

# LOUISIANA FILE ONLINE

Fast. Easy. Absolutely Free.

[revenue.louisiana.gov/fileonline](https://revenue.louisiana.gov/fileonline)

Are you due a refund? If you file this paper return, it will take 12 to 16 weeks to get your refund check. With [Louisiana File Online](https://revenue.louisiana.gov/fileonline) and direct deposit, you can receive your refund within 21 days.

# 2013 LOUISIANA NONRESIDENT AND PART-YEAR RESIDENT

**IMPORTANT!**  
You must enter your SSN below in the same order as shown on your federal return.

**Mark Box:**

Name Change

Decedent Filing

Spouse Decedent

Amended Return

NOL Carryback

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

Your SSN

Spouse's SSN

Area code and daytime telephone number

Your Date of Birth (mmddyyyy)

Spouse's Date of Birth (mmddyyyy)

**FILING STATUS:** Enter the appropriate number in the filing status box. It must agree with your federal return.

- Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.  
If the qualifying person is not your dependent, enter name here. \_\_\_\_\_
- Enter a "5" in box if **qualifying widow(er)**.

**6 EXEMPTIONS:**

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

Total of 6A & 6B

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




6482

64824      66      12312013


**WEB**

Enter your Social Security Number. 

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

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

\_\_\_\_\_,\_\_\_\_\_.00

Mark this box and enter zero "0" on Line 17. 

7	FEDERAL ADJUSTED GROSS INCOME – Enter the amount of your Federal Adjusted Gross Income from the NPR worksheet, Federal column, Line 12.
8	LOUISIANA ADJUSTED GROSS INCOME – Enter the amount of your Louisiana Adjusted Gross Income from the NPR worksheet, Louisiana column, Line 33.
9	RATIO OF LOUISIANA ADJUSTED GROSS 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%.

7	_____,_____.00
8	_____,_____.00
9	_____._____%

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

10A	FEDERAL ITEMIZED DEDUCTIONS <input type="checkbox"/>
10B	FEDERAL STANDARD DEDUCTION
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A.
10D	FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by IRS, mark the box. See instructions for Schedule H-NR. <input type="checkbox"/>
10E	TOTAL DEDUCTIONS – Add Lines 10C and 10D.
10F	ALLOWABLE DEDUCTIONS – Multiply Line 10E by the percentage on Line 9. Round to the nearest dollar.
11	LOUISIANA NET INCOME – Subtract Line 10F from Line 8. If less than zero, enter "0."
12	YOUR LOUISIANA INCOME TAX – See the Tax Computation Worksheet to calculate the amount of your Louisiana income tax.

10A	_____,_____.00
10B	_____,_____.00
10C	_____,_____.00
10D	_____,_____.00
10E	_____,_____.00
10F	_____,_____.00
11	_____,_____.00
12	_____,_____.00

NONREFUNDABLE TAX CREDITS	13A	FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040A, Line 29, or Federal Form 1040, Line 48. This amount will be used to compute your 2013 Louisiana Nonrefundable Child Care Credit.
	13B	2013 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – <b>Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 to claim a credit on this line.</b> See Nonrefundable Child Care Credit Worksheet.
	13C	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2009 THROUGH 2012 – See Nonrefundable Child Care Credit Worksheet.
	13D	2013 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT – <b>Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 to claim the credit on this line.</b> See Nonrefundable School Readiness Credit Worksheet. 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/>
	13E	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2009 THROUGH 2012 – See Nonrefundable School Readiness Credit Worksheet.
	14	EDUCATION CREDIT
	15	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G-NR, Line 10
	16	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 13B through 15. <input type="checkbox"/>


13A	_____,_____.00
13B	_____,_____.00
13C	_____,_____.00
13D	_____,_____.00
13E	_____,_____.00
14	_____,_____.00
15	_____,_____.00
16	_____,_____.00

17	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 16 from Line 12. If the result is less than zero, or you are not required to file a federal return, enter zero "0."
18	CONSUMER USE TAX <input type="checkbox"/> No use tax due. <input type="checkbox"/> Amount from the Consumer Use Tax Worksheet, Line 2.
19	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 17 and 18.

17	_____,_____.00
18	_____,_____.00
19	_____,_____.00

CONTINUE ON NEXT PAGE 



Enter the first 4 characters of your last name in these boxes. 

