , , . **00**

1E Multiply Line 1D by \$100 and print the result. **1E** , , . **00**

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 11. **2A** , , . **00**

2B Multiply Line 2A by 40% (.40) and print the result. Round to nearest dollar. **2B** , , . **00**

3 CREDIT FOR CERTAIN FEDERAL CREDITS

3A See instructions, page 11. **3A** , , . **00**

3B Multiply Line 3A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25. **3B** . **00**

OTHER NONREFUNDABLE TAX CREDITS **SCHEDULE G-NR**

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions on page 11.

CREDIT DESCRIPTION	CODE	AMOUNT OF CREDIT CLAIMED
4 MOTION PICTURE INVESTMENTS	<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
5 EDUCATION CREDIT - GRADES K - 12	<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
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"/> . 00
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"/> . 00
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"/> . 00
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"/> . 00
10 TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 1E, 2B, 3B, and 4 through 9. Print the result here and enter this amount on Form IT-540B, Line 13A.	<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

Description	Code	Description	Code	Description	Code	Description	Code
Education Credit	099	Donations of Materials, Equipment, Advisors, Instructors	175	Previously Unemployed	208	Technology Commercialization	255
Premium Tax	100	Angel Investor	180	Recycling Credit	210	Motion Picture Resident	256
Commercial Fishing	105	Other	199	Basic Skills Training	212	Capital Company	257
Family Responsibility	110	Atchafalaya Trace	200	New Markets	214	Other	299
Small Town Doctor/Dentist	115	Organ Donation	202	Brownfields Investor	216	Biomed/University Research	300
Bone Marrow	120	Household Expense for Physically and Mentally Incapable Persons	204	Dedicated Research	220	Tax Equalization	305
Law Enforcement Ed.	125	Vehicle Alternative Fuel	206	LCDFI Credit	222	Manufacturing Establishments	310
First Time Drug Offenders	130			Motion Picture Investment	251	Enterprise Zone	315
Bulletproof Vest	135			Research and Development	252	Other	399
Nonviolent Offenders	140			Historic Structures	253		
Qualified Playgrounds	150			Digital Interactive Media	254		
Debt Issuance	155						



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