

Louisiana General Information

Mark if name has changed _____ [1]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer _____ [2]

Spouse _____ [3]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [4]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____ [5]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____ [6]

Contributions

Military Family Assistance Fund	_____ [7]	Louisiana Coalition Against Domestic Violence	_____ [18]
Coastal Protection and Restoration Fund	_____ [8]	Decorative Lighting - Crescent City Connection	_____ [19]
SNAP Fraud and Abuse Detection/Prevention	_____ [9]	Operations / Maintenance New Orleans Ferry	_____ [20]
Wildlife Habitat and Natural Heritage Fund	_____ [10]	National Guard Honor Guard for Military Funerals	_____ [21]
Louisiana Cancer Trust Fund	_____ [11]	Bastion Community of Resilience	_____ [22]
Animal Welfare Commission	_____ [12]	Louisiana Youth Leadership Seminar Corporation	_____ [23]
Louisiana Food Bank Association	_____ [13]	Lighthouse for the Blind in New Orleans, Inc	_____ [24]
Make-A-Wish of Texas Gulf Coast/Louisiana	_____ [14]	Louisiana Association for the Blind	_____ [25]
Louisiana Association of United Ways / 2-1-1	_____ [15]	Louisiana Center for the Blind	_____ [26]
American Red Cross	_____ [16]	Affiliated Blind of Louisiana, Inc	_____ [27]
Dreams Come True	_____ [17]	Louisiana State Troopers Charities, Inc	_____ [28]

START savings program:	Account Description	Amount
_____	_____	_____ [29]
_____	_____	_____
_____	_____	_____

Part-year Resident Information

Part-year residency dates:	Taxpayer	Spouse
From	_____ [30]	_____ [32]
To	_____ [31]	_____ [33]

Retirement Information

Date retired as a:	Taxpayer	Spouse
Louisiana state employee	_____ [34]	_____ [35]
Louisiana teacher	_____ [36]	_____ [37]
Federal employee	_____ [38]	_____ [39]

Other retirement information:	Retirement System Name	Taxpayer	Spouse	Date Retired
_____	_____	_____	_____	_____ [40]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____