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_

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PLEASE PAPERCLIP W-2S AND SCHEDULES

Enter your Social Security Number.

SSN input boxes

REFUNDABLE TAX CREDITS

Lines 20-23: 2013 LOUISIANA REFUNDABLE CHILD CARE CREDIT, 2013 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT, LOUISIANA CITIZENS INSURANCE CREDIT, OTHER REFUNDABLE TAX CREDITS

Input boxes for lines 20-23

PAYMENTS

Lines 24-28: AMOUNT OF LOUISIANA TAX WITHHELD FOR 2013, AMOUNT OF CREDIT CARRIED FORWARD FROM 2012, AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING, AMOUNT OF ESTIMATED PAYMENTS FOR 2013, AMOUNT PAID WITH EXTENSION REQUEST

Input boxes for lines 24-28

Lines 29-33: TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS, OVERPAYMENT, UNDERPAYMENT PENALTY, ADJUSTED OVERPAYMENT, TOTAL DONATIONS

Input boxes for lines 29-33

REFUND DUE

Lines 34-36: SUBTOTAL, AMOUNT OF LINE 34 TO BE CREDITED TO 2014 INCOME TAX, AMOUNT TO BE REFUNDED

Input boxes for lines 34-36

DIRECT DEPOSIT INFORMATION

Form for direct deposit information including Type (Checking/Savings), Will this refund be forwarded to a financial institution located outside the United States?, Routing Number, Account Number



Enter the first 4 characters of your last name in these boxes.

Last name input boxes

COMPLETE AND SIGN RETURN ON NEXT PAGE

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PLEASE PAPERCLIP W-2S AND SCHEDULES

Enter your Social Security Number.

SSN input boxes

AMOUNTS DUE LOUISIANA

Table with 2 columns: Line number (37-47) and Description of amount due (e.g., AMOUNT YOU OWE, ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND, INTEREST, DELINQUENT FILING PENALTY, UNDERPAYMENT PENALTY, BALANCE DUE LOUISIANA).

Grid of input boxes for amounts due, with a .00 in the last column of each row.

PAY THIS AMOUNT.

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 to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 36.

Signature fields: Your Signature, Spouse's Signature, Date, Signature of paid preparer other than taxpayer, Telephone number of paid preparer, Date.

Enter the first 4 characters of your last name in these boxes.

4-character name input boxes

FOR OFFICE USE ONLY

Field Flag input boxes

5-digit input boxes for SSN/PTIN/FEIN

Social Security Number, PTIN, or FEIN of paid preparer

Individual Income Tax Return Calendar year return due 5/15/2014

SPEC CODE input boxes



Address 1: Mail Balance Due Return with Payment TO: Department of Revenue P. O. Box 3550 Baton Rouge, LA 70821-3550
Address 2: Mail All Other Individual Income Tax Returns TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3440

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PLEASE PAPERCLIP W-2S AND SCHEDULES

Enter your Social Security Number.

SSN input boxes

Nonresident and Part-Year Resident (NPR) Worksheet

Table with columns: Federal, Louisiana. Rows 1-12 for income items like Wages, interest, dividends, etc.

2013 Adjustments to Income

Table with columns: Additions, Subtractions. Rows 13-33 for adjustments like interest income, retirement benefits, etc.



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**2013 Louisiana School Expense Deduction Worksheet**

Your Name	Your Social Security Number
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- I. This worksheet should be used to calculate the three School Expense Deductions listed below. These deductions may only be taken for school expense paid in Louisiana during the time a person was a Louisiana resident. Refer to Revenue Information Bulletin 12-008 and 09-019 on LDR's website.
1. **Elementary and Secondary School Tuition** – R.S. 47:297.10 provides a deduction for amounts paid during the tax year for tuition and fees required for your dependent child's enrollment in a nonpublic elementary or secondary school that complies with the criteria set forth in *Brumfield v. Dodd* and Section 501(c)(3) of the Internal Revenue Code or to any public elementary or secondary laboratory school that is operated by a public college or university. The school can verify that it complies with the criteria. The deduction is equal to the actual amount of tuition and fees paid per dependent, limited to \$5,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks and other supplies **required** by the school.
  2. **Educational Expenses for Home-Schooled Children** – R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to \$5,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
  3. **Educational Expenses for a Quality Public Education** – R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to \$5,000. The amounts that can be deducted include amounts paid for uniforms, textbooks and other supplies **required** by the school.
- II. On the chart below, list the name of each student and the name of the school the student attends. If the student is home-schooled, enter "home-schooled." Enter an "X" in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

