

FILE ONLINE ON



Fast. Easy. Absolutely Free.

revenue.louisiana.gov/LaTAP

Are you due a refund? If you file this paper return, it will take up to 14 weeks to get your refund check. With Louisiana Taxpayer Access Point (LaTAP) and direct deposit, you can receive your refund within 45 days.

Mark Box:

IT-540-WEB-BC (Page 1 of 4)

2024 LOUISIANA RESIDENT

Name Change

Your legal first name

Init.

Last name

Suffix

Decedent Filing

If joint return, spouse's name

Init.

Last name

Suffix

Spouse Decedent

Present home address (number and street including rural route)

Unit Type

Number

Address Change

City, Town, or APO

State

ZIP

Amended Return

Foreign Nation, if not United States (Do not abbreviate.)

NOL Carryback

IMPORTANT!

You must enter your SSN below in the same order as shown on your federal return.

Your SSN

| | | | | | |
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Spouse's SSN

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Area code and daytime telephone number

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|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Your Date of Birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Spouse's Date of Birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Decedent's Date of Death

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Spouse's Date of Death

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

Enter a "1" in box if **single**.

6 EXEMPTIONS:

6A Yourself 65 or older Blind Qualifying Surviving Spouse

Total of 6A & 6B

Enter a "2" in box if **married filing jointly**.6B Spouse 65 or older BlindEnter a "3" in box if **married filing separately**.Enter a "4" in box if **head of household**.

If the qualifying person is not your dependent, enter name here. _____

Enter a "5" in box if **qualifying surviving spouse**.

If the qualifying person is not your dependent, enter name here. _____

6C DEPENDENTS – Enter dependent information below. If you have more than six dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on Federal Form 1040 or 1040-SR in the boxes here.

6C

| | |
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| | |
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| First Name | Last Name | Social Security Number | Relationship to You | Birth Date (mm/dd/yyyy) |
|------------|-----------|------------------------|---------------------|-------------------------|
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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.**

6D EXEMPTIONS – Total of 6A, 6B, and 6C

6D

| | |
|--|--|
| | |
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6E DEPENDENTS FOR CERTAIN ADOPTIONS DEDUCTION – Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions.

6E

| | |
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Enter name here. _____

6F TOTAL EXEMPTIONS – Subtract Line 6E from Line 6D.

6F

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| Field Flag | | | | | |
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Enter your Social Security Number.

If you are not required to file a federal return, indicate wages here.

 , , .

Mark this box and enter zero "0" on Line 12.

7 FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."

From Louisiana Schedule E, attached

7 , , .

If you did not itemize your deductions on your federal return, leave Lines 8A through 8D blank and go to Line 9.

8A FEDERAL ITEMIZED DEDUCTIONS

8A , , .

8B FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES

8B , , .

8C FEDERAL STANDARD DEDUCTION

8C , , .

8D EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.

8D , , .

9 YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables.

9 , , .

10 YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.

10 , , .

11 NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6

11 , , .

12 TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero or you are not required to file a federal return, enter zero "0."

12 , , .

13 2024 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.

13 , , .

13A Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.

13A , , .

13B Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.

13B , , .

14 2024 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.

14 , , .

5 Star 4 Star 3 Star 2 Star

15 EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3.

15 , , .

16 OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9

16 , , .

17 TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 13 and 14 through 16. Do not include amounts on Lines 13A and 13B.

17 , , .

18 TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS

18 , , .

19 OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS

19 , , .

20 NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16

20 , , .

21 ADJUSTED LOUISIANA INCOME TAX – Subtract Line 20 from Line 18.

21 , , .

CONTINUE ON NEXT PAGE.



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

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Enter your Social Security Number.

| | | | |
|-----|--|--------------------------|--|
| 22A | CONSUMER USE TAX – You must mark one of these boxes. | <input type="checkbox"/> | No use tax due |
| | | <input type="checkbox"/> | Amount from the Consumer Use Tax Worksheet |
| 22B | ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE | <input type="checkbox"/> | No usage fee due |
| | | <input type="checkbox"/> | Amount from Form R-19000A |
| 23 | TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE – Add Lines 21, 22A, and 22B. | | |

| | |
|----|---|
| 24 | OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19. |
| 25 | REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6 |

| | |
|--------------------------------------|---|
| P A Y M E N T S | 26 AMOUNT OF LOUISIANA TAX WITHHELD FOR 2024 – Attach Forms W-2 and 1099. 27 AMOUNT OF CREDIT CARRIED FORWARD FROM 2023 28 AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2024 29 AMOUNT OF EXTENSION PAYMENT |
|--------------------------------------|---|

| | | |
|----|--|--------------------------|
| 30 | TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 24 through 29. | <input type="checkbox"/> |
| 31 | OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38. | <input type="checkbox"/> |
| 32 | UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box. | <input type="checkbox"/> |
| 33 | ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38. | <input type="checkbox"/> |
| 34 | TOTAL DONATIONS – From Schedule D, Line 20 | <input type="checkbox"/> |

