Fiduciary Income
Tax Return

Mark all Applicable Boxes:

LDR Account Number:
Initial Return

- Amended Return
(7) Final Return
(7) Resident Trust
D. Nonresident Trust

Address Change

## Federal Identification Number:

| Name of Estate or Trust |  |  |  |
| :--- | :--- | :--- | :---: |
|  |  |  |  |
| Name of Estate or Trust continued |  |  |  |
| Address | Unit Type | Unit Number |  |
| City | State | ZIP |  |
| Foreign Nation, if not United States (do not abbreviate) |  |  |  |

Date entity was created: $\square$
(mmddyyyy)
Type of entity code(s)



| 25 | Amount to be refunded - Subtract Line 24 from Line 23. | 25 |
| :---: | :---: | :---: |
| 26 | Amount owed - If Line 15 is greater than Line 22, subtract Line 22 from Line 15. | 26 |
| 27 | Interest - From the Interest Calculation Worksheet Line 5. | 27 |
| 28 | Delinquent filing penalty - From the Delinquent Filing Penalty Calculation Worksheet Line 3. | 28 |
| 29 | Delinquent payment penalty - From the Delinquent Payment Penalty Calculation Worksheet Line 7. | 29 |
| 30 | Total amount due - Add Lines 26 through $29 . \quad$ PAY THIS AMOUNT. | 30 |

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

| Print Name of Fiduciary |  |  |  |
| :--- | :--- | :--- | :--- |
| Signature of Fiduciary or officer representing Fiduciary | Telephone | Date (mm/dd/yyyy) |  |
| Address | City | State | ZIP |


| PAID PREPARER USE ONLY | Print Preparer's Name | Preparer's Signature | Date (mm/dd/yyyy) | Check $\square$ if Self-employed |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  | Firm's Name ${ }^{\text {- }}$ |  | Firm's FEIN $>$ |  |
|  | Firm's Address > |  | Telephone > |  |




| Description | Code | Description | Code | Description | Code |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Premium Tax | 100 | Qualified Playgrounds | 150 | Donations to Public Schools | 170 |
| Bone Marrow | 120 | Debt Issuance | 155 | Other | 199 |



| Description | Code |
| :--- | :---: |
| Inventory Tax | 50 F |
| Ad Valorem Natural Gas | 51 F |



IMPORTANT! These codes must be claimed on Lines 7 through 9.

| Description | Code | Description | Code | Description | Code | Description | Code |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Motion Picture Investment | 251 | Capital Company | 257 | New Markets | 259 | Angel Investor | 262 |
| Research and Development | 252 | LCDFI Credit | 258 | Motion Picture Infrastructure | 261 | Other | 299 |





Schedule A - Computation of Louisiana Taxable Income before Income Distribution Deduction


Schedule B - Computation of Apportionment Percent

| Description of items used as factors | 1. Total amount per Federal Return | 2. Total Louisiana Amount | 3. Factor ratios (\%) |
| :---: | :---: | :---: | :---: |
| 1. Net sales of merchandise and/or charges for services |  |  |  |
| A. Sales where goods, merchandise, or property is received in Louisiana by the purchaser |  |  |  |
| B. Charges for services performed in Louisiana |  |  |  |
| C. Other gross apportionable income attributable to Louisiana |  |  |  |
| D. Total - In Column 1, enter total net sales and charges for services. In Column 2, add Lines 1A, 1B, and 1C and enter the result on Line 1D. Divide Column 2 by Column 1 and enter the ratio in Column 3. |  |  | \% |
| 2. Wages, salaries, and other personal service compensation paid during the year. Enter amounts in Columns 1 and 2. Divide Column 2 by Column 1 and enter the ratio in Column 3. |  |  | \% |
| 3. Income tax property ratio - Enter amounts in Column 1 and 2. Divide Column 2 by Column 1 and enter the ratio in Column 3. |  |  | \% |
| 4. Loans made during the year - Enter amounts in Columns 1 and 2. Divide Column 2 by Column 1 and enter the ratio in Column 3. |  |  | \% |
| 5. Taxpayers primarily in the business of manufacturing and merchandising enter ratio from Column 3, Line 1D. |  |  | \% |
| 6. Add percentages under Column 3, Lines 1D, 2, 3, 4, and 5 and enter result. |  |  | \% |
| 7. Average of percents - Line 6 divided by the number of factors used. |  |  | \% |


| Schedule C - Distributive Shares of Beneficiaries |  |  |  |
| :---: | :---: | :---: | :---: |
| List Social Security Number, Name, and Address of each beneficiary as shown on their individual income tax return Form IT-540 or IT-540B. |  |  |  |
| Social Security Number | Name, Address, City, State, ZIP | Percentage of Beneficial Interest | Distributive Share of Louisiana Income to Beneficiary |
| a. |  | \% |  |
| b. |  | \% |  |
| c. |  | \% |  |
| d. |  | \% |  |
| e. |  | \% |  |
| f. |  | \% |  |
| g. Total Distribution. Enter the Results on Form IT-541, Line 5. |  | 100\% |  |

Schedule D - Summary of Estimated Tax Payments

|  |  | Check Number | Date | Amount |
| :---: | :--- | :---: | :---: | :---: |
| 1 | First quarter estimated payment |  |  |  |
| 2 | Second quarter estimated payment |  |  |  |
| 3 | Third quarter estimated payment |  |  |  |
| 4 | Fourth quarter estimated payment |  |  |  |
| 5 | Extension Payment |  |  |  |
| 6 | Total - Add Lines 1 through 5. |  |  |  |