Student	Name of Qualifying Dependent	Name of School	Deduction as described in Section I		
			1	2	3
A					
B					
C					
D					
E					
F					

- III. Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item **required** by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of cancelled checks, receipts and other documentation in order to support the amount of qualifying expenses. If you checked column 1 in Section II, skip the 50% calculation below; however, the deduction is still limited to \$5,000.

Qualifying Expense	List the amount paid for each student as listed in Section II.					
	A	B	C	D	E	F
Tuition and Fees						
School Uniforms						
Textbooks, or Other Instructional Materials						
Supplies						
Total <i>(add amounts in each column)</i>						
If column 2 or 3 in Section II was checked, multiply by:	50%	50%	50%	50%	50%	50%
<b>Deduction per Student</b> – Enter the result or \$5,000 whichever is less.						

- IV. Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

Enter the total <b>Elementary and Secondary School Tuition Deduction</b> .	\$
Enter the total <b>Educational Expenses for Home-Schooled Children Deduction</b> .	\$
Enter the total <b>Educational Expenses for a Quality Public Education Deduction</b> .	\$
Enter the total deduction here and on the Nonresident and Part-year Resident (NPR) Worksheet, Line 29.	\$





ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

Input field for Social Security Number

### SCHEDULE D-NR – 2013 DONATION SCHEDULE

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 Line 32 of Form IT-540B to the organizations or funds listed below. Enter on Lines 2 through 25, the portion of the overpayment you wish to donate. The total on Line 26 cannot exceed the amount of your overpayment on Line 32 of Form IT-540B.

1	Adjusted Overpayment- From IT-540B, Line 32	■	1	, , , , . 00
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<b>DONATIONS OF LINE 1</b>	2	The Military Family Assistance Fund	2	, , , , . 00	<b>DONATIONS OF LINE 1</b>	14	Louisiana Association of United Ways/LA 2-1-1	14	, , , , . 00
	3	Coastal Protection and Restoration Fund	3	, , , , . 00		15	Center of Excellence for Autism Spectrum Disorder	15	, , , , . 00
	4	SNAP Fraud and Abuse Detection and Prevention Fund	4	, , , , . 00		16	Alliance for the Advancement of End of Life Care	16	, , , , . 00
	5	The START Program	5	, , , , . 00		17	American Red Cross	17	, , , , . 00
	6	Wildlife Habitat and Natural Heritage Trust Fund	6	, , , , . 00		18	New Opportunities Waiver Fund	18	, , , , . 00
	7	Louisiana Cancer Trust Fund	7	, , , , . 00		19	Friends of Palmetto Island State Park	19	, , , , . 00
	8	Louisiana Animal Welfare Commission	8	, , , , . 00		20	Dreams Come True, Inc.	20	, , , , . 00
	9	National Lung Cancer Partnership	9	, , , , . 00		21	Louisiana Coalition Against Domestic Violence, Inc.	21	, , , , . 00
	10	Louisiana Chapter of the National Multiple Sclerosis Society Fund	10	, , , , . 00		22	Decorative Lighting on the Crescent City Connection	22	, , , , . 00
	11	Louisiana Food Bank Association	11	, , , , . 00		23	Operation and Maintenance of the New Orleans Ferries	23	, , , , . 00
	12	Louisiana Bicentennial Commission and Battle of New Orleans Bicentennial Commission	12	, , , , . 00		24	Louisiana National Guard Honor Guard for Military Funerals	24	, , , , . 00
	13	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	13	, , , , . 00		25	Bastion Community of Resilience	25	, , , , . 00

26	TOTAL DONATIONS – Add Lines 2 through 25. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540B, Line 33.	26	, , , , . 00
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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number. 

**SCHEDULE F-NR – 2013 REFUNDABLE TAX CREDITS**


1 Credit for amounts paid by certain military service members for obtaining Louisiana Hunting and Fishing Licenses.

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

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







1C Dependents: List dependent names.