| | | | |
|-----------------------------------|--|----------------------------------|--|
| REFUND DUE | 35 SUBTOTAL – Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund. | | |
| | 36 AMOUNT OF LINE 35 TO BE CREDITED TO 2025 INCOME TAX CREDIT | | |
| | AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. If mailing to LDR, use Address 2 on the next page. | | |
| | Enter a "2" in box if you want to receive your refund by paper check. | | |
| 37 | Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check. | | |
| | REFUND <input type="checkbox"/> | | |
| DIRECT DEPOSIT INFORMATION | | | |
| Type: | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Will this refund be forwarded to a financial institution located outside the United States |
| Routing Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="checkbox"/> |
| Account Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

COMPLETE AND SIGN RETURN ON NEXT PAGE.



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

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Enter your Social Security Number.

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|----|---|-------------------------|----|
| 38 | AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23. | 38 | 00 |
| 39 | ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND | 39 | 00 |
| 40 | ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND | 40 | 00 |
| 41 | ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION | 41 | 00 |
| 42 | INTEREST – From the Interest Calculation Worksheet, Line 5 | 42 | 00 |
| 43 | DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3 | 43 | 00 |
| 44 | DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7 | 44 | 00 |
| 45 | UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box. | 45 | 00 |
| 46 | BALANCE DUE LOUISIANA – Add Lines 38 through 45. If mailing to LDR, use address 1 below. For electronic payment options, see instructions. | PAY THIS AMOUNT. | 46 |

AMOUNTS DUE LOUISIANA

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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 a 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 37.

| | | | |
|----------------|-------------------|--|-------------------|
| Your Signature | Date (mm/dd/yyyy) | Spouse's Signature (<i>If filing jointly, both must sign.</i>) | Date (mm/dd/yyyy) |
|----------------|-------------------|--|-------------------|

| |
|---------------|
| Email Address |
|---------------|

| | | | | | |
|---------------------------------------|----------------------------|--|----------------------|-------------------|---|
| PAID PREPARER USE ONLY | Print/Type Preparer's Name | | Preparer's Signature | Date (mm/dd/yyyy) | Check <input type="checkbox"/> if Self-employed |
| | Firm's Name ► | | | Firm's FEIN ► | |
| | Firm's Address ► | | | Telephone ► | |

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

| | | | |
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**Individual Income Tax Return
Calendar year return due 5/15/2025****Mail Balance Due Return with Payment**

TO: Department of Revenue
 P. O. Box 3550
 Baton Rouge, LA 70821-3550

Mail All Other Individual Income Tax Returns

TO: Department of Revenue
 P. O. Box 3440
 Baton Rouge, LA 70821-3440

| | | | | | | | |
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PTIN, FEIN, or LDR Account Number
of Paid Preparer

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For Office
Use Only.**WEB**

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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

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SCHEDULE C – 2024 NONREFUNDABLE PRIORITY 1 CREDITS

1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states and Form R-10606 must be submitted with this schedule.

1A Enter the total of Net Tax Liability Paid to Other States from Form R-10606.

1B Enter the Credit for Taxes Paid to Other States from Form R-10606.

| | | | | | | | |
|----|--|--|--|--|--|--|----|
| | | | | | | | 00 |
| 1A | | | | | | | 00 |
| 1B | | | | | | | 00 |

Additional Nonrefundable Priority 1 Credits

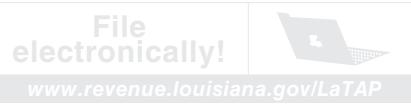
Enter credit description and associated code, along with the dollar amount of credit claimed. See *instructions*.

| | Credit Description | Credit Code | Amount of Credit Claimed |
|---|--|-------------|--------------------------|
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1B and 2 through 5. Also, enter this amount on Form IT-540, Line 11. | | |

| Description | Code |
|-------------|------|
| Premium Tax | 100 |
| Bone Marrow | 120 |

| Description | Code |
|-----------------------|------|
| Qualified Playgrounds | 150 |
| Debt Issuance | 155 |

| Description | Code |
|-------------|------|
| Other | 199 |



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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

SCHEDULE D – 2024 DONATION SCHEDULE

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 33 of Form IT-540 to the organizations or funds listed below. Enter on Lines 2 through 19, the portion of the overpayment you wish to donate. The total on Line 20 cannot exceed the amount of your overpayment on Line 33 of Form IT-540.

