

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 made prior to April 1, 2016 on which sales tax was not paid _____ [6]

Enter the amount of any out-of-state purchases made after March 31, 2016 on which sales tax was not paid _____ [41]

Contributions

| | | | |
|--|------------|--|------------|
| Military Family Assistance Fund | _____ [7] | Louisiana Youth Leadership Seminar Corporation | _____ [23] |
| Coastal Protection and Restoration Fund | _____ [8] | Lighthouse for the Blind in New Orleans, Inc | _____ [24] |
| Not applicable | _____ [9] | Louisiana Association for the Blind | _____ [25] |
| Wildlife Habitat and Natural Heritage Fund | _____ [10] | Louisiana Center for the Blind | _____ [26] |
| Louisiana Cancer Trust Fund | _____ [11] | Affiliated Blind of Louisiana, Inc | _____ [27] |
| Animal Welfare Commission | _____ [12] | Louisiana State Troopers Charities, Inc | _____ [28] |
| Louisiana Food Bank Association | _____ [13] | Friends of Palmetto State Park | _____ [42] |
| Make-A-Wish of Texas Gulf Coast/Louisiana | _____ [14] | The American Rose Society | _____ [43] |
| Louisiana Association of United Ways / 2-1-1 | _____ [15] | The Extra Mile | _____ [44] |
| American Red Cross | _____ [16] | Naval War Memorial Commission, U.S.S. KIDD | _____ [45] |
| National Guard Honor Guard for Military Funerals | _____ [21] | Children's Therapeutic Services at the Emerge Center | _____ [46] |

Account Description

Amount

| | |
|------------------------|------------|
| START savings program: | _____ [29] |
| _____ | _____ |
| _____ | _____ |

Part-year Resident Information

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

Retirement Information

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

Retirement System Name

Taxpayer

Spouse

Date Retired

| | |
|-------------------------------|------------|
| Other retirement information: | _____ [40] |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |