Enter your Social Security Number.

AMOUNTS DUE LOUISIANA			
41	AMOUNT YOU OWE – If Line 25 is greater than Line 33, subtract Line 33 from Line 25.	41	,,. 00
42	**ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND**	42	,,. 00
43	**ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND**	43	,,. 00
44	**ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION**	44	,,. 00
45	INTEREST – From the Interest Calculation Worksheet, page 11, Line 5.	45	,,. 00
46	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, page 11, Line 7.	46	,,. 00
47	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, page 11, Line 7.	47	,,. 00
48	UNDERPAYMENT PENALTY – *See instructions for Underpayment Penalty, page 11, and Form R-210NR.* If you are a farmer, check the box. ☐	48	,,. 00
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.**	49	,,. 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.**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 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 *(mm/dd/yyyy)*	Spouse's Signature *(If filing jointly, both must sign.)*	Date *(mm/dd/yyyy)*

PAID PREPARER USE ONLY	Print/Type Preparer's Name	Preparer's Signature	Date *(mm/dd/yyyy)*	Check ☐ if Self-employed
	Firm's Name ➤		Firm's EIN ➤	
	Firm's Address ➤		Telephone ➤	

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

Individual Income Tax Return
Calendar year return due 5/15/2018

Social Security Number, PTIN, or FEIN of paid preparer

{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

WEB 61868