| | | | |
|----------------------------|---|----------------------------|--|
| 1 | Adjusted Overpayment – From IT-540, Line 33 | 1 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 2 | The Military Family Assistance Fund | 2 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 3 | Coastal Protection and Restoration Fund | 3 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 4 | The START Program | 4 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 5 | Wildlife Habitat and Natural Heritage Trust Fund | 5 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 6 | Louisiana Cancer Advisory Board | 6 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 7 | Louisiana Pet Overpopulation Advisory Council | 7 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 8 | Louisiana Food Bank Association | 8 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 9 | Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana | 9 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 10 | American Red Cross | 10 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| DONATIONS OF LINE 1 | | DONATIONS OF LINE 1 | |
| 11 | Louisiana National Guard Honor Guard for Military Funerals | 11 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 12 | Louisiana State Troopers Charities, Inc. | 12 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 13 | Louisiana Coalition Against Domestic Violence | 13 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 14 | Dreams Come True, Inc. | 14 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 15 | Sexual Trauma Awareness and Response (STAR) | 15 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 16 | Maddie's Footprints | 16 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 17 | University of New Orleans Foundation | 17 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 18 | Southeastern Louisiana University Foundation | 18 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 19 | Holden's Hope | 19 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |
| 20 | TOTAL DONATIONS – Add Lines 2 through 19. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540, Line 34. | 20 | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 |



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ATTACH TO RETURN IF COMPLETED.

SCHEDULE E – 2024 ADJUSTMENTS TO INCOME

Enter your Social Security Number.

| | |
|----|--|
| 1 | FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040 or 1040-SR, Line 11. Check box if amount is less than zero. |
| 2A | INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS |
| 2B | RECAPTURE OF START CONTRIBUTIONS |
| 2C | RECAPTURE OF START K12 CONTRIBUTIONS |
| 2D | ADD BACK OF PASS-THROUGH ENTITY LOSS |
| 3 | TOTAL – Add Lines 1, 2A, 2B, 2C, and 2D. |

EXEMPT INCOME – Enter on Lines 4A through 4G the amount of exempted income included in Line 1 above. Enter the description and associated code, along with the dollar amount. See *instructions*.

| Exempt Income Description | | Code | Amount |
|---------------------------|---|------|--------|
| 4A | | E | 00 |
| 4B | | E | 00 |
| 4C | | E | 00 |
| 4D | | E | 00 |
| 4E | | E | 00 |
| 4F | | E | 00 |
| 4G | | E | 00 |
| 4H | EXEMPT INCOME – Add Lines 4A through 4G. | | |
| 5 | LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 4H from Line 3. Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used. | | 00 |

| Description - See instructions. | Code | | | | | | | | | | | | | | |
|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|
| Interest and Dividends on U.S. Government Obligations | 01E | | | | | | | | | | | | | | |
| Louisiana State Employees' Retirement Benefits | | | | | | | | | | | | | | | |
| Taxpayer date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Spouse date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | M | M | Y | Y | Y | Y | Y | M | M | Y | Y | Y | Y | Y | 02E |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| Louisiana State Teachers' Retirement Benefits | | | | | | | | | | | | | | | |
| Taxpayer date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Spouse date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | M | M | Y | Y | Y | Y | Y | M | M | Y | Y | Y | Y | Y | 03E |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| Federal Retirement Benefits | | | | | | | | | | | | | | | |
| Taxpayer date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Spouse date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | M | M | Y | Y | Y | Y | Y | M | M | Y | Y | Y | Y | Y | 04E |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| Other Retirement Benefits – Provide name or statute: _____ | | | | | | | | | | | | | | | |
| Taxpayer date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Spouse date retired: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | M | M | Y | Y | Y | Y | Y | M | M | Y | Y | Y | Y | Y | 05E |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| M | M | Y | Y | Y | Y | Y | | | | | | | | | |
| Annual Retirement Income Exemption for Taxpayers 65 or over | | | | | | | | | | | | | | | |
| Provide name of pension or annuity: _____ | 06E | | | | | | | | | | | | | | |

| Description - See instructions. | Code |
|--|------|
| Taxable Amount of Social Security | 07E |
| Native American Income | 08E |
| START Savings Program Contribution | 09E |
| Military Pay Exclusion | 10E |
| Road Home | 11E |
| Recreation Volunteer | 13E |
| Volunteer Firefighter | 14E |
| Voluntary Retrofit Residential Structure | 16E |
| Elementary and Secondary School Tuition | 17E |
| Educational Expenses for Home-Schooled Children | 18E |
| Educational Expenses for Quality Public Education | 19E |
| Capital Gain from Sale of Louisiana Business | 20E |
| Employment of Certain Qualified Disabled Individuals | 21E |
| S Bank Shareholder Income Exclusion | 22E |
| Entity Level Taxes Paid to Other States | 23E |
| Pass-Through Entity Exclusion | 24E |
| IRC 280C Expense | 25E |
| COVID-19 Relief Benefits | 27E |
| START K12 Savings Program Contributions | 28E |
| Digital Nomads | 29E |
| Certain Adoptions | 30E |
| Other, see <i>instructions</i> . Identify: _____ | 49E |



File electronically!

www.revenue.louisiana.gov/LaTAP



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ATTACH TO RETURN IF COMPLETED.

