

Declaration of Estimated Tax for Composite Partnerships General Information

SPEC	\neg	This space at the bottom of the voucher is to be used only when specifically instructed by the Department of
CODE		Revenue. Otherwise, leave blank.

The term "estimated tax" means the amount the taxpayer estimates to be the Louisiana income tax imposed for the current period. For composite partnerships, estimated tax payments can be made at anytime prior to filing the composite partnership return.

Other than those that are corporations or tax-exempt trusts, composite partnership returns can be filed on the behalf of all nonresident partners, who were partners at any time during the taxable year and who have not filed an affidavit with the Department of Revenue agreeing to timely file and pay a Louisiana individual income tax return. Resident partners, other than corporations and tax-exempt trusts, may also be included in a composite return. For more information, see Louisiana Administrative Code (LAC) 61:I.1401 on LDR's website at www.revenue.louisiana.gov/policies.

How to use the Declaration Voucher:

- 1. For fiscal year filers, print the date that the composite partnership's fiscal year ended in the space provided. For calendar year filers, leave this space blank.
- 2. Print your Louisiana Revenue Account Number and Federal Employer Identification Number in the designated spaces.
- 3. Print Name, Address, City, State, and Zip code in the areas designated.

P.O. BOX 91011

Baton Rouge LA 70821-9011

- 4. Enter the amount of your estimated tax in the designated space. Round the amount of estimated tax to the nearest dollar and do not add cents.
- 5. Mail voucher and payment to Louisiana Department of Revenue, P. O. Box 91011, Baton Rouge, LA 70821-9011.

R-6922ES (2012)

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LOUISIANA ESTIMATED TAX	X DECLAF	RATION VOUCHER FOR CO	MPOSITE PARTNER	SHIP 2 0 1 2
If year end differs from prior year, mark bo	ox. For	calendar year 2012 or fiscal year ending	(mm/yyyy)	C.P.
Louisiana Revenue Account Number	Federal F	Employer Identification Number		
Name			Amount of paym	nent. DO NOT SEND CASH.
Address			\$.00
City	State	ZIP		
	Louisian	s form with your payment to:		1905

SPEC