

Enter your Social Security Number.

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AMOUNTS DUE LOUISIANA	36	AMOUNT YOU OWE – If Line 18 is greater than Line 28, subtract Line 28 from Line 18.	
	37	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	
	38	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	
	39	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	
	40	ADDITIONAL DONATION TO THE SNAP FRAUD AND ABUSE DETECTION AND PREVENTION FUND	
	41	INTEREST – From the Interest Calculation Worksheet, page 11, Line 5.	
	42	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 11, Line 7.	
	43	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 12, Line 7.	
	44	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 12, and Form R-210NR. If you are a farmer, check the box. <input type="checkbox"/>	
45	BALANCE DUE LOUISIANA – Add Lines 36 through 44. If mailing to LDR, use address 1 below. For electronic payment options, see inside cover.	<b>PAY THIS AMOUNT.</b>	

36										00
37										00
38										00
39										00
40										00
41										00
42										00
43										00
44										00
45										00

**DO NOT SEND CASH.**

**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip.  
**Do not staple.**

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 35.

Your Signature	Date	Signature of paid preparer other than taxpayer	
Spouse's Signature (If filing jointly, both must sign.)	Date	Telephone number of paid preparer ( )	Date

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

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Social Security Number, PTIN, or FEIN of paid preparer

Individual Income Tax Return  
Calendar year return due 5/15/2016

Address

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

SPEC CODE 

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**WEB**

**61674**