2024 Louisiana School Expense Deduction Worksheet

| | |
|-----------|-----------------------------|
| Your Name | Your Social Security Number |
|-----------|-----------------------------|

- I.** This worksheet should be used to calculate the three School Expense Deductions listed below. Refer to Revenue Information Bulletin 24-007 on LDR's website for more information. Expenses paid with amounts deducted as START K12 Savings Program Contributions are not eligible for this deduction.
1. **Elementary and Secondary School Tuition** – La. R.S. 47:297.10 provides a deduction for amounts paid during the tax year for tuition and fees required for your dependent child's enrollment in a nonpublic elementary or secondary school that complies with the criteria set forth in *Brumfield v. Dodd* and Section 501(c)(3) of the Internal Revenue Code or to any public elementary or secondary laboratory school that is operated by a public college or university. The school can verify that it complies with the criteria. The deduction is equal to the actual amount of tuition and fees paid per dependent, limited to \$6,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks, and other supplies **required** by the school.
 2. **Educational Expenses for Home-Schooled Children** – La. R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to \$6,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
 3. **Educational Expenses for a Quality Public Education** – La. R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to \$6,000. The amounts that can be deducted include amounts paid for uniforms, textbooks, and other supplies **required** by the school.
- II.** On the chart below, list the name of each qualifying dependent and the name of the school the student attends. If the student is home-schooled, enter "home-schooled." Enter an "X" in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

| Student | Name of Qualifying Dependent | Name of School | Deduction as described above in Section I | | |
|---------|------------------------------|----------------|---|---|---|
| | | | 1 | 2 | 3 |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |

- III.** Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item **required** by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of canceled checks, receipts, and other documentation in order to support the amount of qualifying expenses. **If you checked column 1 in Section II, skip the 50% calculation below; however, the deduction is still limited to \$6,000.**

| Qualifying Expense | List the amount paid for each student as listed in Section II. | | | | | |
|--|--|-----|-----|-----|-----|-----|
| | A | B | C | D | E | F |
| Tuition and Fees | | | | | | |
| School Uniforms | | | | | | |
| Textbooks or Other Instructional Materials | | | | | | |
| Supplies | | | | | | |
| Total (Add amounts in each column.) | | | | | | |
| If column 2 or 3 in Section II was checked, multiply by: | 50% | 50% | 50% | 50% | 50% | 50% |
| Deduction per Student – Enter the result or \$6,000, whichever is less. | | | | | | |

- IV.** Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

| | |
|--|----|
| Enter the Elementary and Secondary School Tuition Deduction here and on IT-540, Schedule E, code 17E. | \$ |
| Enter the Educational Expenses for Home-Schooled Children Deduction here and on IT-540, Schedule E, code 18E. | \$ |
| Enter the Educational Expenses for a Quality Public Education Deduction here and on IT-540, Schedule E, code 19E. | \$ |



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ATTACH TO RETURN IF COMPLETED.

Enter your Social Security Number.

SCHEDULE F – 2024 REFUNDABLE PRIORITY 2 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See *instructions*.

| | Credit Description | Credit Code | Amount of Credit Claimed |
|----|--|-------------|--------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 5A | School Readiness Child Care Directors and Staff Credit - Facility License Number | | |

Transferable, Refundable Priority 2 Credits

Enter the State Certification Number from Form R-6135, along with the dollar amount of credit claimed. See *instructions*.

| Credit Description | Credit Code | Amount of Credit Claimed |
|--|-------------|--------------------------|
| 6. Musical and Theatrical Production | 6 2 F | 6 , , , , . 00 |
| 6A. | | |
| 7. Musical and Theatrical Production | 6 2 F | 7 , , , , . 00 |
| 7A. | | |
| 8. Musical and Theatrical Production | 6 2 F | 8 , , , , . 00 |
| 8A. | | |
| 9. OTHER REFUNDABLE PRIORITY 2 CREDITS – Add Lines 1 through 8. Also, enter this amount on Form IT-540, Line 16. | | 9 , , , , . 00 |

| Description | Code |
|-----------------------------|------|
| Ad Valorem Offshore Vessels | 52F |
| Telephone Company Property | 54F |
| Prison Industry Enhancement | 55F |
| Milk Producers | 58F |

| Description | Code |
|--|------|
| Technology Commercialization | 59F |
| School Readiness Child Care Provider | 65F |
| School Readiness Child Care Directors and Staff | 66F |
| School Readiness Business – Supported Child Care | 67F |

| Description | Code |
|--|------|
| School Readiness Fees and Grants to Resource and Referral Agencies | 68F |
| Retention and Modernization | 70F |
| Digital Interactive Media & Software | 73F |
| Stillborn Child | 76F |

| Description | Code |
|--|------|
| Funeral and Burial Expense for a Pregnancy-Related Death | 77F |
| Adoption of Unrelated Infant | 78F |
| Restaurant Recycling of Oyster Shells | 79F |
| Other Refundable Credit | 80F |



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Enter your Social Security Number.

