



Form ID: LA

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]	National Guard Honor Guard for Military Funerals	_____ [16]
Coastal Protection and Restoration Fund	_____ [8]	Louisiana Horse Rescue Association	_____ [17]
Wildlife Habitat and Natural Heritage Fund	_____ [9]	Louisiana Coalition Against Domestic Violence	_____ [18]
Louisiana Cancer Trust Fund	_____ [10]	Louisiana State Troopers Charities, Inc	_____ [19]
Pet Overpopulation Advisory Council	_____ [11]	Friends of Palmetto State Park	_____ [20]
Louisiana Food Bank Association	_____ [12]	The American Rose Society	_____ [21]
Make-A-Wish of Texas Gulf Coast/Louisiana	_____ [13]	The Extra Mile	_____ [22]
Louisiana Association of United Ways / 2-1-1	_____ [14]	Naval War Memorial Commission, U.S.S. KIDD	_____ [23]
American Red Cross	_____ [15]	Children's Therapeutic Services at the Emerge Center	_____ [24]

Account Description	Amount
START savings program: _____	_____ [25]
_____	_____
_____	_____

Part-year Resident Information

Part-year residency dates:	Taxpayer	Spouse
From	_____ [26]	_____ [28]
To	_____ [27]	_____ [29]

Retirement Information

Date retired as a:	Taxpayer	Spouse
Louisiana state employee	_____ [30]	_____ [31]
Louisiana teacher	_____ [32]	_____ [33]
Federal employee	_____ [34]	_____ [35]

Other retirement information:	Retirement System Name	Taxpayer	Spouse
		Date Retired	
_____	_____	_____	_____ [36]
_____	_____	_____	_____
_____	_____	_____	_____