

## Non-employee Compensation

P.O. Box 91017 Baton Rouge, LA 70821-0917 (225) 219-7356 (225) 219-2144 (TDD)

FOR OFFICE USE ONLY.



Filing Period \_\_\_\_\_

1 1 Total amount of non-employee compensation paid for period ..... .00 2 Tax amount due (Multiply amount on Line 1 by 4.2%.) 2 .00 Delinquent penalty 3 3 .00 (5% of tax due for each 30 days or fraction thereof of delinquency, maximum of 25%) ..... 4 4 Interest (See Instructions.) .00 Total tax, penalty, and interest due (Add lines 2, 3, and 4.) ..... 5 5 .00 Make payments to: Louisiana Department of Revenue. Do not send cash.

rect, and complete.	If the return is pre-	epared by a person other than t		ing all accompanying documents, and to the best of my kn , his declaration is based on all the information relating to th	
in the return of which he has any knowledge.					
Date	Signature			Signature of preparer other than taxpayer	Preparer ID
This return is due on or before the last day of the month following the taxable period covered and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter.					Telephone number
Complete only if change in business status has occurred. Please print or type.					
Date business discontinued		Date business sold	Name o	f purchaser	



O If your name has changed, mark circle.

O If your address has changed, mark circle.