SCHEDULE I – 2024 REFUNDABLE PRIORITY 4 CREDITS

Enter credit description and associated code, along with the dollar amount of credit claimed. See *instructions*.

| | Credit Description | Credit Code | Amount of Credit Claimed |
|---|---|-------------|--|
| 1 | | F | 1 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> 00 |
| 2 | | F | 2 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> 00 |
| 3 | | F | 3 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> 00 |
| 4 | | F | 4 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> 00 |
| 5 | | F | 5 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> 00 |
| 6 | TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Also, enter this amount on Form IT-540, Line 25. | | 6 <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> 00 |

| Description | Code |
|------------------------|------|
| Inventory Tax | 50F |
| Ad Valorem Natural Gas | 51F |



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Enter your Social Security Number.

SCHEDULE J – 2024 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

| | |
|---|---|
| 1 | FEDERAL CHILD CARE CREDIT – Enter the amount from your Federal Form 1040 or 1040-SR, Schedule 3, Line 2. This amount will be used to compute your 2024 Louisiana Nonrefundable Child Care Credit. |
| 2 | 2024 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See the <i>Nonrefundable Child Care Credit Worksheet</i> . |
| 3 | AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2019 THROUGH 2023 – See the <i>Nonrefundable Child Care Credit Worksheet</i> . |
| 4 | 2024 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be GREATER THAN \$25,000 in order to claim a credit on this line. See the <i>Nonrefundable School Readiness Credit Worksheet</i> . |
| 5 | 5 Star <input type="checkbox"/> 4 Star <input type="checkbox"/> 3 Star <input type="checkbox"/> 2 Star <input type="checkbox"/> |
| 5 | AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2019 THROUGH 2023 – See the <i>Nonrefundable School Readiness Credit Worksheet</i> . |

Additional Nonrefundable Priority 3 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. See *instructions*.

| | Credit Description | Credit Code | Amount of Credit Claimed |
|----|--------------------|-------------|--------------------------|
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |

IMPORTANT! Only these codes can be claimed on Lines 6 through 11.

| Description | Code | Description | Code | Description | Code | Description | Code |
|---|------|---|------|---|------|-----------------------------|------|
| Organ Donation | 202 | Refunds by Utilities | 412 | Youth Jobs | 462 | Ports of Louisiana Investor | 508 |
| Owner of Accessible and Barrier-Free Home | 221 | Donation to School Tuition Organization | 424 | Apprenticeship (2022) | 463 | Enterprise Zone | 510 |
| New Jobs Credit | 224 | QMC Music Job Creation Credit | 454 | Donation to Qualified Foster Care Charitable Organization | 464 | Recycling Credit | 550 |
| Eligible Re-Entrants | 228 | Neighborhood Assistance | 457 | Firearm Safety Devices | 465 | Other | 599 |
| Apprenticeship (2007) | 236 | Research and Development | 458 | Inventory Tax Credit Carried Forward and ITEP | 500 | | |
| Tax Equalization | 305 | Ports of Louisiana Import Export Cargo | 459 | Ad Valorem Natural Gas Credit Carried Forward | 502 | | |
| Manufacturing Establishments | 310 | LA Import | 460 | Atchafalaya Trace | 504 | | |
| Other | 399 | LA Work Opportunity | 461 | Cane River Heritage | 506 | | |

CONTINUE ON NEXT PAGE.



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Enter your Social Security Number.

SCHEDULE J – 2024 NONREFUNDABLE PRIORITY 3 CREDITS ...CONTINUED

Transferable, Nonrefundable Priority 3 Credits

Enter credit description, associated code, along with the dollar amount of credit claimed and the State Certification Number from Form R-6135. See *instructions*.

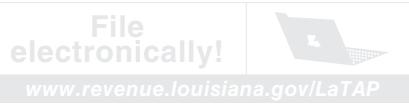
| | Credit Description | Credit Code | Amount of Credit Claimed |
|-----|---|-------------|--------------------------|
| 12 | | | |
| 12A | | 12 | 1,000,000.00 |
| 13 | | | |
| 13A | | 13 | 1,000,000.00 |
| 14 | | | |
| 14A | | 14 | 1,000,000.00 |
| 15 | | | |
| 15A | | 15 | 1,000,000.00 |
| 16 | TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on Form IT-540, Line 20. | 16 | 1,000,000.00 |

IMPORTANT! Only these codes can be claimed on Lines 12 through 15.

| Description | Code |
|---------------------------|------|
| Motion Picture Investment | 251 |
| Research and Development | 252 |
| Historic Structures | 253 |

| Description | Code |
|-------------------------------|------|
| Capital Company | 257 |
| LCDFI | 258 |
| Motion Picture Infrastructure | 261 |

| Description | Code |
|----------------|------|
| Angel Investor | 262 |
| Other | 299 |



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2024 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540)

| | |
|-----------|------------------------|
| Your Name | Social Security Number |
|-----------|------------------------|

Your Federal Adjusted Gross Income must be \$25,000 or less in order to complete this form. See the Louisiana Child Care Credit instructions.