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 Enter the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals. **1D** 


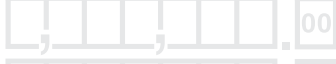

**Additional Refundable Credits**

Enter description and associated code, along with the dollar amount. See instructions beginning on page 18.

	Credit Description	Code	Amount of Credit Claimed
2		F	
3		F	
4		F	
5		F	
6		F	
7	<b>OTHER REFUNDABLE TAX CREDITS</b> - Add Lines 1D, and 2 through 6. Also, enter this amount on Form IT-540B, Line 23.		

Description	Code	Description	Code	Description	Code	Description	Code
Inventory Tax	50F	Mentor-Protégé	57F	Wind and Solar Energy Systems – Non-Leased	64F	Sugarcane Trailer Conversion	69F
Ad Valorem Natural Gas	51F	Milk Producers	58F	School Readiness Child Care Provider	65F	Retention and Modernization	70F
Ad Valorem Offshore Vessels	52F	Technology Commercialization	59F	School Readiness Child Care Directors and Staff	66F	Conversion of Vehicle to Alternative Fuel	71F
Telephone Company Property	54F	Historic Residential	60F	School Readiness Business – Supported Child Care	67F	Research and Development	72F
Prison Industry Enhancement	55F	Angel Investor	61F	School Readiness Fees and Grants to Resource and Referral Agencies	68F	Digital Interactive Media & Software	73F
Urban Revitalization	56F	Musical and Theatrical Productions	62F			Wind and Solar Energy Systems – Leased	74F
						Other Refundable Credit	80F

**SCHEDULE H-NR – 2013 MODIFIED FEDERAL INCOME TAX DEDUCTION**

1	Enter the amount of your federal income tax liability found on Federal Form 1040, Line 55 plus the tax amount from Federal Form 8960, Line 17.	1	
2	Enter the amount of federal disaster credits allowed by IRS.	2	
3	Add Line 1 and Line 2. Also, enter this amount on Form IT-540B, Line 10D, and mark the box on Line 10D to indicate that your income tax deduction has been increased.	3	



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Enter your Social Security Number.

**SCHEDULE G-NR – 2013 NONREFUNDABLE TAX CREDITS**

**1 CREDIT FOR CERTAIN DISABILITIES** - Mark an "X" in the appropriate boxes. Only one credit is allowed per person. See instructions on page 20 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"/>	1D	Enter the total number of qualifying individuals. Only one credit is allowed per person.
1B	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1E	Multiply Line 1D by \$100.
1C	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\* List dependent names here. >

**2 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS**

2A	Enter the value of computer or other technological equipment donated. Attach Form R-3400.	2A	<input type="text"/>
2B	Multiply Line 2A by 40 percent.	2B	<input type="text"/>

**3 CREDIT FOR CERTAIN FEDERAL TAX CREDITS**

3A	Enter the amount of eligible federal credits.	3A	<input type="text"/>
3B	Multiply Line 3A by 10 percent. Enter the result or \$25, whichever is less. This credit is limited to \$25.	3B	<input type="text"/>

**Additional NONREFUNDABLE Credits**

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 20.

	Credit Description	Credit Code	Amount of Credit Claimed
4		<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>
6		<input type="text"/>	<input type="text"/>
7		<input type="text"/>	<input type="text"/>
8		<input type="text"/>	<input type="text"/>
9		<input type="text"/>	<input type="text"/>
10	<b>OTHER NONREFUNDABLE TAX CREDITS</b> – Add Lines 1E, 2B, 3B, and 4 through 9. Also, enter this amount on Form IT-540B, Line 15.		<input type="text"/>

Description	Code
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Education	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Owner of Newly Constructed Accessible Home	145
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
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
New Jobs Credit	224
Refunds by Utilities	226

Description	Code
Eligible Re-entrants	228
Neighborhood Assistance	230
Cane River Heritage	232
LA Community Economic Dev.	234
Apprenticeship	236
Ports of Louisiana Investor	238
Ports of Louisiana Import Export Cargo	240
Motion Picture Investment	251
Research and Development	252
Historic Structures	253
Digital Interactive Media	254
Motion Picture Resident	256

Description	Code
Capital Company	257
LCDFI	258
New Markets	259
Brownfields Investor	260
Motion Picture Infrastructure	261
Angel Investor	262
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

