



# Clergy Financial Resources

## Tax | Payroll & HR | Consulting

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
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_____	_____	_____	_____	_____ [4]
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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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 Association of United Ways / 2-1-1	_____ [15]
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Coastal Protection and Restoration Fund	_____ [8]	American Red Cross	_____ [16]
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START Program	_____ [9]	National Guard Honor Guard for Military Funerals	_____ [17]
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Wildlife Habitat and Natural Heritage Fund	_____ [10]	Louisiana State Troopers Charities, Inc	_____ [18]
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Louisiana Cancer Trust Fund	_____ [11]	Friends of Palmetto State Park	_____ [19]
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Pet Overpopulation Advisory Council	_____ [12]	Children's Therapeutic Services at the Emerge Center	_____ [20]
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Louisiana Food Bank Association	_____ [13]	Louisiana Horse Rescue Association	_____ [21]
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Make-A-Wish of Texas Gulf Coast/Louisiana	_____ [14]	Louisiana Coalition Against Domestic Violence	_____ [22]
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### Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [23]	_____ [25]
To	_____ [24]	_____ [26]

### Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____ [27]	_____ [28]
Louisiana teacher	_____ [29]	_____ [30]
Federal employee	_____ [31]	_____ [32]

	Retirement System Name	Taxpayer	Spouse
		Date Retired	
Other retirement information:	_____	_____	_____ [33]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

NOTES/QUESTIONS:

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