- 1. Care Provider Information Schedule** – Complete columns A through E for each person or organization that provided care to your child. You may use Federal Form W-10, supplied by your provider, to obtain the information. If your care provider does not provide a Federal Form W-10, complete those parts of the Care Provider Information Schedule for which you have the information. If your child attended a child care facility that participated in the Quality Start program, you must enter the facility license number from Form R-10614, *Louisiana School Readiness Tax Credit*, in column D. You must follow the same rules of “Due Diligence” as the IRS requires if you do not have all of the care provider information. See IRS 2024 Publication 503 for information on “Due Diligence.” Retain copies of canceled checks, receipts, and other documentation in order to support the amount of qualifying expenses or submit this documentation with the return for faster processing. If additional lines are required for Lines 1 or 2, attach a schedule. **Falsification of any information provided on this form constitutes fraud and can result in criminal penalties.**

| A | B | C | D | E |
|----------------------|--|---------------------------------|-------------------------|---------------------------------|
| Care provider's name | Address (number, street, apartment number, city, state, and ZIP) | Identifying number (SSN or EIN) | Facility license number | Amount paid (See instructions.) |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |

- 2. For each child under age 13, enter their name in column F, their Social Security Number in column G, and the amount of Qualified Expenses you incurred and paid in 2024 in column H. See the definitions in the instructions for information on Qualified Expenses.**

| F | G | H |
|-----------------------------------|------|--|
| Qualifying person's name First | Last | Qualifying person's Social Security Number |
| | | Qualified expenses you incurred and paid in 2024 for the person listed in column (F) |
| | | .00 |
| | | .00 |
| | | .00 |
| | | .00 |
| | | .00 |

| | | | | |
|----|--|----|----------|-----|
| 3 | Add the amounts in column H, Line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. Enter this amount here and on Form IT-540, Line 13A. | 3 | | .00 |
| 4 | Enter your earned income. See the definitions in the instructions. | 4 | | .00 |
| 5 | If married filing jointly, enter your spouse's earned income. (If your spouse was a student or was disabled, see IRS Publication 503.) All other filing statuses, enter the amount from Line 4. | 5 | | .00 |
| 6 | Enter the smallest of Lines 3, 4, or 5. Also, enter this amount on Form IT-540, Line 13B. | 6 | | .00 |
| 7 | Enter your Federal Adjusted Gross Income from Form IT-540, Line 7, or Schedule E, Line 1, if filed. | 7 | | .00 |
| 8 | Enter on Line 8 the decimal amount shown below that applies to the amount on Line 7. If Line 7 is: over but not over decimal amount \$0 \$15,000 .35 \$15,000 \$17,000 .34 \$17,000 \$19,000 .33 \$19,000 \$21,000 .32 \$21,000 \$23,000 .31 \$23,000 \$25,000 .30 | 8 | X ._____ | |
| 9 | Multiply Line 6 by the decimal amount on Line 8. | 9 | | .00 |
| 10 | Multiply Line 9 by 50 percent and enter this amount on Line 11. | 10 | X .50 | |
| 11 | Enter this amount on Form IT-540, Line 13. | 11 | | .00 |



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2024 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540)

| | |
|-----------|------------------------|
| Your Name | Social Security Number |
|-----------|------------------------|

Louisiana Revised Statute 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under La. R.S. 47:297.4. To qualify for this credit, the taxpayer must have Federal Adjusted Gross Income of \$25,000 or less and must have incurred child care expenses for a **qualified dependent under age six** who attended a child care facility that is participating in the Quality Start Rating program administered by the Louisiana Department of Education. The qualifying child care facility must have provided the taxpayer with Form R-10614, *Louisiana School Readiness Tax Credit*, which verifies the facility's name, the facility license number, the LA Revenue Account number, the Quality Star Rating, and the rating award date. A copy of Form R-10614 must be attached to your return. You must enter the facility license number in column D on Line 1 of the 2024 Louisiana Refundable Child Care Credit Worksheet to receive this credit. Retain copies of canceled checks, receipts, and other documentation in order to support the amount of qualifying expenses.

Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT-540, Line 13.

