

Enter your Social Security Number.

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AMOUNTS DUE LOUISIANA	41	AMOUNT YOU OWE – If Line 25 is greater than Line 33, subtract Line 33 from Line 25.	PAY THIS AMOUNT.
	42	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	
	43	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	
	44	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	
	45	INTEREST – From the Interest Calculation Worksheet, page 11, Line 5. <input type="checkbox"/>	
	46	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 11, Line 7.	
	47	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 11, Line 7.	
	48	UNDERPAYMENT PENALTY – See instructions for Underpayment Penalty, page 11, and Form R-210NR. If you are a farmer, check the box. <input type="checkbox"/>	
	49	BALANCE DUE LOUISIANA – Add Lines 41 through 48. If mailing to LDR, use address 1 below. For electronic payment options, see inside cover.	PAY THIS AMOUNT.

41	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
42	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
43	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
44	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
45	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
46	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
47	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
48	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>
49	<div style="display: flex; justify-content: space-between; align-items: center;"> [] [] [] [] [] [] [] [] [] [] .00 </div>

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 40.

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 5/15/2017

{ Addresses }

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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