1. Enter the amount of 2024 Louisiana Refundable Child Care Credit found on the Louisiana Refundable Child Care Credit Worksheet, Line 11. 1 **00**

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2024, shown on Form R-10614, determine the applicable percentage for the School Readiness Credit from the chart shown below:

| (A) Quality Rating | (B) Percentages for Star Rating |
|--------------------|---------------------------------|
| Five Star | 200% (2.0) |
| Four Star | 150% (1.5) |
| Three Star | 100% (1.0) |
| Two Star | 50% (.50) |
| One Star | 0% (.00) |

2. Enter the number of your qualified dependents **under age six** who attended a:

Five Star Facility _____ and multiply the number by 2.0 (i) _____ . _____
 Four Star Facility _____ and multiply the number by 1.5 (ii) _____ . _____
 Three Star Facility _____ and multiply the number by 1.0 (iii) _____ . _____
 Two Star Facility _____ and multiply the number by .50 (iv) _____ . _____

3. Add lines (i) through (iv) and enter the result. Be sure to include the decimal. 3 _____ . _____
4. Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and enter the result here and on Form IT-540, Line 14. 4 _____ . **00**

On Form IT-540, Line 14, enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown on Line 2 above for the associated star rated facility.

2024 Louisiana Earned Income Credit Worksheet

Louisiana Revised Statute 47:297.8 allows a refundable credit for resident individuals who claimed and received a Federal Earned Income Credit (EIC). The Federal EIC is available for certain individuals who work, have a valid Social Security Number, and have a qualifying child, or are between ages 25 and 64. These individuals cannot be a qualifying child or dependent of another person.

Complete only if you claimed a Federal Earned Income Credit (EIC).

1. Federal Earned Income Credit – Enter the amount from Federal Form 1040 or 1040-SR, Line 27. 1 **00**
2. Multiply Line 1 above by 5 percent, round to the nearest dollar, and enter the result on Line 3. 2 **X .05**
3. Enter this amount on Form IT-540, Line 15. 3 **00**



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

| | |
|-----------|------------------------|
| Your Name | Social Security Number |
|-----------|------------------------|

2024 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540)

| | | | |
|--------------------------------------|---|-----------|------------------|
| 1 | Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. NOTE: Retain copies of canceled checks, receipts, and other documentation in order to support the amount of qualifying expenses. | 1 | .00 |
| 1A | Enter the applicable percentage from the chart shown below. | 1A | X . _____ |
| Federal Adjusted Gross Income | Percentage | | |
| \$25,001 – \$35,000 | 30% (.30) | | |
| \$35,001 – \$60,000 | 10% (.10) | | |
| over \$60,000 | 10% (.10) | | |
| 2 | Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A and enter the result. If your Federal Adjusted Gross Income is less than or equal to \$60,000, this is your available Nonrefundable Child Care Credit for 2024. Proceed to Line 3. | 2 | .00 |
| 2A | Important! If your Federal Adjusted Gross Income is greater than \$60,000, the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here. This is your available Nonrefundable Child Care Credit for 2024. | 2A | .00 |
| 3 | Enter the amount of Louisiana income tax from Form IT-540, Line 18. | 3 | .00 |
| 4 | If Line 3 is equal to zero, your entire Child Care Credit for 2024 (Line 2 or 2A above) will be carried forward to 2025. Also, any available carryforward from 2019 through 2023 will be carried forward to 2025. If Line 3 is equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished with the worksheet. | 4 | .00 |

Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2019 through 2023 utilized for 2024.

| | | | |
|----------|---|----------|-----|
| 5 | If Line 3 above is greater than zero, enter the amount from Line 3. | 5 | .00 |
| 6 | Enter the amount of any Child Care Credit Carryforward from 2019 through 2023. | 6 | .00 |
| 7 | Subtract Line 6 from Line 5. | 7 | .00 |
| 8 | If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2024 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2019 through 2023 that can be carried forward to 2025. Also, your entire Child Care Credit for 2024 (Line 2 or 2A above) will be carried forward to 2025. Stop here; you are finished with the worksheet. | 8 | .00 |

Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2019 through 2023 plus any amount of your 2024 Child Care Credit.

| | | | |
|-----------|---|-----------|-----|
| 9 | If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540, Schedule J, Line 3. | 9 | .00 |
| 10 | If Line 7 above is greater than zero, enter the amount from Line 7. | 10 | .00 |
| 11 | Enter the amount of your 2024 Child Care Credit (Line 2 or Line 2A above). | 11 | .00 |
| 12 | Subtract Line 11 from Line 10. | 12 | .00 |
| 13 | If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2024 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540, Schedule J, Line 2. Stop here; you are finished with the worksheet. | 13 | .00 |

Use Line 14 to determine what amount of your 2024 Child Care Credit you can claim.

| | | | |
|-----------|---|-----------|-----|
| 14 | If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2024 Child Care Credit. Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2. | 14 | .00 |
|-----------|---|-----------|-----|

Use Line 15 to determine the amount of your 2024 Child Care Credit to be carried forward to 2025.

| | | | |
|-----------|--|-----------|-----|
| 15 | If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Credit Carryforward to 2025. Enter the result here and keep this amount for your records. | 15 | .00 |
|-----------|--|-----------|-----|



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ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

| | |
|-----------|------------------------|
| Your Name | Social Security Number |
|-----------|------------------------|

2024 Louisiana Nonrefundable School Readiness Credit Worksheet (For use with Form IT-540)

See instructions on page 14.

| | | | |
|---|---|---|-----------------|
| 1 | Enter the amount of 2024 Louisiana Nonrefundable Child Care Credit found on the Louisiana Nonrefundable Child Care Credit Worksheet on either Line 2 or Line 2A. | 1 | .00 |
| 2 | Using the star rating of the child care facility that your qualified dependent attended during 2024, shown on Form R-10614, enter the number of your qualified dependents under age six who attended a: Five Star Facility _____ and multiply the number by 2.0 (i) _____ . _____ Four Star Facility _____ and multiply the number by 1.5 (ii) _____ . _____ Three Star Facility _____ and multiply the number by 1.0 (iii) _____ . _____ Two Star Facility _____ and multiply the number by .50 (iv) _____ . _____ | | |
| | On Form IT-540, Schedule J, Line 4, enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown above for the associated star rated facility. | | |
| 3 | Add lines (i) through (iv) and enter the result. Be sure to include the decimal. | 3 | X _____ . _____ |
| 4 | Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and enter the result here. This is your available Nonrefundable School Readiness Credit for 2024. | 4 | .00 |
| 5 | Enter the amount from Form IT-540, Line 18. | 5 | .00 |
| 6 | Add the amounts of Nonrefundable credits from Form IT-540, Schedule J, Lines 2 and 3. | 6 | .00 |
| 7 | Subtract Line 6 from Line 5. | 7 | .00 |
| 8 | If Line 7 is less than or equal to zero, your entire School Readiness Credit for 2024 (Line 4) will be carried forward to 2025. Also, any available carryforward from 2019 through 2023 will be carried forward to 2025. If Line 7 above is less than or equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 4 and 5. Stop here; you are finished with the worksheet. | | |

Use Lines 9 through 12 to determine the amount of Nonrefundable School Readiness Credit Carryforward from 2019 through 2023 utilized for 2024.

| | | | |
|----|--|----|-----|
| 9 | If Line 7 above is greater than zero, enter the amount from Line 7. | 9 | .00 |
| 10 | Enter the amount of any School Readiness Credit Carryforward from 2019 through 2023. | 10 | .00 |
| 11 | Subtract Line 10 from Line 9. | 11 | .00 |
| 12 | If Line 11 is less than or equal to zero, the amount of School Readiness Credit Carryforward used for 2024 is equal to Line 9. Enter the amount from Line 9 on Form IT-540, Schedule J, Line 5. If Line 11 is less than zero, subtract Line 9 from Line 10 and enter the result here. This amount is your unused School Readiness Credit Carryforward from 2019 through 2023 that can be carried forward to 2025. Also, your entire School Readiness Credit for 2024 (Line 4) will be carried forward to 2025. Stop here; you are finished with the worksheet. | 12 | .00 |

Use Lines 13 through 17 to determine the amount of School Readiness Credit Carryforward utilized from 2019 through 2023 plus any amount of your 2024 School Readiness Credit.

| | | | |
|----|---|----|-----|
| 13 | If Line 11 above is greater than zero, enter the amount of carryforward shown on Line 10 above on Form IT-540, Schedule J, Line 5. | | |
| 14 | If Line 11 is greater than zero, enter the amount from Line 11. | 14 | .00 |
| 15 | Enter the amount of your 2024 School Readiness Credit (Line 4). | 15 | .00 |
| 16 | Subtract Line 15 from Line 14. | 16 | .00 |
| 17 | If Line 16 is greater than or equal to zero, your entire School Readiness Credit for 2024 (Line 4) has been utilized. Enter the amount from Line 15 on Form IT-540, Schedule J, Line 4. Stop here; you are finished with the worksheet. | | |

Use Line 18 to determine what amount of your 2024 School Readiness Credit you can claim.

| | | | |
|----|---|--|--|
| 18 | If Line 16 is less than zero, the amount on Line 14 is the amount of your 2024 School Readiness Credit. Enter the amount from Line 14 above on Form IT-540, Schedule J, Line 4. | | |
|----|---|--|--|

Use Line 19 to determine the amount of your 2024 School Readiness Credit to be carried forward to 2025.

| | | | |
|----|--|----|-----|
| 19 | If Line 16 is less than zero, subtract Line 14 from Line 15 to compute your School Readiness Credit Carryforward to 2025. Enter the result here and keep this amount for your records. | 19 | .00 |
|----|--|----|-----|



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